

**Rubicon Youth Alcohol
and Drug Support Services**

Outcome Evaluation

A report prepared by

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This report has been produced by Bea Makwana and Lisa McCauley of the Evaluation Team: Organisational Assurance, Police National Headquarters. The report is the final evaluation of the Rubicon Youth Alcohol and Drug Support Services. It covers the period February 2003 to 31 December 2005.

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Section 1: Executive Summary

Rubicon is a youth alcohol and drug support service based in Whangārei that was one of 14 community youth programmes selected nationally in 2002, to reduce youth offending. Rubicon received \$165,000 over three years.

This outcome evaluation considers the effectiveness of Rubicon over three years, 2003-2005. During this time Rubicon had 570 clients varying between 11 and 18 years. The majority of clients were Māori although there was a diverse range of ethnic groups.

The evaluation found:

- the majority of clients were aged between 13-15 years for a 12 month contract with Rubicon.
- clients had a good understanding of their goals while they were on the programme, and were reducing their drug and alcohol use.
- client retention in an educational setting was strong due to a 'contract' signed by the school, clients, Police and Rubicon, and the relationship Rubicon shared with the local Campus Cop.
- there were some challenges for Rubicon, including limited time in schools despite growing demand for counselling and drug testing.

A strength of Rubicon was that it was a specialist service to meet a community need. The relationship with Police provided legitimacy to the programme, the drug testing provided quantitative records for ongoing monitoring, and provided an incentive for clients to not take drugs, and weekly counselling in schools provided consistent support. There is an opportunity for Rubicon to refine their services by developing more accurate demographic and drug testing results. The evaluation also indicated that both Police and Ministry of Justice need to provide more support to community youth programmes during the implementation, assisting with recording systems and clarifying monitoring procedures.

Background

In April 2002 the Ministers of Finance, Justice and Police received additional appropriations for 2002/03 and out-years to enhance the capability of Police and the Ministry of Justice to reduce youth offending and/or general violence. A total of 14 Community Youth Programmes (CYP) were selected nationally to implement programmes aimed at reducing youth offending. This outcome evaluation is of the Rubicon Youth Alcohol and Drug Support Services programme in Whangārei which received a total funding package of \$165,000 over three years.

Evaluation Phases

The Rubicon programme has had three evaluation phases: formative, process and outcome. The focus of this report is the process and outcome phase which have been combined into one

report, and covers the period from programme inception in February 2003 until 31 December 2005. The aim of the evaluation was to assess the overall effectiveness of the programme by measuring its success in meeting the programme objectives.

The process and outcome evaluation utilised mixed methods, using both qualitative and quantitative information. Qualitative information was collected via interviews, and quantitative data were primarily extracted from the Rubicon six-monthly monitoring reports.

Rubicon Youth Alcohol and Drug Support Services

Rubicon is a specialised alcohol and drug support service working with youth aged between 12 and 18 years in Whangārei. Entry onto the programme required the young persons to have alcohol and/or other drug related issues and either be attending school, or not in an educational setting but living in the Whangārei district; and caught by parents/ caregivers/ school/ Police in possession, or under the influence of alcohol or drugs. The programme had an expected throughput of 150 clients per year.

Rubicon was originally staffed by a programme manager, but increased to have two full time alcohol and drug counsellors, a part time administrative assistant, and most recently a whānau liaison coordinator and another alcohol/ and other-drug counsellor.

Objectives for Rubicon Youth Alcohol and Drug Support Services

The programme objectives included:

- to reduce the level of drug and alcohol use by young people;
- to reduce the level of offending and drug related crime by youth participating on the programme;
- to reduce truancy; and
- to encourage youth to remain in an educational setting.

Rubicon Clients

Over the evaluation period, a total of 570 clients were accepted onto the programme, varying in age from 11 to 18 years. Most clients were male, aged between 13-15 years. The majority were Māori although there was a diverse range of ethnic groups identified on the programme.

Most referrals to Rubicon were from schools, with students becoming contracted clients, self-referrals or undertaking one-off drug tests. Referrals were also received from government agencies, and community agencies but the priority was to work with clients who signed a Police Alternative Action Plan (PAAP) with the Campus Cop and Rubicon Contract for 12 months.

Alcohol and drug counsellors visited schools each week, and random drug testing was conducted by an independent person contracted by Rubicon. The majority of contact by alcohol and drug counsellors was one-on-one with clients as the large client case load made it difficult to work more holistically with families.

Although clients were expected to be on a Rubicon contract for 12 months, the programme did not collect specific entry and exit data of clients, in addition clients would re-enter the programme as self-referrals, or change schools and have to re-enter the programme before the 12 months was completed, making it difficult to assess the duration of client involvement. During the evaluation phases stakeholders developed a good understanding of Rubicon services although there were a small number that wanted more communication and clarification of services.

During the evaluation a number of pitfalls and improvements were identified by clients, stakeholders and staff which are included in this report.

Five clients participated in case studies. Their stories are presented in this report.

Key Programme Objectives

Reduction in Level of Alcohol and Drug Use

Stakeholders considered Rubicon to have raised the profile and awareness of youth alcohol and drug issues in Whangārei, and felt that some clients had reduced their drug use. However, there were concerns that drug testing was not undertaken regularly enough by Rubicon, and there had been difficulties in having school staff present while the caseworkers drug tested students in school.

A six-month snapshot of drug testing results was taken between July and December 2005 to provide descriptive information about client drug use. The majority of clients were aged between 13-15 years, and identified as Māori. The results were collated by school, rather than tracking individual drug test results, and the results did not include all clients each month. The data showed that increasingly Rubicon completed follow-up tests with contract clients. An unexpected outcome was Rubicon clients liking the drug tests as it provided proof of their abstinence.

Reduction in Offending and Drug Related Crime

Rubicon was a specialist drug and alcohol intervention service that did not require clients to have previous offending histories, or be at-risk of offending. In addition, the large client case load limited the opportunity to focus on offending related behaviour. As a result, it was not appropriate to include any offending analysis into the evaluation.

Reduction in Truancy

At the time of the evaluation Rubicon did not have access to truancy data from each school therefore evidence of a reduction in truancy was not possible. However, there were positive education related outcomes by clients, with Rubicon clients becoming reintegrated into the school system, improving academically, and with some taking leadership roles within the school.

Client Retention in an Educational Setting

The relationship Rubicon had with the Campus Cop and the joint PAAP and Rubicon contract was a critical part of how Rubicon became established in local schools. During the process phase of the evaluation educational benefits included students staying at school and being better behaved. Stakeholders also felt that Rubicon had provided support to schools and helped the relationship between home and school. There were a range of positive outcomes, including clients staying in school, taking leadership roles, achieving NCEA, having career aspirations, part-time work after school, while others were experiencing better relationships at home. There were some challenges, including confidentiality issues within schools, having to work with schools that had different philosophies and approaches to drug and alcohol related issues, Rubicon contracts going missing within the schools, and limited time in schools despite increasing client numbers.

Conclusions

The providers felt the programme was effective because of the confidential, trusting and strong links that were developed with clients, and the counselling and drug testing over the twelve month period. Providers were also positive in having self-referral clients as they were motivated to change their behaviours.

Rubicon was clear about the purpose of the programme and services provided. The five case study clients demonstrated an understanding of the purpose of their involvement, recall of their goals, and reductions in their drug and alcohol use.

Strengths of the Programme

Rubicon has provided a specialist service to meet a community need. A contract with Police, Rubicon and the client has provided legitimacy to the programme, and the drug testing has given quantitative records for ongoing monitoring of drug use, while providing an incentive for clients to not take drugs. Regular staff meetings and professional development has supported staff. Rubicon has built strong interagency relationships reflected in the range of referral agencies that exist and the requests for interventions and assessments. Rubicon has provided a range of counselling services to best meet the needs of clients and has maintained regular visits to schools to ensure an ongoing relationship with clients. The five case study clients have demonstrated an acute understanding of the reasons for their involvement with Rubicon, recall of goals, and reductions in alcohol and drug use.

Area for Improvement

A move towards more accurate monitoring of client demographic details, entry and exit details, drug and counselling data would help to determine how a client is progressing through the programme. Consideration should also be given to ensuring clients receive the intended eight drug tests over 12 months. Rubicon files need to be accessible for monitoring and evaluation, and there were requests from stakeholders for more regular communication. With a move towards whānau counsellors and holistic measures, Rubicon may need to consider what needs

assessments are most appropriate to record information. Rubicon and Police would benefit from clarifying the branding and ownership of 'Rubicon' to maintain services and relationships.

Learnings for Police and CPU

As with other CYPs, Rubicon has underscored the need for more support from the Ministry of Justice Crime Prevention Unit (CPU) and Police in the implementation and monitoring of the programme. This includes the setting up and recording of drug tests, which were unique to Rubicon, to ensure the data is accurate, relevant and provides the greatest utility to the programme and key funders.

Section 2: Introduction

Background to the Community Youth Programmes

In April 2002 the Ministers of Finance, Justice and Police received additional appropriations for 2002/03 and out-years to enhance the capability of Police and the Ministry of Justice to reduce youth offending and/ or general violence. Vote Police and Vote Justice were each allocated \$0.625 million for this purpose.

Officials from the Ministry of Justice and Police were directed, in consultation with local authorities and community groups, to develop programmes targeting youth offenders and/ or general youth violence in up to five high crime areas.

A report submitted to the Ministers of Finance, Justice and Police in May 2002, identified a number of potential youth programmes and discussed the rationale for the selection of five areas in which to locate programmes. Factors influencing the selection of programmes included the incidence and rate of youth and/ or violent offending, high levels of social and economic deprivation, adequate infra-structural support from relevant Safer Community Councils (SCC), and the local knowledge of Police District Commanders.

Based on these factors the following areas were selected:

- Northland
- Auckland City
- South Auckland (Counties-Manukau)
- Hastings
- Christchurch

Evaluation of Community Youth Programmes

A total of 14 community youth programmes (hereafter referred to as CYPs) from these areas were selected, four of which were evaluated by the Police Evaluation Team at the Police National Headquarters:

- Heretaunga Tiaki Tamariki Project
- Rubicon Youth Alcohol and Drug Support Services
- He Waka Tapu Violence and Abuse Intervention Programme
- He Waka Tapu Wraparound Programme

The programmes were jointly overseen by officials from Police and the Ministry of Justice Crime Prevention Unit (CPU). Representatives from each agency were responsible for regularly visiting the selected CYPs and monitoring their progress¹.

¹ Programmes jointly funded by the NZP and CPU are referred to as Community Youth Programmes to differentiate them from earlier Youth at Risk programmes.

Selection of Rubicon Youth Alcohol and Drug Support Services

In 2000 Police Youth Aid in Whangārei began to advocate for young people to remain in school rather than being suspended or expelled on the condition that students agreed to alcohol and drug education and random drug testing. In 2002 Northland District Health Board (NDHB) agreed to fund the programme, as a pilot, for a period of one year. From this Rubicon secured funding from NDHB for a three-year period between 2003-2006. In 2003 Police and CPU approved funding of \$165,000 for three years, from February 2003 to February 2006.

Report Structure

This report discusses the evaluation findings for the Rubicon Youth Alcohol and Drug Support Services programme, based in Whangārei.

Section 1 is an executive summary.

Section 2 is a brief introduction to the report, including background to the selection of the Rubicon Youth Alcohol and Drug Support Services programme.

Section 3 provides an overview of the evaluation approach, including the three phases of the evaluation, the types of data that were accessed and analysed, and the limitations of the methodological approach.

Section 4 provides a description of the Rubicon Youth Alcohol and Drug Support Services programme, its history and development, and organisational and staffing structure.

Section 5 provides a detailed description of the operation of Rubicon Youth Alcohol and Drug Support Services programme, including an overview of the clients' demographic details, referral and acceptance of clients onto the programme and reasons for referral, programme delivery and duration on the programme.

Section 6 assesses the extent to which the Rubicon Youth Alcohol and Drug Support Services programme met its intended outcomes of reducing the level of alcohol and drug use by young people; reducing the level of offending and drug related crime by youth on the programme; reducing truancy; and encouraging youth to remain in an educational setting.

Section 3: Evaluation Approach

The Rubicon Youth Alcohol and Drug Support Services programme was subject to two evaluation phases during the period for which it received funding. The evaluation phases are discussed below.

Rubicon Youth Alcohol and Drug Support Services evaluation phases

The Rubicon programme had two evaluation phases.

1. Formative evaluation

The formative evaluation examined the initial 12 months of programme operation, from February 2003 to February 2004. The evaluation focused on describing the programme's early implementation and development. A report prepared by the Evaluation Team was completed in June 2004. This report was an internal document only, to assist with developing and enhancing programme operations.

2. Process and outcome evaluation

Findings of the process and outcome evaluation phases have been combined in this report. Data for the process evaluation phase was initially collected in September 2004 and focused in more detail on how the programme was being implemented and how it operated. The data for the outcome evaluation phase, included six six-monthly reports between February 2003 and December 2005 and raw data that was collected in May 2006. The outcome evaluation assessed the overall effectiveness of the programme by measuring its success in meeting the programme objectives, including any change in clients' behaviour. This process and outcome evaluation report covers programme operation from its inception in February 2003 to 31 December 2005.

Methodology

The process and outcome evaluation included both qualitative and quantitative information. Qualitative information was collected via interviews with Programme staff, stakeholders, clients, and document analysis. Quantitative data were primarily extracted from the Rubicon database, and six-monthly reports. In all, information for the evaluation was obtained from the following sources:

1. interviews with programme staff, stakeholders, and clients;
2. six-monthly monitoring reports;
3. document analysis including programme documents, the contract between Police and Rubicon, and the formative evaluation report.

1) Interviews

As part of the evaluation, interviews were conducted with Rubicon programme staff, key stakeholders, and clients.

Rubicon staff

The manager was interviewed during each evaluation phase. An interview for the formative phase was conducted in February 2004. Interviews for the process phase of the evaluation were held during September 2004, November 2005 and March 2006 at the outcome phase (see Appendix A and E). At the process phase both the manager and a counsellor provided information about referrals and acceptances onto the programme, Needs Assessments, the development and implementation of case plans, cultural appropriateness, relationships with the community, staffing, and a programme overview (identifying any changes made to: funding; forms; activities; entry criteria; approach/philosophy; and governance/management structure). At the outcome interviews, information was gathered about the programme structure including staffing, supervision and professional development, the referral and selection process, programme implementation and outcomes, identifying any issues with engaging with clients, and the provision of services. The manager was also asked about: monitoring procedures; the development of case plans and procedure for exiting and follow-up of clients; any changes to the implementation of the programme since it began; the relationship with community support agencies and local government agencies; finance and funding for the programme; and finally, to consider the programme overview, any issues the programme had faced, and the factors that contributed to the success of the programme.

An interview was conducted in May 2006 with three counsellors about clients selected to be case studies at the outcome phase (see Appendix F). Information was gathered in regards to case study clients' family demographics; reasons for referral; the development of case plans; the clients' experience on the programme including the support that was provided; challenges that were experienced; involvement by community/ government agencies; and any outcomes for the clients and families.

An interview was conducted in September 2004 during the process evaluation phase with a representative of the Rubicon Trust (see Appendix C). Information was gathered in regards to the governance and management structure of both the Trust and the programme; the agencies Rubicon was working with; the benefits and challenges of interagency work; changes and intended and unintended outcomes; and finally what improvements were needed, and what had been working well for the programme.

Stakeholders

Stakeholders were included in both the process and outcome evaluation phase. In the process phase one interview was conducted in September 2004, while 13 stakeholders, identified by Rubicon, were asked to respond to a questionnaire (see Appendix B and D). The stakeholders were representatives of local colleges including: alcohol and drug health advisors, agency workers, Police, Te Ora Hau youth service and Nga Mana Puriri (a Māori network of drug and alcohol services in the Northland region). Eight questionnaires were returned. The questionnaire and interview sought feedback on the perceptions of the programmes

effectiveness for clients and the community and to identify what was working well or areas for improvement.

Another questionnaire was handed out at a stakeholder meeting in March 2006. Four questionnaires were returned, of which two stakeholders had also contributed to the process questionnaire in 2004. The questionnaire asked about the frequency of contact, the reason for interaction, the relationship with Rubicon, and how effective they felt the programme had been in the community.

During the outcome phase an interview was conducted in May 2006 with the Campus Cop who was also interviewed at the process evaluation phase (see Appendix G). The Campus Cop was asked to consider their interaction with the programme, including the frequency and reason for contact, about the services and products that were provided, and the effectiveness of the relationship. They were asked about the impact Rubicon has had on the community, including positive outcomes and challenges for clients and families on the programme; and finally, whether they felt interagency co-ordination had increased between agencies and community groups that were involved with Rubicon and their clients.

Clients

A total of five interviews were conducted with clients for the outcome phase in May 2006 (see Appendix H). The information from these interviews was used in the case studies, which provide a detailed account of individual clients' experiences on the programme.

Clients selected for the case studies were to include a mix of three exited clients, and two current clients. The three exited were to have exited no further than six months prior to the outcome evaluation and were to include a range of ages and gender, have different caseworkers, be examples of successful and less successful case management, and be accessible for interviewing. The two current clients were to have been on the programme for at least six months, have different counsellors, be examples of successful and less successful case management, and to also be accessible for interviewing.

The case study interviews covered the following areas: reasons for joining the programme, client involvement in developing a case plan, changes in their life as a result of being on the programme, perceptions of staff, and for exited clients, whether they had ongoing contact with Rubicon and their experiences of being on the programme.

2) Six-Monthly Monitoring Reports

Rubicon was required to submit monitoring reports to CPU and Police every six months. Reports were submitted for: February to June 2003; July to December 2003; January to June 2004; July to December 2004; January to June 2005; July to December 2005. The information in these reports included the following: client referral and assessment information, intervention information, client exit information, offending records, and certificates of expenditure for the programme.

Information from the six-monthly reports that was analysed for this report included:

- demographic information;
- source of, and reasons for referral to the programme; and

- contact made by the programme with clients, their families, and agencies regarding clients.

These reports were used to build a demographic profile of clients on the programme and to assess the time that counsellors spent working with clients. The reports were also used to check the information held on the Rubicon database.

3) Document Analysis

Document analysis included referring to the following:

- CPU, Police, and Whangarei District Council contract: the contract was used to identify the contractual requirements and obligations for Rubicon and assess whether these were met;
- programme documents: these were used to develop a detailed understanding of the organisational structure and programme operation; and
- evaluation reports: these were referred to when considering the changes made over the evaluation period.

Limitations of the Data

Needs Assessment

It was intended that clients and parents/caregivers complete a Needs Assessment at both entry to and exit from the programme, as one method of assessing whether the programme had an impact on the clients' needs. This assessment was intended to measure various risk factors associated with youth offending. It was intended to compare the 'before' and 'after' Needs Assessments to determine whether there was a statistically significant difference between the scores, thereby determining whether the programme effected change in the clients' needs.

The Needs Assessment form was developed by Police in consultation with a number of social workers, youth workers, and was based on an earlier Needs Assessment form that was used for the original Police Youth at Risk (YAR) programmes. The YAR scale was developed from work in England and Wales for children placed in the care of the state² and previous work on needs undertaken in the Office of the Commissioner for Children in New Zealand³.

During the evaluation there were several discussions about the utilisation of the Needs Assessment. In 2003 Rubicon indicated that the assessment tool was not being used as it was too intrusive for clients and they intended to develop an alternative tool. In 2004, Rubicon indicated the case load was too high to undertake the Needs Assessment for all clients. With further discussion with Police it was agreed Rubicon would sample 25 clients with the Needs Assessment, accounting for approximately every eighth client up until September 2004. This timeline was later extended to December 2004. However, at the outcome phase only seven clients had completed the Needs Assessment at entry to the programme (see Appendix I).

² Parker, R; Ward, H; Jackson, S; Aldgate, J and Wedge, P (1993). Looking After Children: Assessing Outcomes in Childcare. London: HMSO.

³ Maxwell, G M; Robertson, J and Shepherd, P (1996). Focus on Children: Reports on the South Canterbury Project. Wellington: Office of the Commissioner of Children.

There were no clients with exit Needs Assessments. Therefore analysis of the Needs Assessment was not included in the outcome evaluation phase.

Drug Test Results and Counselling Data

Drug and counselling data was provided by Rubicon that presented a snapshot of recorded drug test results, and client attendance at counselling sessions between July 2005 and December 2005. Rubicon had only recently begun collecting data electronically so there was limited data available. Analysis of the data was limited to providing descriptive information as there were inconsistencies with client numbers, and the data was collected per school, not per client.

The data, despite its limitations, describes how Rubicon undertook their drug tests and provides the results that were recorded. It has served to illustrate some of the issues Rubicon faced in having to set up their own data recording systems and indicated that further support in developing reliable monitoring systems is required.

Case Notes

During the outcome phase Rubicon did not have case notes or client files available for review because the programme had recently shifted premises and the relevant folders were not yet unpacked.

Ethical Considerations

An initial proposal for the evaluation of the CYPs was submitted to the Justice Sector Research Group in April 2003, and again in December 2003. The JSRG suggested the proposal required an explicit informed consent process, that providers are given an opportunity to provide feedback, data collection is monitored, there be awareness for unintended outcomes including an increase in offending, and responsiveness to Māori.

The evaluation of the Rubicon programme was conducted in adherence to the guidelines outlined in the Australasian Evaluation Society Ethical Code of Conduct.

All interview participants were informed of the purpose of the evaluation, and were asked to sign a consent form prior to taking part in an interview. Participants were also informed of their right to withdraw consent at any stage.

Clients who participated in a case study interview have had identifying information removed from the case studies and their names have been changed so as to ensure confidentiality.

Clients were sent a \$30 CD voucher following the interview, in appreciation of their time and their willingness to share their experiences. They were not told of the koha prior to the interview so that it would not be seen as inducement.

Section 4: Description of Rubicon Programme

Rubicon is a specialised alcohol and drug support service working with youth, aged between 12 and 18 years, in Whangārei. When it was initially set up it was the only drug and alcohol service in the Northland area that provided drug testing and counselling services for young people 18 years of age and younger. However, during the evaluation other counselling services were established in the Whangārei area although they work with different age groups and are not involved with schools.

Rubicon Youth Alcohol and Drug Support Programme History

The Rubicon programme was initially established in 2000 by the Police, in response to concerns about the high levels of cannabis and alcohol use by young people, and increasing numbers of youth being expelled from school due to alcohol and drug use. The programme was essentially a Police Youth Aid scheme that strongly advocated young people remain in school rather than being suspended or expelled, on the condition that students agreed to alcohol and drug education and random drug testing. The contract is for a twelve month period.

Six months after the programme began a part-time programme manager/counsellor was appointed. Following her appointment, changes were made to the programme. In particular, counselling and an educational component were added. These were initially provided to Whangārei Boys High School and Bream Bay College. The programme was run on a user-pays basis, funded through the schools' Suspension Reduction Initiative.

Other changes were made to Rubicon including a move from qualitative to quantitative drug testing, which provided more accurate tests of cannabis levels and included checks for dilution or masking agents. Northland District Health Board donated a vehicle to support this initiative.

In July 2002 the NDHB agreed to fund the programme, as a pilot, for a period of one year. In 2003 a three-year funding was approved by NDHB. At this time the manager/counsellor began working fulltime and Rubicon employed another counsellor. As a result, Rubicon was able to work with all eight secondary schools in the Whangārei district.

At this time Rubicon developed and implemented a 'contract' that young people were expected to sign when they joined the programme. This contract sat alongside the existing Police Alternative Action Plan (PAAP), which they were also required to sign.

In 2003 Rubicon entered into a contract with Police and CPU, which provided funding of \$165,000 over three-years. A part-time administration person was appointed enabling the programme manager to spend more time with clients. Funding for this position was sourced from small community grants.

Initially, Rubicon was based at The Pulse, a one-stop youth shop in Whangārei. The Pulse was the venue for 11 government agencies and community groups that provided a range of youth-focused services. However, the Pulse was located a long way from the centre of town and there was limited privacy and space. In 2005 new premises were secured for Rubicon in the city centre of Whangārei. Rubicon was moved into a renovated house, with a manager's office, an open area for counsellors and admin staff, and separate counselling/meeting room.

Services

The aims of the programme were to reduce the level of alcohol and drug use by young people, to reduce the level of offending and drug related crime by youth on the programme, to reduce truancy, and to encourage youth to remain in an educational setting. Broader aims included assisting young people to develop life skills that enabled them to make positive and healthy lifestyle choices, and contributing to a positive change in the peer group culture. To achieve this the programme intended to use early identification of drug and alcohol users, develop appropriate interventions in individualised client case plans, and provide clients with accurate information about the effects of alcohol and drug use.

Although all the CYPs intended to support families, Rubicon was not able to work with siblings or family members because it did not have the time or resources to do so. However, parents/caregivers were involved at the start, when the contract was signed, and they were kept informed of drug test results. Rubicon did not actively provide counselling for family members although on occasion parents would contact Rubicon staff.

The manager felt they worked hard to streamline the programme to address the original aims *'being really careful to stick within the brief of what we do'*.

More recently funding was approved to pilot a whānau role within Rubicon to work more closely with families.

Staffing

Staff Members

Rubicon increased staff numbers during the evaluation by using funding which was accessed through multiple agencies. During January 2005 - June 2005 the manager of Rubicon began to focus on the management of the organisation, rather than working with clients. At the outcome phase, staffing included two full-time paid counsellors, and a part-time administration person. The two counsellors indicated that they spent four and a half days each week in their assigned schools and were responsible for alcohol and drug testing and counselling. Two new roles were introduced during the July - December 2005 six-monthly reporting period: an Alcohol and Other Drug Counsellor, and a Whānau Liaison Coordinator. See Table 1 for a staff list.

Table 1 Rubicon staff list

Role	Gender	Ethnicity	Organisations accredited to	Qualifications
Counsellor and Manager	F	Māori and Pakeha	DAPAANZ ⁴ Alcohol/drug support network	Dip. in Counselling (Weltech, Ak) Certificate in counselling
Counsellor	F	Pakeha	DAPAANZ	Bachelor in Alcohol & Drug Studies (Weltech, AK) Completing
Counsellor	M	Nieuan	DAPAANZ	Completing Bachelor of Alcohol and Drug Studies
Administrator	F	Solomon Islander		
Alcohol and Other Drug Counsellor	F	Māori	DAPAANZ	Completing Bachelor of Alcohol and Drug Studies
Whānau Liaison Coordinator	F	Māori	NZ Assn of Social Workers	Diploma in Social Work

The contract stated that before Rubicon employs staff, security checks and sex offender register checks would be conducted. In addition, three verbal and written references were obtained.

Supervision and Professional Development

A staff team meeting was held each week to provide peer supervision, support and discussion of operational and case management issues and any other concerns. A Campus Cop attended when a specific need was identified.

All staff (who managed a case load) had, or were completing, appropriate qualifications and were experienced in working with young people and their families.

All counselling staff received external supervision once a fortnight. Each counsellor selected a supervisor that could provide appropriate support and supervision. Supervisors included a psychologist from the local hospital, a counsellor who worked specifically with youth, a Primary Health Organisation (PHO) mental health nurse, a Police Youth Aid Officer, and independent Alcohol and Other-Drug (AOD) advisor.

Professional development was supported by the Rubicon Trust with funding set aside for staff. The manager had attended a conference relating to child mental health, the Youth Access to Alcohol project, and a workshop on Young People with Mental Illness. In the future the co-ordinator intended to up-skill in health management. A counsellor had completed training in interactive drawing and evidence-based practice and was enrolled on a health leadership training course. The second counsellor was completing a Welltech Bachelor in Alcohol and Drug studies. The course was NDHB funded with Rubicon providing study leave and supervision, and had approved three days a month qualifying time. The counsellor had completed a four-day motivational interviewing techniques course at New Zealand School of Addictions and a Mason Durie course on cultural issues.

⁴ DAPAANZ is the Drug and Alcohol Practitioners Association Aotearoa New Zealand.

In addition, all Rubicon staff attended many local drug and mental health conferences and workshops. The two new staff members had not undergone training at the time of the evaluation. It is also noted that the manager of Rubicon was involved with a wide range of regional youth and mental health advisory groups and meetings.

Rubicon Trust

Rubicon was overseen by the Rubicon Charitable Trust. The Trust initially comprised of Chairman, Secretary, Treasurer, and three Board members; however one trustee resigned due to work pressures. Each month the manager of Rubicon provided the Trust with information on client numbers and referrals, current staff training, and management and operational issues. Given that the manager was a member of the Trust it was protocol that, should there be a conflict of interest, the manager would not attend that particular meeting.

The Trust met monthly to discuss matters arising from the management of Rubicon, and governed financial and business matters. It was responsible for setting policy, overseeing the requirements of funding providers, and considering schools to be involved with locally.

During the evaluation period there had been governance training and a strategic plan was developed by the Trust. During the evaluation period there were quarterly meetings to discuss and review the strategic plan.

Funding

Police and CPU funding for Rubicon Youth Alcohol and Drug Support services was approved for a total of \$165,000 for three years, from February 2003 to February 2006. The funding, which was jointly provided by Police and CPU, covered the salary of one fulltime youth counsellor, and associated administration and operational costs. Rubicon had another two fulltime counsellors and an administration person, whose salaries were funded by the NDHB. The Ministry of Health (MoH) had also approved funding for a whānau pilot within Rubicon, which equated to an additional counsellor. Funding from NDHB was used for the new other-drug counsellor position.

During the evaluation period CPU approved further funding of \$20,000, while Rubicon also received funding from Northland Health and MoH, although sustained funding was an ongoing issue. Rubicon had received a one-off grant of \$10,000 from CPU. The manager intended to use this grant to streamline the database system. More recently, Rubicon received confirmation that the NDHB would provide funding for three years which would assist with job security for Rubicon staff.

Section 5: The Programme and Clients

Section 5 provides a description of how Rubicon operated, including the referral process and activities and client demographic information.

Aims of the Rubicon Youth Alcohol and Drug Support Services Programme

All of the CYPs had the same overarching objectives, which were to support the families and communities of CYP clients; prevent or reduce clients' offending; and develop positive relationships between the CYPs and community agencies and initiatives. Falling out of these broad objectives, were aims specific to each programme.

The aims for Rubicon were:

- to reduce the level of drug and alcohol use by young people;
- to reduce the level of offending and drug related crime by youth participating on the programme;
- to reduce truancy; and
- to encourage youth to remain in an educational setting.

Client Information

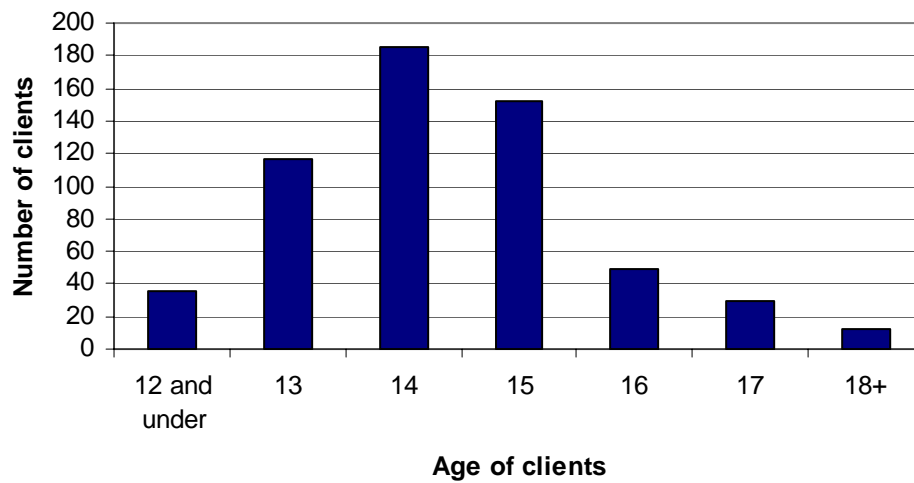
The Rubicon programme was intended to accommodate up to approximately 150 young people per year with the entry criteria requiring the following:

- aged between 12 and 18 years with alcohol and/or other drug issues;
- either attending school, or living in the Whangārei district; and
- caught by parents/caregivers/school/police in possession, under the influence, or suspicion of drug, alcohol or drug use.

During the three year evaluation a total of 570 clients were accepted onto the programme, ranging between 11 and 19 years. The majority of clients were between 13-15 years of age (see Figure 1). Rubicon had provided services for clients as young as 11 years of age⁵ because two of the secondary schools taught students of years seven and eight.

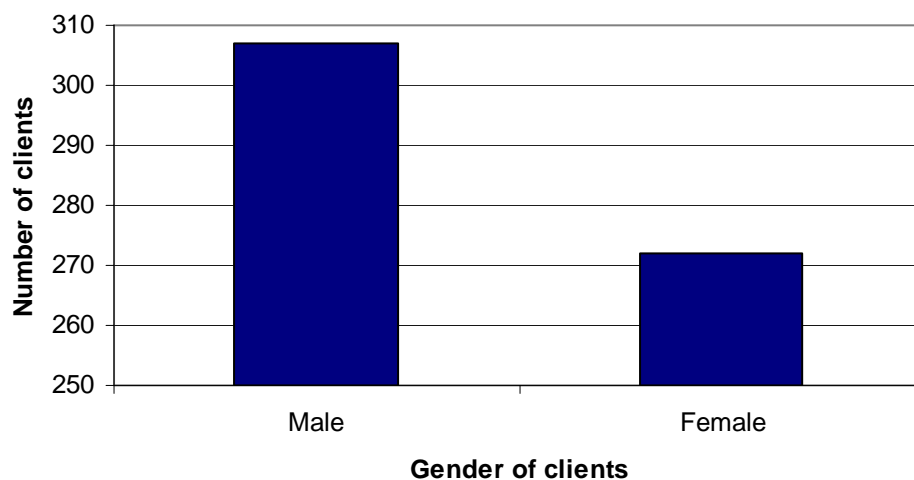
⁵ At the time the Formative report was written, the Rubicon programme co-ordinator stated they had provided services for five 11 year-olds.

Figure 1 Age of Rubicon clients⁶



As seen in Figure 2, the majority of clients were male (307 of 579), and the majority of clients identified as NZ Māori although the ethnicity of clients included European, Cook Island Māori, Samoan, Solomon Island, and Other (see Table 2).

Figure 2 Gender of Rubicon clients⁷



⁶ The data for the age of clients is skewed slightly by the 1/07/2003-31/12/2003 six-monthly reporting period including all referrals, not just accepted clients. Therefore the demographic data is based on 579 clients.

⁷ The data for gender is skewed slightly by the 1/07/2003-31/12/2003 six-monthly report including all referrals, not just acceptances. Therefore the gender data is based on 579 clients.

Table 2 Ethnic groups of Rubicon clients

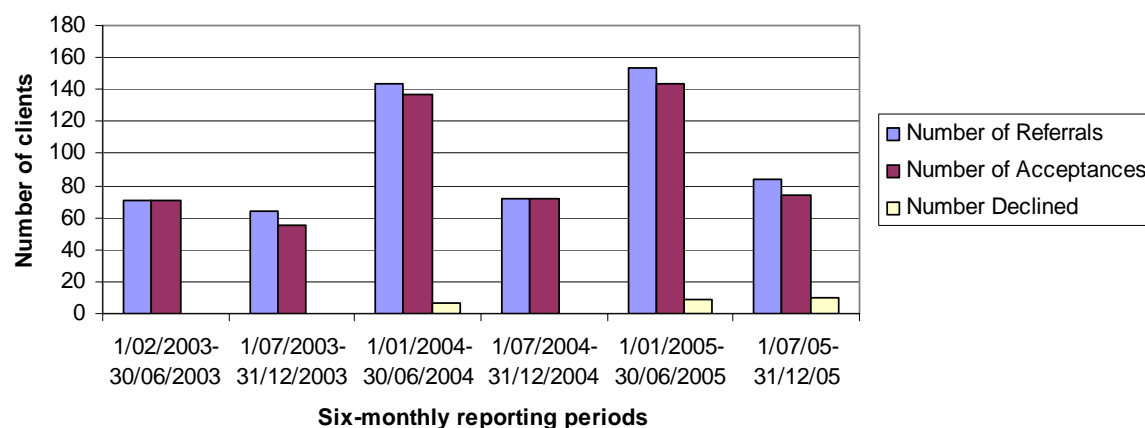
Ethnicity⁸	Number of clients
European	156
NZ Māori	406
Cool Island Māori	3
Solomon Island	3
Other	4

In each six-monthly report, any additional services and/or interventions that the clients were receiving within the community were recorded. These included:

- Child Mental Health
- Odyssey Rehabilitation Centre
- Solutions Grief Counselling
- Child Youth and Family
- Probation Services
- Youth Forensic Services
- Rehabilitation - Hope House
- Te Roopu Kimiora Child Mental Health/Forensics
- Police Youth Aid
- Whangarei Hospital Emergency Department
- Rape Crisis

Referral and Acceptance into the Programme

Figure 3 illustrates the number of referrals and subsequent acceptances onto the programme over the three-year evaluation period. Although Rubicon had provided support for five 11 year old clients, Rubicon staff had concerns about drug testing children and the ethical, training, and procedural implications it would have on the programme. Older clients were less likely to be referred to Rubicon after the local Salvation Army introduced a local programme for 17-19 year olds.

Figure 3 Rubicon client referrals, acceptances and declines

⁸ Clients were able to identify more than one ethnicity.

Over the three-year evaluation period Rubicon received referrals from a range of sources. The majority of referrals were from schools. Through the schools, referrals were made as contracts, self-referrals, one-off drug tests (with an understanding that if they tested positive they would be expected to go on the PAAP and Rubicon contract, and participate in the programme for one year), and as part of restorative conferences. Rubicon provided services for students from eight schools in Northland, alternative education providers and one teenage parent school.

The schools included:

- Whangārei Boys High School;
- Whangārei Girls High School;
- Tikipunga High School;
- Kamo High School;
- Bream Bay College;
- Pompallier College;
- Tauraroa Area School; and
- Mangakāhia Area School.

The alternative education providers are:

- Ka Timata Alternative Education
- Bream Bay Community Trust;
- People Potential;
- 155 Community House; and
- Teen Parents He Mataariki.

Rubicon also received self-referrals, referrals from government agencies (Probation, Police, Courts), and community agencies (Otangarei Sports Trust, Te Roopu Kimiora Child Mental Health, Whangārei Hospital Emergency Department) and clients who were mandated to seek counselling from the Courts. Staff indicated that Child, Youth and Family, Community Probation and Forensics more often completed referral forms while schools were more likely to have completed the Police Alternative Action Plan (PAAP), while self referrals would obviously refer themselves. Staff indicated that if the referral form was not completed by the individual or referring agency then it was completed by Rubicon staff.

There was no counselling service in the contract between Police and schools for young people caught using drugs or alcohol. Instead, the Campus Cop would speak with the school to determine what action they wished to pursue. If the school wanted the student to receive drug testing and counselling the Police, Rubicon staff, young person and their family would meet to sign the Rubicon contract. Clients were able to seek advice from a youth advocate or a lawyer prior to signing the contract if they wished. Once the contract was signed, clients were expected to work exclusively with Rubicon, and to only use alternative counsellors when/if they were referred to them by Rubicon.

Police provide the enforcement, encouragement to join the programme, it is a form of diversion. Most of the time parents are happy for kids to be on it.

Rubicon then provided a counselling service and random drug testing. If a student breached the contract it was up to the schools to respond, with some taking the issue to the Board of Trustees, while others considered the options without the Boards involvement.

Rubicon's priority was to work with young people who signed the PAAP and Rubicon contracts. While not required to accept self-referrals, Rubicon took these clients if there was counselling time available. If they did not meet the criteria Rubicon referred young people to other agencies, typically to Odyssey House for residential drug treatment or to a mental health agency. Rubicon staff said that at times they would share clients with other agencies. However, referrals who initially presented with alcohol and drug issues as a secondary or third problem would be immediately referred to another agency to deal with the more pressing issues presented by the client.

During the process phase of the evaluation the manager began to collect data to identify clients that were either self-referral or PAAP to determine who used their services most often.

Programme Content and Delivery

Rubicon provided a holistic programme that aimed to address the varied needs of clients. The guiding philosophy for the programme was based on the Māori concept of the four walls of the meeting house - te taha whānau, te taha wairua, te taha tinana and te taha hinengaro - which meant the programme incorporated mental, emotional, spiritual and physical aspects. While primarily an alcohol and drug counselling service, Rubicon provided education about alcohol and drug effects, drug testing, and had a broad network of community, youth, and alcohol and drug agencies with whom they worked. There was some capacity to work with family/whānau when it was requested.

Initial Needs Assessment

Once the contract between the young person, parents/caregivers and police was signed, there was an initial assessment period during the first month of contact. This time was essential to build rapport and trust between the young person and the counsellor. During this time the young person was interviewed and a needs analysis conducted. This included collecting information about past and current alcohol and drug abuse, mental health issues, family situation, cultural considerations, physical health and medication, legal issues and any safety concerns.

A clinical alcohol and drug assessment screen was undertaken during the initial assessment. Rubicon indicated that an initial drug test was taken as soon as possible after signing the contract to record a baseline drug result. This was the first in a series of no less than eight random drug tests, administered by an independent drug testing person, which clients completed during the 12 month contract.

During the outcome phase of the evaluation the manager noted that changes were still underway to improve recording systems, including what was recorded, how it was recorded, and the types of assessments conducted during the initial assessment phase. The manager was in the process of identifying what information was needed in the initial interviews and assessments and wanted to ensure that any changes included all client information being kept on file.

Support plans⁹

For each client, counsellors developed a support plan based on the needs identified in the initial needs assessment and the clinical alcohol and drug assessment. The plan included establishing a treatment regime, identifying goals, deciding on a timeframe for completing specific tasks and meeting agreed goals. The plan was developed by the counsellor and young person although changes were common.

It is more around the issues that come up... with kids it is really difficult because what may have started off was a plan, suddenly a crisis stepped in, which might not be a crisis to us but it is to them, so you have to go with that... the obvious plan is that we are always dealing with alcohol and drug issues, but it is the other stuff along the way that impacts on that (Counsellor).

Rubicon staff indicated that they reassess the needs throughout a client's time on the programme and reviewed support plans in consultation with the young person at a counselling session.

Counselling

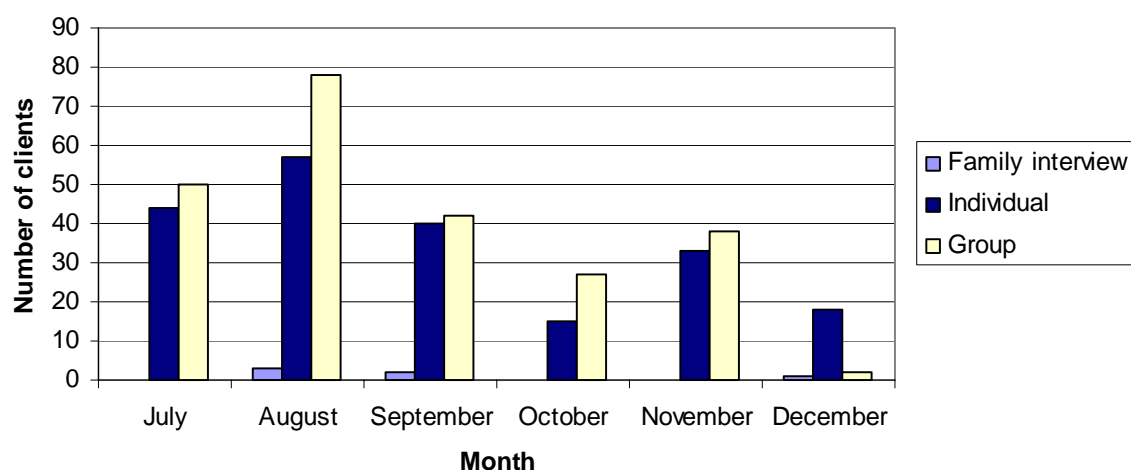
A Rubicon client was required to attend weekly counselling sessions when they first joined the programme. Counselling was conducted individually and/or in a group, depending on the needs of the client.

They might say they want to work in groups but after working with them for a little while you might think no, they need some one-on-one work (Manager).

Group counselling sessions were gender and age specific as counsellors found that young people responded better, and felt more comfortable when they were in groups of similar age and gender. It was also more appropriate to discuss issues, such as sexual health, with age specific groups. Group sessions were also found to be valuable in providing peer support and encouraged discussion about the use of drugs and alcohol.

Figure 4 presents a six-month snapshot of the counselling sessions held between July and December 2005. Group sessions were the most common type of counselling service, although one-on-one sessions were also common during this time. Family counselling was the least common counselling service, which is consistent with Rubicon being a client-focused programme.

⁹ Plans were not made available to the Evaluation Team at the outcome evaluation phase as Rubicon staff had not unpacked all the boxes since their shift from The Pulse.

Figure 4 Types of counselling by Rubicon clients between July and December 2005

While counselling was structured, Rubicon developed other creative approaches including art therapy and sand-tray therapy to help young people identify and explore issues in their life. Counselling focused on alcohol and drug use, but also included sessions on building self-esteem, setting boundaries and developing coping skills to prevent a relapse, and to encourage a lifestyle balance.

Rubicon staff believed the value of counselling was in having the ability and opportunity to work with clients about consequences, to listen to clients, and to draw out their issues. At the outcome phase of the evaluation counsellors felt the sessions were crucial to the programme as it helped establish trust and confidence with clients.

Education

Rubicon provided education about alcohol and drugs and their effects on health, behaviour, and the emotional wellbeing of young people. This included information such as triggers, relapse signs, withdrawal and cravings. Education was age-appropriate and pitched in a way that was relevant and meaningful for young people. For example, one of the lessons used spirit bottles filled with layers of coloured sand, each indicating a 'nip' of alcohol. The coloured sand represents 23 nips, or 1125ml, and provides a clear visual message about the quantity of alcohol in a bottle. Educational tools were constantly developed as new information became available.

Drug tests

A key part of the programme was the comprehensive alcohol and drug assessments that Rubicon conducted. One of these tests was for the presence of cannabis in urine. Initially parents/caregivers paid for eight tests over a 12-month period and the tests were randomly administered every four-six weeks¹⁰. These tests were conducted using temperature cups and a test for Creatinine was used to ensure the urine was not diluted. Rubicon had also introduced tests for methamphetamine (commonly known as P). However, these tests were only

¹⁰ Cannabis tests are at the reduced price of \$7.00 each, as they are subsidised by the Whangārei Hospital Laboratory. Other drug tests are also at a reduced price, dependent on the type of drug test required.

conducted if there was suspicion of use, as the “life” of these drugs is short and can be difficult to detect.

During the evaluation the manager began to collect hospital details and NHI numbers in addition to the client’s full name and date of birth. A stakeholder also noted the utility of the drug tests providing not just a positive/negative result, but changes in the level of drug use which assisted with the careful monitoring of clients.

Other Services

Rubicon provided alcohol and drug assessments for Child, Youth and Family court assessments on an ‘as needed’ basis and had an increasing profile with, and support from, the Department for Courts. However, during the six-monthly reporting period of January to June 2005 Rubicon stopped administering assessments and court reports for Child, Youth and Family, Probation, and Youth Court due to an increase in school referrals and having a full case load.

Rubicon referred clients to other services when appropriate, but also accessed other local programmes as well. The most commonly used was a wilderness programme which was run as part of the James Family programme. The James Family Wilderness Experience was a five-day therapeutic programme designed to assist young people make positive changes in their lives. It was a Māori programme which taught skills such as waka ama and Mau rakau.

Rubicon had provided parent evenings and weekly drug education and awareness sessions with Alternative Education providers. Rubicon had also been a support agency for a performing arts group who wrote and performed a play about ‘P’ which had received positive feedback from parents, school boards, and students.

Other services included Rubicon recruiting a Whānau Liaison Coordinator to oversee a one-year pilot Whānau Intervention Programme, funded by the National Drug Policy discretionary funding, to oversee the Family/whānau Information booklet funded by NDHB, and MoH.

In November 2005 NDHB approved funding for Rubicon to employ a counsellor to work in the Kaipara area and Rubicon services extended to include Dargaville High School.

Rubicon was also exploring the possibility of introducing a mentoring component to the programme, involving key community leaders, and those clients who had successfully completed the programme and continued to live drug-free lives. Mentoring was seen as a positive way of supporting young people to make change.

Contact Hours

Rubicon was required to monitor contact hours in the six-monthly monitoring reports. Contact hours included time spent with the young person, with the family, or with agencies which provided services to the client (see Table 3).

Table 3 Contact hours with client, family or agency

Contact Hours	Total Hours	Percentage
Client	12951	85
Family of client	241	2
Client and family together	507	3
Other agencies	651	4
Referral agencies	925	6
Total	15275	100

Overall, the breakdown of time indicates that the majority of contact was with clients independent of their family and other agencies. This was consistent with the intended practice of Rubicon counsellors, who had most contact with clients during weekly school visits and counselling sessions, and had at the outset indicated an inability to work with families given the large case loads.

Length of Time on the Programme

Based on a six-month snapshot of client data Rubicon did not record the exact duration that clients were on the programme, although contractually Rubicon was obliged to work with each client for 12 months¹¹. From the snapshot it was found that clients often re-entered the programme after completing an initial 12 month period. This occurred for several reasons, namely, clients would often self-refer to continue with the counselling sessions, and clients who changed schools during their time on Rubicon often had to re-sign with Rubicon for another 12 months.

If clients felt they needed to continue with Rubicon there were opportunities for clients to self-refer, and/or have the support of their school to re-enter into another Rubicon contract as long as they met the criteria.

Exit Process

Once clients completed the 12-month programme it was expected that they would officially exit and be awarded a certificate of completion. It was intended parents, schools and the Police would be notified when a client successfully completed the 12-month programme.

Rubicon did not have a formal follow-up process for young people once they exited the programme because they did not have the capacity. Furthermore, it was logistically difficult to track young people – particularly those who have left school. However, exited clients would visit Rubicon informally, or catch up with staff in the community.

In the outcome phase of the evaluation the manager identified clients that exited the programme early as being those who were excluded from school, transient, some who had moved into employment, or who were not interested in being on a Rubicon contract. If clients returned to school it was the intention that the Rubicon contract would be reassigned.

¹¹ The Rubicon database recorded expected rather than actual entry and exit dates and repeat clients were re-entered into the database as new clients.

Stakeholders

Understanding of Rubicon Services

Stakeholders had a good understanding of the core services and target group of the Rubicon programme at both the process and outcome phase of the evaluation. Stakeholders identified the age of eligibility as 12-18/11-17years, and the programme as offering young people drug testing, counselling, workshops/education, and assistance to overcome drug problems. The Campus Cop felt the joint PAAP and Rubicon contract had helped Rubicon become better known in the community.

Reason for Interaction

The manager indicated that local schools were the most closely maintained relationship in the community as the majority of clients signed onto the Rubicon contract while they were at school. However, Rubicon had also worked with Child, Youth and Family, Guardian Angels, Police, health agencies that conducted the drug tests, Te Ora Hau boys and girls adventure activities, and alcohol and drug awareness health advisors and had monthly meetings with PHOs. Interaction with stakeholders also existed when monitoring drug use and making reciprocal referrals. The manager was looking to develop a reciprocal relationship with Te Ropu Kimiora with mental health clients.

Having the people with the like minded working relationship is just great because we are just swapping ideas and it's the support... share concerns... work together to sort that out (Manager).

At the outcome evaluation Rubicon staff identified a considerably longer list of interagency relationships that had been developed during the three years of operation. These included:

- Manaia PHO;
- Nga Manga Puriri alcohol and drug workers in Northland have regular meetings;
- PHO monthly meetings with core cluster of services including: PHO, Sexual Health, Child Mental Health, Public Health Nurses, Smokefree, Community Action on Youth and Drugs, a doctor, school health team, counsellor, person in charge of the health curriculum, Special Education, GSE, Child, Youth and Family, Family Planning;
- Ministry of Health alcohol and drug practitioner bi-monthly meeting with all the northern region, Profile and AOD Forum. The Rubicon manager is northern youth representative;
- Te Taitokerau Mental Health stakeholders group bi-monthly meeting. The Rubicon manager joined the reference group to have input into where the youth alcohol and drug services were going nationally and indicated wider networks were being built;
- Network North coalition - coordinated through MoH and Northern District Health Board Support Agency (NDSA), this group is responsible for planning and informing the Regional Funding and Planning team at MoH; and
- AOD Workstream.

... if appropriate for us to be there then we'll be there (Manager).

Relationships existed with groups involved in the same alcohol and drug network, supporting anti-drug programmes, counselling, and schools with Rubicon clients. A key function and benefit of these relationships was the information sharing and having built a reputation in the community.

... knowing what is going on and what direction... it is really good for my planning for here (Rubicon) but also to know what is going to influence funding (Manager).

Level of contact

Stakeholder contact with Rubicon varied during the three year evaluation. At the process evaluation phase some indicated that they met once a term, while others two-three times a week. When asked about the level of contact at the outcome phase, stakeholders again indicated that it varied; meeting once a week in term time, although most felt the level of contact was determined on the need.

Benefits

During the process evaluation stakeholders felt that being able to share knowledge and information on trends on drug and alcohol use, and share common goals was the benefit of having a relationship with Rubicon. Stakeholders felt Rubicon did good work and had excellent staff, and they had received positive feedback from clients. At the outcome phase, stakeholders felt Rubicon supported other organisations in the community, had a good relationship with Police, had good response times, and was looked at positively for linking in with the health sector to provide education programmes. A strength of the programme continued to be the initial Police contract, and clients were positive about the programme and counsellors, and there had been an increased awareness of the programme in the community.

Challenges

Most stakeholders did not feel there were challenges in the relationship with Rubicon. However, there were some comments that communication with Rubicon had been irregular; that stakeholders were not always kept up to date, at times Rubicon missed appointments, and some stakeholders were confused about the scope of services provided by Rubicon. There were concerns that Māori had difficulty working within the current structure of the programme and that the programme's association with Police may act as a barrier to clients becoming involved. There was some suggestion that young people may still receive negative stigma when joining the programme, while others felt families and students were not always aware of the support they should and could receive from Rubicon. Furthermore, stakeholders suggested one size does not fit all, that Rubicon lacked staff to cope with the demand, that there was resistance from caregivers to have their children on the programme, and that finally, counselling sessions were irregular/not frequent enough.

At the outcome phase, communication was again mentioned as an issue for stakeholders. Others mentioned challenges Rubicon faced when having to align to each school's operating process and the need for appropriate space within schools to hold counselling sessions. On a more societal level, a stakeholder felt an ongoing challenge was in having to work in a community that had normalised cannabis use.

There were some branding issues of the name 'Rubicon' between Rubicon and Police. There were feelings that Police had an ongoing investment and ownership of the name.

Cultural Responsiveness

Rubicon did not offer a specific Māori programme and instead incorporated aspects of Māori culture into the programme, including camps provided by the James Family Programme that were specifically Māori in content, and offered activities such as whakama and Ma Rakau. Within Whangārei, Rubicon was a member of Nga Mana Puriri, a network of alcohol and drug services for Tai Tokerau.

There were a number of Rubicon staff and Trustees that identified as Māori who were able to act as advisors for ongoing programme development and Rubicon would bring in additional expertise if/when it was required. Rubicon staff described the Rubicon programme as a strength-based model, encouraging emerging leaders, and advocating peer support.

Although stakeholders felt Rubicon had tried to be culturally responsive, there were concerns that at times the content was not relevant.

Pitfalls and Suggested Improvements

Pitfalls

Clients and staff had the opportunity to identify any improvements or pitfalls in the Rubicon programme. These are listed below in no particular order:

- There is a loophole in drug testing - clients can smoke cannabis without being caught during the holidays.
- Contracts between schools and Rubicon vary. Some clients have had to re-sign for another 12 months if they changed schools while on a Rubicon contract.
- Some clients took drugs immediately after a drug test as it was unlikely that another random test would be taken for a number of weeks.
- There were concerns that some clients and their families would be deterred by the Police logo on the referral letterhead.

Improvements

Stakeholders, clients and staff had the opportunity to suggest improvements for Rubicon. These are listed below in no particular order:

- Cultural developments: developing a whole of whānau approach (especially if there are drug and alcohol issues in the home), having Māori staff/ Māori counsellors who have knowledge of tikanga, kuia/kaumātua as mentors, explaining and promoting the programme to whānau so they understand what is involved.
- Staffing: an increase in staff numbers to cover the high case loads, a balance between time spent on paperwork and time spent with clients, and staff to keep appointments.
- Programme structure: develop policy procedures and structures (especially on case management given staff numbers comparative to case loads), cater for youths up to 20 years of age, more funding or fully funded, parents should not have to pay for the drug testing.

- Programme approach: programme to have more flexible hours, alternatives to going on a Rubicon contract, more community/school education resources, regular testing schedules and more drug tests, regular counselling and more group counselling, more interactive drawing.
- Community interaction: local prevention programmes to help reduce the need for self referrals to Rubicon, marketing or public campaigns to promote Rubicon in the community, address school concerns that having a Rubicon programme means that there is a problem with alcohol and drugs, consider offering services further a field from Whangārei/ Northland.

Case Studies

As part of the evaluation case studies were used to explore the services of the Violence and Abuse Intervention programme in more detail. Four mothers were individually interviewed about the impact of the programme on their sons, and a joint interview with a rangatahi and his mother was also conducted. The caseworker was also interviewed about each of the rangatahi.

The five case studies focus on a mix of current and exited clients at the time of the interviews.

Case Study 1

John lives with a relative but has contact with other family that live nearby. He lives in a low socioeconomic area where there are known drug users and gangs.

John joined the Rubicon programme in his first year at high school after being caught smoking marijuana, and was with Rubicon until the end of his second year. John is currently completing year twelve. After being caught smoking marijuana an initial meeting was held with the local Campus Cop, and John's caregiver and it was decided that Rubicon would be used as an intervention to avoid school expulsion.

Initially John did not like taking the drug tests because it drew negative attention in the classroom when he was asked to leave for a random drug test. However, John got used to the drug testing and with being associated with Rubicon and would later actively use the programme as an excuse to refuse drugs, *'I'm on Rubicon so I can't do that'*.

When John first started with Rubicon the alcohol and drug counsellor helped him to understand about choices and consequences. The counsellor also suggested John set goals for himself. For John, Rubicon offered him someone to talk to, and someone to listen to him. He met with the counsellor on the same day each week.

John had strong support networks in the school where he had access to a doctor, nurse, Māori support worker, guidance counsellor, and had teachers that would approach Rubicon with any concerns. The school was also able to sponsor the drug testing fees. During Rubicon the school sent him on a team building camp where he learnt the rewards of participating in group activities.

John joined Rubicon twice. The second time John became a self-referral because he was motivated to achieve in the classroom and had started to see positive results from his time with Rubicon.

I was not accomplishing anything, all I wanted to do was sit there and that was just wasting my time of coming to school and then I noticed I was quite brainy (John).

Being on the contract you don't notice that you are working hard, you still think you are under average; your teachers see the change in you and speak up (John).

On returning to Rubicon he set new goals: to have a leadership role within the school and to excel academically, of which he achieved both. During his time on Rubicon John got put into a higher class, he built his confidence, and had support from the school in wanting to take a leadership role. The biggest challenge came from his peer group who continued to use drugs and alcohol.

As a self referral to Rubicon John continued to spend time with the counsellor talking through issues, identifying the consequences of different actions, listening, sharing his thoughts and feelings, using drawing to bring up different issues and setting goals each week. The counsellor felt the regularity and consistency of contact also helped strengthen the relationship.

If I get them through the contract and they stay in school that is all the success we are looking for (Counsellor).

John did not want to be on the programme in the year leading up to taking a leadership role within his school as he wanted to have the strength and independence to undertake the role. He therefore requested to see the counsellor on a three weekly basis, to help him build his skills.

John has maintained abstinence from cannabis, is looking to stop smoking cigarettes, and has matured by developing self control and determination. The family now has trust in him.

Case Study 2

Tony was in year eleven when he was caught smoking marijuana before school and was subsequently referred to the Rubicon programme. Tony was also using alcohol. Tony's parents were separated but both were involved and supportive of Tony. Tony was also a keen sportsman.

Tony met with his Rubicon counsellor every second week, and found they were easy to talk, saying they made him feel better. Goals were set for Tony that involved staying in school and passing exams, and staying off drugs.

The counsellor felt the consistency of the meetings helped to support Tony, although the issues would change week by week, so it was the rapport building and trust that helped his progress. The counsellor described spending time working through whatever was going on in their lives, and spending time looking at what options were available to deal with any problems. The counsellor also felt they were able to be client advocates at the school when needed.

Tony had come to the attention of Police before he was on Rubicon and this experience was used to demonstrate to Tony how important 'making the right choices' was for future opportunities, particularly for his competitive sporting opportunities.

Tony described the programme as,

... mak[ing] me a better person.. you look at other people on drugs and just think I was like that, and yeah, it's a really bad thing (Tony).

Tony felt it was a huge achievement to return to school for year thirteen and was keen to find employment to support his interest in sport. His family described a drug-free Tony as being back to his honest and cheerful self. Tony has spoken in local public fora about Rubicon and had received positive and encouraging feedback. He was considering being a mentor to other young people coming onto Rubicon at the time of the interview.

Case Study 3

Stacey lives with her mother and father. Stacey was missing class and her mother was losing trust in her.

Stacey initially self-referred onto the Rubicon programme. She was using drugs but had wanted to try the counselling service after friends had been on Rubicon. However, at the end of the same year Stacey was caught using drugs so became a contract client and was required to undertake drug testing and counselling.

As soon as I went to Rubicon that was it. I stopped because they told me if you failed your test... you will be expelled (Stacey).

The drug and alcohol counsellor met with Stacey every week, and Stacey described her goals as wanting to pass her exams, to get along better with her parents, but to also become drug free for her family.

To assist Stacey the counsellor kept an eye on her behaviour (i.e., whether she was receiving detentions, or was missing class), gave her ideas on ways to stop taking drugs, spent time talking, suggested techniques to avoid conflict, and helped keep her on track and focused at school, *'the goal is to keep kids at school, to keep them learning'*.

The biggest challenge was staying away from it because it is everywhere these days. I would go to a party and then I would turn around and then you know, all of a sudden it is there and people are offering it to me. In the beginning I found it really hard to say no but ... I could use Rubicon as an excuse (Stacey).

Since Rubicon, Stacey has got a part time job and wants to move out of home. She has a new group of friends which made it easier for her to move away from drugs. Stacey has started doing better at school, and has rebuilt the trust with her mother. Stacey is proud of herself and enjoyed receiving her all-clear drug test results. The counsellor noted that teachers and parents had noticed a change in her behaviour and attitude.

Case Study 4

Kahu lives with his mother and two siblings. Kahu was put onto a Rubicon contract after he was caught using drugs.

Kahu identified his goals as having to learn to place himself in the right environment with the right circle of friends, attending school and later, to improve academically by taking subjects he enjoyed, and to represent the school.

The drug and alcohol counsellor met with Kahu fortnightly and described him as wanting to know the effects of drugs. The counsellor spent time looking for support networks for Kahu that existed both within school and outside of school. The counsellor also wanted to teach Kahu about consequences, and wanted to identify what triggered his drug use. The counsellor intended to use drug test results as a motivational tool to change his behaviour.

The counsellor said Kahu often presented with new issues each week which made prioritising his needs difficult, but said this was common with young people. The counsellor felt there was a lack of role models for Kahu as his father was not involved in his life and his mother was working to support the family. He also described Kahu's peer group as a challenge because they continued to use drugs. The counsellor spent time with Kahu focusing on the things that he was good at while also talking to teachers, the principal and Campus Cop to check on his progress.

Kahu described the counsellor as being a shoulder to lean on, offering him advice and someone to talk to. He felt they listened to his stories, and encouraged him. Kahu also said he was given phone numbers to call the counsellor, so that he always had access to support.

Kahu felt that over time he learnt about the consequences of different actions and felt Rubicon had helped him to respect a lot more people.

As my testing started coming down I noticed that I wasn't getting angry, like mood swings and stuff towards teachers... before I was on the contract I used to get in some out-of-it mood swings, and throw tantrums at any one (Kahu).

Kahu did lapse with his drug use but was given a last chance - and he was also told that young people at school looked up to him as a role model. This was a turning point for Kahu.

Kahu continued attending school and took on a leadership role, which he knew made his mother proud. He also described new opportunities that involved his interest in languages. Although his father has little contact, he attended a school ceremony to acknowledge Kahu's achievements.

The counsellor felt that Kahu still lacked sufficient support outside of school, although he was in a supportive relationship.

Case Study 5

Joseph started Rubicon in year eleven after he was caught smoking marijuana at school. The Rubicon contract was used to avoid expulsion from school. Joseph is still on Rubicon. Joseph lives with one parent although both live in the same city.

At the outset, Joseph knew of the Rubicon programme and had heard that the drug testing was inconsistent, therefore making it was easy to continue using drugs while undertaking random drug testing.

Joseph had two drug and alcohol counsellors while he was on the programme and felt happier with the second as he described the conversations as being more in-depth and felt the counsellor showed a genuine concern for his problems. They met once a week. Like other clients, Joseph felt that his counsellor had taught him about consequences, and he understood that he was responsible for making the right decisions.

The counsellor described setting boundaries for Joseph, listening to him, talking about the positive things in his life, and facilitated other boys on Rubicon to support each other. The counsellor wanted to identify people both within the school and the community to support Joseph, but also gave his phone number to Joseph as there was no capacity within Rubicon to have home visits. The counsellor kept Joseph informed about what teachers thought about him and his progress which helped Joseph change his ways, as he learnt that they had not given up on him.

Upon joining Rubicon Joseph became more energetic, reassessed his goals, began to look forward to things, got a part time job, was doing his school work, played sport, did not drink as often and had more self control. He described Rubicon as helping to take the pressure off.

I am still at school and I don't smoke dope anymore and I don't drink as much alcohol either... just a better life style eh (Joseph).

Despite his initial scepticism Joseph described the test results as good because they helped him demonstrate to his parents, who had lost trust in him, that he was changing. The counsellor felt the contract had set boundaries, which meant Joseph was able to learn to look at the consequences of his actions. He also learnt from the drug test results.

It's pretty good because the penalties are pretty harsh if you fail (Joseph).

The challenge for Joseph was the alcohol and drug environment that existed outside of school. Within school Joseph became a role model, he had ambitions, respect, smiled and was happier, was clean and tidy, was playing sport, and was in a positive relationship. Joseph had also begun to advocate that some of the boys on Rubicon try to stop smoking cigarettes.

I am happy to still be at school and I have got a better life now because of Rubicon, because I don't think I would have stopped if I didn't get caught (Joseph).

Section 6: Outcomes of the Programme

Section 6 discusses the extent to which the Rubicon youth alcohol and drug support services programme achieved its intended outcomes. To reiterate, the aims of the programme were as follows:

- reducing the level of alcohol and drug use by young people;
- reducing the level of offending and drug related crime by youth participating on the Rubicon programme;
- reducing truancy; and
- to encourage youth to remain in an educational setting.

Aim 1: Reduction in Level of Alcohol and Drug Use

Stakeholders at both the process and outcome evaluation phase were asked to indicate what positive outcomes were being achieved by the Rubicon programme. During both phases stakeholders felt the programme was impacting positively on the use of alcohol and drugs by young people.

During the process evaluation stakeholders felt Rubicon had raised the awareness and profile of youth alcohol and drug issues and had changed attitudes by teaching young people the concept and importance of remaining drug-free. Stakeholders felt that Rubicon was reducing the number of youth using drugs and alcohol and was supporting young people and their families by increasing their knowledge about the effects of drugs and alcohol. Benefits of Rubicon included the programme meeting a community need, and providing a specialist service.

During the outcome evaluation phase stakeholders continued to support Rubicon. They described the programme as having positive outcomes as youth had more knowledge about the effects of drugs and alcohol, had reduced their drug use, with some becoming drug-free. However, stakeholders identified a number of challenges, including Rubicon not undertaking drug tests regularly enough; and the difficulty of requiring school staff to be present during the drug testing.

Overall the stakeholders have supported the programme, believing it was effective in the community, that it provided support for youth to remain drug free, and had reduced the widespread use of drugs.

A six-month snapshot of client drug test results was taken between July and December 2005 to illustrate the process used by Rubicon to monitor drug use. The data provides descriptive information about the clients that were drug tested, the number of drug tests undertaken, the

types of tests, and the types of results. The data was not sufficiently robust to demonstrate a reduction in drug use¹².

Figure 5 presents the age of clients who received random drug tests between July and December 2005. The majority of clients were aged between 13-15 years but there were a small number of clients that were under and over the age criteria¹³.

Figure 5 Age of clients undertaking random drug testing between July and Dec 2005

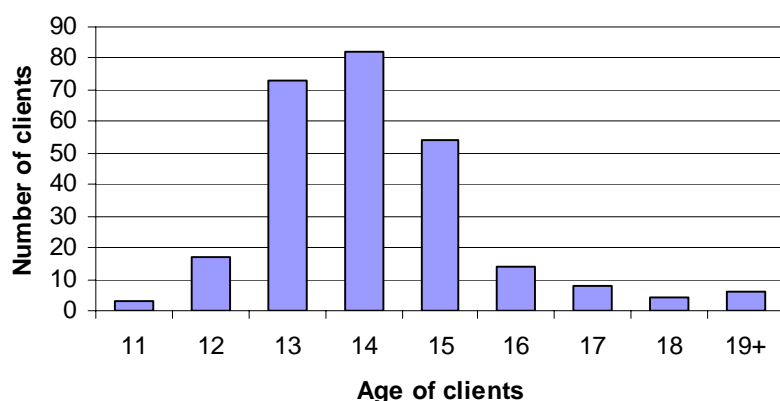
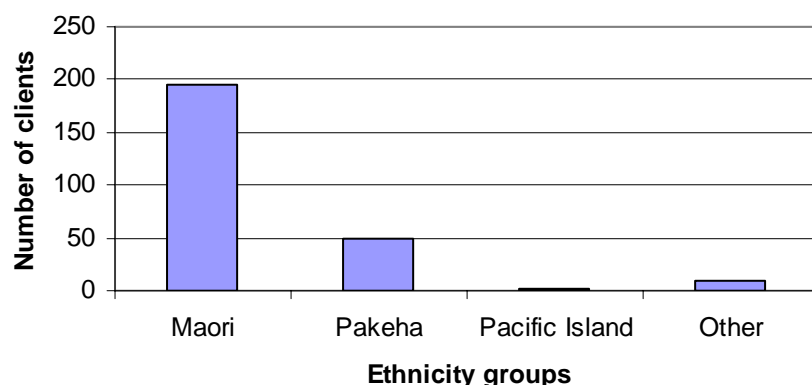


Figure 6 depicts the majority of clients were Māori (196 of 255) and approximately one-fifth were Pakeha (49 of 255). 'Other' and Pacific ethnic groups accounted for only a small number of clients (10 of 255).¹⁴

Figure 6 Drug tested clients by ethnic group between July and December 2005



¹² The six-month data often did not equate when looking at different areas including age, ethnicity and drug test results. The data has been used for descriptive purposes only.

¹³ The age of clients is based on a sample of 261 clients.

¹⁴ Ethnic data is based on a sample of 255 clients.

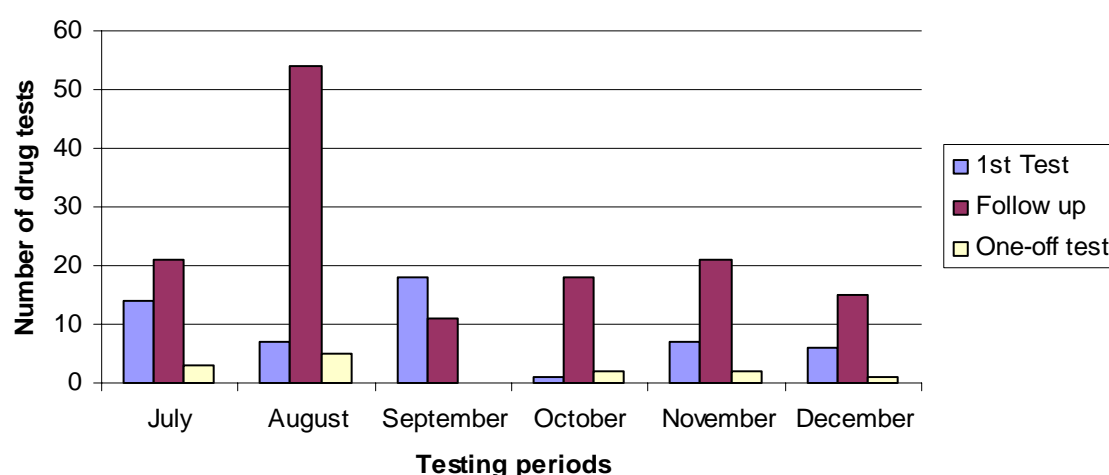
Table 4 provides descriptive information about the type of drug test results that were recorded between July and December 2005, including the percentage of drug tests that were conducted compared to the total number of clients. The data was collated onto the database by school rather than individual which limited the ability to track client drug use over time. As a result, the drug test results each month did not necessarily include the same clients each month, as not all clients were tested each month. Rubicon staff explained that young people were often away from school on the day of the drug testing for various reasons including, sports, school trips, illness, or truancy etc.

Table 4 Random drug test results as a percentage of the total client sample

Drug testing results	Increased ¹⁵	Positive ¹⁶	Reduced ¹⁷	Clear ¹⁸	TOTAL	Total num of clients	% with test results
July	2	17	1	16	36	67	54
August	0	20	5	42	67	78	86
September	0	9	2	20	31	30	103
October	1	1	0	18	20	33	61
November	1	6	0	25	32	33	97
December	0	4	0	12	16	21	76
TOTAL	4	57	8	133	202	262	

Figure 7 indicates the type and number of drug tests that were undertaken between July and December 2005 which included first, follow-up, and one-off tests¹⁹. Increasingly Rubicon completed follow-up tests with contract clients, although first-tests indicate Rubicon continued to have new clients.

Figure 7 Type and number of drug tests completed between July and December 2005



¹⁵ A increased drug test result indicated that a client had an increase from their previous positive or clear drug test result.

¹⁶ A positive drug test result indicated that the client had a positive first drug test result.

¹⁷ A reduced drug test result indicated a reduction from a previous positive drug test.

¹⁸ A clear drug test result indicated that no cannabis was detected.

¹⁹ Type of drug testing is based on 206 clients.

In some cases the number of completed drug tests exceeded the total sample of clients. This was due to some clients being tested more often. Additional tests (sometimes increased to weekly drug tests) were arranged between the young person and the school as an avenue to reduce the harm and temptation to use drugs. See Table 5.

An unexpected outcome was some Rubicon clients liking the drug tests as it enabled them to demonstrate a reduction in drug use to their parents/caregivers, at school, and when seeking employment.

Table 5 Type and number of tests between July and December 2005 and number of clients tested as a percentage of the total client sample

Type of drug test	1st Test	Follow up	One-off test	Total	Number of clients	Percentage of total clients
July	14	21	3	38	67	57
August	7	54	5	66	78	85
September	18	11	0	29	30	97
October	1	18	2	21	33	64
November	7	21	2	30	32	91
December	6	15	1	22	21	105
TOTAL	53	140	13	206	261	

Aim 2: Reduction in Offending and Drug Related Crime

Although reducing offending was a common goal for the 14 CYPs, Rubicon was primarily a drug and alcohol intervention programme that recruited clients primarily through schools because they were found to have used drugs. Offending behaviour was not a referral reason for Rubicon and as one of the earlier programmes to be implemented it was not initially required to collect offending data within the six-monthly monitoring reports. In 2004 Police monitoring noted that Rubicon clients did not have offending data and referred to needing more qualitative information about the case plans and different reporting outcomes. In addition, Rubicon was a uniquely large programme, with a case load of over 150 clients per year, which meant gathering information on offending histories was impractical.

Aim 3: Reduction in Truancy

Rubicon did not have access to truancy data for each of the schools involved with the Rubicon programme in Whangārei, therefore evidence of improved attendance by clients was not possible. However, there were positive education-related outcomes, with clients remaining in an educational setting, and a number of clients taking on leadership roles, and excelling academically.

During the process evaluation phase it was noted that the manager had tried to access data about clients that missed class, as she felt there was a distinction between clients that persistently fail to attend class, and those that miss class occasionally. However, the manager

was not able to access this type of information from the schools which again impacted on the ability to measure change in truancy behaviour.

Aim 4: Client Retention in Educational Setting

Retention of Rubicon clients in an educational setting was a key aim of the programme and was embedded in the relationship between Rubicon and the Campus Cop and the joint PAAP and Rubicon contract which clients signed to remain in school and undertake random drug testing and counselling.

During the process phase of the evaluation educational benefits were identified, with students staying in school, and with schools noting that they had better behaved students. Stakeholders felt Rubicon provided support for schools, and helped to improve the relationship between school and home.

During the process phase of the evaluation there were some unintended outcomes, with a stakeholder noting that a client had become a head boy, that Rubicon had exceeded expectations, and that some students were achieving high NCEA.

It has reduced truancy, it's reduced juveniles on the street... the schools would have suspended them ... had students go from being likely to be kicked out of school to end up head boy at school (Stakeholder).

They just change dramatically, and they become motivated once we get them off cannabis... so they actually want to go to class and "oh I actually listened and I heard stuff and it made sense", and it's a whole new world for them when they have been under this cloud of cannabis for so long (Counsellor).

During the outcome phase of the evaluation Rubicon staff felt that clients who had received help had experienced a range of positive outcomes. Some clients had begun to indicate an interest in particular careers, others had begun part-time work after school, while others were seen to be happier within their family unit,

There are more obvious outcomes, like the ones that are head boy and all those amazing things, but then there is the just the middle of the road kids who just become young teenagers, enjoying life again without drugs... just the fact that they are kids that are back with the family, they are actually not anti mum and anti dad and anti society and will not have anything to do with them. They actually want to be a part of the relationship again (Counsellor).

However, during the process evaluation phase Rubicon did incur challenges within schools including confidentiality issues when some school principals wanted to know how clients were proceeding on Rubicon, and others that wanted details of clients who had self-referred. As a result Rubicon worked with schools to develop a Memorandum of Understanding. There were also differences in school practice, with some giving clients' stand-down periods while others moved students immediately to the Rubicon contract without suspension.

Rubicon staff described a number of challenges including some schools having different philosophies towards drug and alcohol intervention. However, Rubicon staff noted a key contact person in the schools helped to ensure clients were taken from class in a timely manner and without too much disruption. Other issues with schools related to Rubicon contracts that went missing, and at times having to work with new school staff that were unfamiliar with Rubicon. The issue with losing contracts was the inability to conduct drug tests without the appropriate signatures. In addition, some schools did not allow self-referred clients to contact Rubicon staff in school time, while other schools would not extend the length of time Rubicon was given access to clients each week, even though the demands of the case load exceeded the days designated to each school.

It is a safety aspect, both for us and them... we are not delivering the quality service, therefore we are getting kids relapsing, therefore our stats look like kids are falling over when in fact we are not giving them what we should be giving them (Counsellor).

At the outcome phase of the evaluation the counsellors described the combination of a trusting relationship with the client, regular counselling and drug testing as having created an effective intervention. They also felt self-referrals were good because the clients were motivated to seek help and to change their drug and alcohol behaviour.

Rubicon clients and most stakeholders understood that clients are required to sign a contract with a Campus Cop and agree to random drug testing, and regular counselling. In particular, the case studies found that each of the five clients were able to identify their goals while they were on Rubicon; they were able to identify how the counsellors had helped; and they responded well to the drug testing, feeling proud of having either reduced or stopped their drug use and had minimised alcohol use. Of all the Police evaluated CYPs, Rubicon clients had the clearest understanding of the purpose of the programme.

Conclusions

This section presents a summary of the findings, considers some of the strengths and areas for improvement, and identifies some key learnings for Police and CPU.

Reduction in Level of Alcohol and Drug Use

In both the process and outcome phases of the evaluation stakeholders described Rubicon as having raised the awareness and profile of youth drug and alcohol issues in the community, and had contributed to a reduction in drug use by the clients. Rubicon spent an increasing amount of time completing follow-up drug tests, suggesting they were working with a core group of contracted clients.

Reduction in Offending and Drug Related Crime

Rubicon is distinct from other CYPs in that it is specifically an alcohol and drug intervention programme. Offending behaviour was not a reason for referral to Rubicon, and it was not an initial requirement for Rubicon to collect offending data. With a case load of over 150 clients per year, Rubicon focused on alcohol and drug monitoring and counselling.

Reduction in Truancy

Rubicon did not have access to truancy data from each of the local schools, therefore evidence of improved attendance was not possible. However, other positive education-related outcomes were noted, including retention in an educational setting, described in more detail below.

Client Retention in Educational Setting

Retention in an educational setting was a primary criterion for clients joining the Rubicon programme. This was a strength of the programme in part because of the connection with the Campus Cop PAAP contract, which required clients remain in an educational setting. Positive outcomes included clients taking leadership roles in the schools. However, there were some challenges, including having to ensure client confidentiality within the schools, and having to work with schools that had different views on appropriate drug and alcohol intervention strategies.

Strengths of the Programme

- A strength of the Rubicon programme was the specialist drug and alcohol services it provided which were seen to meet a community need.
- The joint contract between Police, Rubicon and the young person gave the programme legitimacy within the community and helped to ensure clients understood and adhered to the conditions outlined in the contracts.
- The drug testing provided quantitative records of client drug taking which helped to assess drug use at each school.
- Staff meetings were held weekly, ensuring peer supervision, support, and discussion of operational and case management issues. In addition, professional development was encouraged by the Trust and funding was made available, which enabled staff to up-skill.
- Rubicon developed strong interagency relationships, demonstrated in the range of agencies referring clients for drug and alcohol interventions and assessments. Rubicon was visible in the community, providing parent evenings, supporting alternative education providers with drug and alcohol sessions, supporting local performing arts, and attending local conferences and community meetings.
- Counselling was offered in a variety of ways including one-on-one counselling, group counselling, and art therapy, which attended to a range of client needs and allowed clients to express themselves more creatively. The regularity of the visits to schools was appreciated by clients who knew where and when their counsellors would be available.
- Rubicon was clear about the purpose of the programme, with five case study clients demonstrating an understanding of the reason for their involvement, recall of their goals, and reductions in their drug and alcohol use.

Areas for Improvement

- The Rubicon database requires more accurate monitoring, including actual entry and exit dates of each client, and their date of birth. In addition the programme should identify repeat clients as distinct from new clients. The database also requires defined coding for schools and ethnicity. It is acknowledged that the manager has already indicated an interest in improving recording systems, including what is recorded, the types of assessments undertaken, and making this information more accessible. This will help with regular programme monitoring.
- The drug and counselling database requires some refinement to ensure the coding is consistent. It would also be beneficial to have client-specific results, rather than school based. In addition, Rubicon intended to regularly drug test all clients, although this was not always achieved. Consideration should be given to ensure clients receive the full eight drug tests over a 12 month period.
- Client case plans and files need to be accessible for monitoring and evaluation.
- Stakeholders indicated a need for more regular communication with Rubicon.
- Rubicon had not implemented a Needs Assessment form for all clients entering the programme to complete. If the programme intends to include whānau counsellors and holistic measures it may be useful to consider an appropriate needs assessment tool for future clients.
- The relationship between local Police and Rubicon was strong, although there had been some branding and ownership issues with the name 'Rubicon'. Clarity between the Campus Cop and Rubicon alcohol and drug contracts would assist in ensuring relationships are maintained.
- Additional suggested improvements were outlined in the report. Refer to p 38.

Learnings for Police and CPU

As with other CYPs Rubicon has underscored the need for more support from CPU and Police in the implementation and monitoring of the programme. Further assistance will ensure programmes have adequate hard copy and electronic systems that have the capability to record the appropriate data, and assist providers to submit timely and accurate six-monthly reports. The support will also allow staff to feel confident in their ability to meet contractual agreements.

The collection of drug and counselling data was unique to the Rubicon programme. However, it would be useful for Police and CPU to have offered to assist the programme with setting up and recording this data. For the purposes of monitoring and evaluation there are ways in which the data collection and recording can be improved to benefit both the programme, and key funders requiring evidence of programme effectiveness.

Section 7: References

- Maxwell, G M; Robertson, J and Shepherd, P (1996). Focus on Children: Reports on the South Canterbury Project. Wellington: Office of the Commissioner of Children
- Ministry of Justice (2005). Seriousness of Offence Scale. Unpublished
- New Zealand Police (2002). Outcome evaluation of Police Youth at Risk programmes July 1997 to June 2000. Wellington: Office of the Commissioner of New Zealand Police
- Parker, R; Ward, H; Jackson, S; Aldgate, J and Wedge, P (1993). Looking After Children: Assessing Outcomes in Childcare. London: HMSO.

Section 8: Appendices

Appendix A: Process Evaluation Programme Manager Interview Guide

Referrals and acceptance onto the programme

1. Do agencies/schools complete a referral form when they refer young people to the programme? Do they provide all of the required information? What happens if/when they don't?
2. Have you made changes to the referral form? If so, what are these?
3. Why are young people being referred? What are the most common reasons for referral?
4. Have young people been referred to the programme when they do not meet the entry criteria? What do you do when this happens?
5. Are there instances where young people are accepted onto the programme even when they do not meet the entry criteria? How often has this happened? How were these decisions made?
6. What happens if a young person is not accepted onto the programme? For example, are they referred elsewhere? If so, where? Is this a formal relationship?
7. Are there any young people that you think the programme should cater for, but do not meet entry requirements?
8. Are there any changes you would make to the entry criteria?

Needs assessments and development of case plans

9. How are the needs of young people (and their families) being assessed? What range of tools are used to assess clients' needs e.g. needs assessment forms developed by police? Other needs assessments?
10. How are the needs assessments built into the case plans? How do you decide/prioritise what to work on?
11. Is the needs assessments used again during the time a client is on the programme? If so, in what way?
12. To what extent are young people (and their families) involved in developing the case plans? E.g. who identifies the goals and related activities?
13. Are there occasions when you might suggest a goal/activity that clients do not agree with? If so, what happens?

Implementation of case plans

14. How well are young people progressing through their plans?
15. Are they achieving their goals? Are there instances where young people have not completed the tasks in their plans, or have dropped out of the programme?
16. What happens if a young person is not meeting the goals that have been set?
17. Are case plans revised if/when circumstances change?

18. What do you do to assist young people (and families) implement the case plans?
19. How regularly are case plans monitored? What does the monitoring involve?

Cultural appropriateness

20. Describe the programme activities that are developed to meet the specific needs of Māori/Pacific clients?
21. How well received are these? What is the level of interest and/or uptake?
22. Who was consulted in the development of these activities?
23. Who is responsible for ongoing monitoring of these activities, to ensure they remain culturally appropriate?

Relationships within the community

24. Which agencies and/or community groups do you work with most often?
Refer to list provided.
25. What is the nature of these relationships? For example, do they provide professional support/advice? Are they a referral agency?
26. How do you maintain contact? For example, regular meetings? Phone contact?
27. What have been the benefits of these relationships?
28. What have been the challenges of these relationships?
29. Are there any relationships that have not been maintained? If so, why?
30. Are there any agencies/community groups that you would like to develop a relationship with/become more involved with? If so, what agencies/community groups? Why?

Staff

31. Have staff members remained the same? Has there been any turnover? If so, has this affected programme service/delivery?
32. Is supervision provided for staff? With whom? How frequently?
33. What professional development have staff undertaken in the past year?

Programme overview

34. Have there been any changes in the implementation of your programme since the last interview was conducted? If so, what were these changes and why were they made?
(Prompt: funding, Needs Assessment forms, referral forms, programme activities, entry criteria, programme approach/philosophy, governance/ management structure).
35. What outcomes have been achieved to date? For clients? For the community?
36. Have there been any unexpected outcomes?
37. What is working well? For clients? For staff?
38. Can you suggest any improvements to the programme?
39. Follow up on recommendations identified in programme description report.

Database/files/six-monthly reports

- List of client details for period March – 31 June 2004 (can be added to list provided for formative report, which covered the first year of operation).
- Number of clients declined since the start of the programme

- Number of clients exited since the start of the programme i.e. successfully completed, prematurely exited and reasons why;
- Total number currently on the programme.
- Referral reason for Feb 03 – Feb 04
- Contact details of a sample of exited clients
- Check Police needs assessment forms have been collected and stored.
- Check database

Appendix B: Process Evaluation Stakeholder Interview

1. What does your role involve?
2. What level of involvement do you have with Rubicon? For example, how frequently are you in contact with the provider
3. What is your understanding of the service provided by Rubicon? E.g. core services, target group
4. Have there been any changes to the programme in the past year? If so, what were these changes and why were they made? (*Prompt: funding, Needs Assessment forms, referral forms, programme activities, entry criteria, programme approach/philosophy, governance/ management structure*).
5. What outcomes have been achieved to date? For clients? For the community?
6. Have there been any unexpected outcomes?
7. What is working well? For clients? For staff?
8. Can you suggest any improvements to the programme?

Appendix C: Process Evaluation Rubicon Trust Representative Interview Guide

Involvement in the programme

1. Please explain the governance and management structure.
2. What does your role involve?
3. What level of involvement do you have with Rubicon? For example, how frequently are you in contact with the provider?

Involvement of community groups/agencies

4. Which agencies and/or community groups does Rubicon work with most often?
5. What are the benefits of these relationships?
6. What are the challenges of these relationships?
7. Are there any relationships that have not been maintained? If so, why?
8. Are there any agencies/community groups that you would like to develop a relationship with/become more involved with? If so, what agencies/community groups? Why?

Programme overview

9. Have there been any changes to the programme in the past year? If so, what were these changes and why were they made? (*Prompt: funding, Needs Assessment forms, referral forms, programme activities, entry criteria, programme approach/philosophy, governance/ management structure*).
10. What outcomes have been achieved to date? For clients? For the community?
11. Have there been any unexpected outcomes?
12. What is working well? For clients? For staff?
13. Can you suggest any improvements to the programme?

Appendix D: Process Evaluation Stakeholder Questionnaire

Stakeholder survey about the Rubicon Youth Alcohol and Drug Support Service

The New Zealand Police Evaluation Unit is conducting an evaluation of Rubicon Youth Alcohol and Drug Support Service, to assess the effectiveness of the programme, and to identify what is working well or areas for improvement.

A small number of key agencies/organisations and schools who work with Rubicon have been selected to participate in this survey to provide feedback about the effectiveness of the programme.

Your responses will remain confidential and will be summarised and analysed thematically. Neither you nor your organisation will be identified in the final report.

Please return the completed survey in the prepaid envelope provided, by **8 October 2004**.

-
1. How frequently does your organisation have contact with the Rubicon Youth Alcohol and Drug Support Service?

☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Other (*please specify*)

2. What is the reason for interaction between your organisation and Rubicon?
3. What is your understanding of the service provided by Rubicon? (For example: who is the target group; what core services does the project provide?)
4. What are the benefits for your organisation, as a result of working with Rubicon?
5. Are there any disadvantages/challenges for your organisation as a result of working with Rubicon?
6. What *positive* outcomes (if any) do you think Rubicon is achieving for its clients and their families?
7. What *negative* outcomes (if any) do you think Rubicon is achieving for its clients and their families?
8. Do you think Rubicon is culturally responsive to the needs of Māori? If so, in what ways? OR, if not, what changes could be made to ensure the programme is more responsive?
9. Overall, how effective do you think Rubicon is in meeting the needs of its clients? (*Please explain rating*)

☐ Very effective ☐ Moderately effective ☐ A little effective ☐ Not at all effective ☐ Don't know

10. What changes could be made to Rubicon to improve its effectiveness for its clients and their families?
11. Do you have any other comments?

Thank you for taking time to answer this survey

Appendix E: Outcome Evaluation Programme Manager Interview Guide

Code of the person being interviewed: _____

The Programme

1. Please explain the staffing changes that have occurred during the programme?
 - How have these changes affected the programme?
2. Is supervision provided for the staff?
 - By whom?
 - How frequently?
3. What professional development have staff members undertaken during the programme?
 - How frequently?

Referral and Selection

4. Has the referral process changed since the start of the programme?
 - If so, how?
 - What were the reasons for the changes?
5. Have the acceptance criteria for selecting participants changed since the start of programme?
 - If so, how?
 - What were the reasons for the changes?
6. Have there been instances where young people were accepted onto the programme when they did not meet the entry criteria?
 - How often did this happen?
 - Why were these decisions made?
7. What happens to young people who do not meet the entry criteria?
 - Are they referred elsewhere?
 - If so, where?
 - Is this a formal relationship?
8. Are there any changes you would have made to the selection criteria? Please explain.

Programme Implementation and Outcomes

9. Have there been issues with reaching/engaging with clients? If so, what are these issues?
10. Have there been any additional services in the last year that have been provided by the Programme that are in addition to what is in the contract?
 - What are they?
 - Why were they provided?
11. Please describe the monitoring procedures Rubicon has to assess the clients and their families. (For example, Needs Assessments, Case Plans, etc.).
12. Are clients and their families involved in the development of their own Case Plans?
 - If so, please explain how?
 - How do you account/include different learning skills in developing case plans?

13. Have there been clients who have exited the programme earlier than planned?
 - If so, what have been the reasons?
14. Have there been clients who have exited the programme later 12 months?
 - If so, what have been the reasons?
15. What, if any, are the follow-up procedures for clients who have exited the programme?
 - Have you kept any records of these clients/ record ongoing monitoring? Please explain.
16. Have there been any changes in the implementation of the programme since it began? If so, what were the changes and why were they made? (*Prompt: funding Needs Assessment forms, referral forms, programme activities, entry criteria, programme approach/philosophy, governance/management structure*).
17. Were the needs of the clients and their families identified and met successfully? Please give some examples.
18. What outcomes have been achieved by Rubicon for:
 - a. the clients
 - b. their families
 - c. the community
 - d. the client and their educational needs
19. What have been some unintended outcomes for clients and their families as a result of Rubicon?

Relationship with Community Support Agencies and Local Government Agencies

20. Describe the relationship your programme has with community support agencies and local government agencies. Please provide examples.
21. Why did you develop relationships with these groups?
22. What have been the benefits of these relationships?
23. What have been the challenges of these relationships?
24. Are there communities or government agencies that you would have liked to work with more?
 - If so, which groups?
 - Why is Rubicon not reaching these groups?
25. Do you think there has been any change in the effectiveness of how different agencies coordinate when dealing with Rubicon?

Finances and Funding

26. Do you think Rubicon provides 'value for money'?
 - If so, in what ways?
27. Has Rubicon had the appropriate financial support?

Programme Overview

28. What have been the issues that Rubicon has faced since it started and how were they resolved?
29. What, in your view, are the factors that contribute to the success of a programme such as this one? (For example, meeting its objectives, etc.).
30. Do you think Rubicon is a success?

Appendix F: Outcome Evaluation Alcohol and Drug Counsellor Interview Guide

Family Demographics

1. Please provide a background of the client - *i.e., number of siblings, who the client lives with, information about the parents/caregiver, and any other relevant information about the family.*

Referral

2. Why was the young person referred to the programme?
3. Were there any issues that made it difficult for the client/family to join the programme?
 - What were these issues?
 - How were they resolved?
4. What were the needs of the client and family?
5. How were the needs of the client/family identified?
 - What processes did you use to gather this information?
6. How did you prioritise the needs of the client?

Case Plans

7. What was the 'plan of action' for the client according to the Case Plan? - *Please provide a summary of what the programme intended to do to work with the client/family.*
8. Was the client/family involved in developing the Case Plans?
 - If so, in what ways?
9. Did you consider the cultural needs of the family and client when developing the Case Plan? If so, in what ways?

Experience on the programme

10. To what extent was the Case Plan followed by the client/family? Did they receive a copy of the Case Plan?
 - If not, why not?
11. Do you think their cultural needs were met by the actions/activities that you put in place?
12. In what ways did you support/assist the client/family to follow the Case Plan?
13. In what other ways did Rubicon support the client/family?
14. What were some of the challenges faced by the client/family while on the programme?
15. How were these challenges overcome?
 - How did you assist the client/family in overcoming these challenges?

Involvement by Community/Government agencies

16. Which community support agencies or local government agencies did Rubicon put the client/family in touch?
17. What were the reasons for the referral to these agencies?

18. What has changed for the client/family as a result of interaction with these agencies?

Outcomes for the client/family

19. What progress has the client/family made since entering Rubicon?

20. To what extent has this client been a successful/unsuccessful example of case management? Please describe.

Appendix G: Outcome Evaluation Stakeholder Interview Guide

Confidentiality (use of tape recorder): Y / N

Code of stakeholder completing questionnaire:

Stakeholder Interaction with the Programme

- Please provide a brief description of your organisation.
- 1. How frequently does your organisation have contact with Rubicon?
- 2. What is the reason for the interaction between your organisation and Rubicon?
- 3. What services or products has your organisation provided to the programme? (prompt from Q 2).
- 4. What is your understanding of the services provided by the Rubicon (i.e. target group, core services)?
- 5. In what ways has the programme impacted on your organisation and the services you provide?
- 6. Do you feel that your organisation has a good/effective relationship with the programme?
 - If there is, what makes it so?
 - If not, how do you think it could be improved?
- 7. What, if any, have been the *positive* outcomes for your organisation and the services that you provide as a result of your relationship with the programme?
- 8. What, if any, have been the *challenges* for your organisation and the services that you provide as a result of your relationship with the programme?

Impact of the Programme on the Community

- 9. In your opinion, how effective do you think the programme has been in your community?
 - In what ways?
- 10. In your opinion, what *positive* outcomes have there been for clients and their families on the programme?
- 11. In your opinion, what *challenges* have there been for clients and their families on the programme?
- 12. In what ways do you think the programme could be more effective for its:
 - clients?
 - their families?
 - the community?

Relationship between Agencies

- 13. In your opinion, do you think there has been a change in interagency coordination (government and community groups) that deal with clients through the programme? (holistic approach, sharing clients, working with families together)
 - If so, in what ways?
- 14. Are there any further comments you would like to make?

Thank you very much for participating in this stakeholder interview.

Appendix H: Current and Exited Client and Family/ Parent/ Caregivers Interview Guide

Client Code:

Joining the programme

1. Why did you/ your son/daughter join the programme? How did you feel/ your child/family about becoming involved with the programme e.g., did you want them to join?
2. What did you know about the programme before you/ your family got involved?

Involvement in your Case Plan.

3. What goals did you and the caseworker identify for you/ your child
 - Did you make suggestions? Is so, what were they?
 - Did you agree with the things that the caseworker suggested? Why/Why not?
4. What goals did you and the caseworker identify for you / your family
 - Did you make suggestions? Is so, what were they?
 - Did you agree with the things that the caseworker suggested? Why/ Why not?
5. Do you feel that you/ your family were included in all the decisions that were made about you/ your son/daughter; your family? In what ways?
6. How have the staff helped you/ your son/daughter to meet their goals/ or helped your family on the programme?
7. In what other ways did Rubicon give you/ your son/daughter; your family support?
8. How has Rubicon been culturally supportive of you/ your child; and your family? In what way? (i.e. Health providers, culturally respectful in the home, educational support, courses)

How have things changed in your life as a result of being on the programme?

9. Have there been changes with the following for you/ your family
 - Education: i.e. enrolled on a course/ stopped skipping school
 - Health: i.e. stopped smoking, gone to Dr, course in parenting skills
 - Family: i.e. relationships
 - Community/Recreation: i.e. play sport/have a hobby
 - (anything previously identified as a goal)
10. What experiences with Rubicon have helped you/ your son/daughter; your family? Positive/Good/memorable (trips, courses)
11. What has changed as a result?
12. Were there any challenges by being involved with the programme? Anything that you didn't like?
 - How did you deal with these challenges/problems?
 - How did the staff help you to sort out these challenges/problems?
13. Have there been unintended outcomes? (things that you did not expect to happen) If so, what are these?

Staff

14. How often do/did you/ your son/daughter see the staff? Would you like to see them more/less?
15. Do you think the staff at Rubicon are approachable? Friendly?

Post Programme (*exited only**)

16. Have you/ your family had any follow up contact with Rubicon since you have exited the programme?*
17. Initiated by whom? Why?*
18. Do/did you enjoy your family being involved with the programme/ think it was successful? Why/why not?*
19. Would you recommend this programme to other parents/families? Why/why not?
20. Is there anything that would improve the Rubicon programme?

Is there anything that you would like to add?

Appendix I: Entry Interview With Child/Young Person

1. CHILD/YOUNG PERSON'S DETAILS:

What is your full name?	
-------------------------	--

2. NEEDS ASSESSMENT

*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.***

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				
Usually behave OK	[]	[]	[]	[]
Can usually manage your feelings	[]	[]	[]	[]
RELATIONSHIPS				
Feels close to at least one parent/caregiver	[]	[]	[]	[]
Liked by adults	[]	[]	[]	[]
Liked by other children	[]	[]	[]	[]
Have friends your own age	[]	[]	[]	[]
EDUCATION				
Doing well at school	[]	[]	[]	[]
Learning special skills/gaining interests	[]	[]	[]	[]
Taking part in lots of different activities	[]	[]	[]	[]
Happy at school	[]	[]	[]	[]
IDENTITY				
Feel OK about yourself	[]	[]	[]	[]
Know about your family background	[]	[]	[]	[]
Know about your cultural background (like being Māori or coming from another country)	[]	[]	[]	[]
Feel good about your cultural background	[]	[]	[]	[]
Interested in learning more about your cultural background	[]	[]	[]	[]
HEALTH				
Usually healthy/well	[]	[]	[]	[]
Growing/developing well	[]	[]	[]	[]
SOCIAL PRESENTATION				
Behaviour (eg manners etc) is acceptable to other young people	[]	[]	[]	[]
Behaviour is acceptable to adults	[]	[]	[]	[]
Can communicate (be understood) easily with/by others	[]	[]	[]	[]

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				
Find it hard to trust people	[]	[]	[]	[]
Often get into trouble at school	[]	[]	[]	[]
Often get into trouble at home	[]	[]	[]	[]
Find it hard to mix with other children	[]	[]	[]	[]
Get into fights with other children	[]	[]	[]	[]
Wag school	[]	[]	[]	[]
Find it hard to control anger	[]	[]	[]	[]
Aggressive	[]	[]	[]	[]
Bully other children	[]	[]	[]	[]
Is bullied	[]	[]	[]	[]
Find it hard to concentrate/pay attention	[]	[]	[]	[]
Sometimes steals things	[]	[]	[]	[]
Sometimes destructive at school	[]	[]	[]	[]
Sometimes destructive at home	[]	[]	[]	[]
Very restless or fidgety	[]	[]	[]	[]
Not interested in eating/food	[]	[]	[]	[]
Often worried/anxious	[]	[]	[]	[]
Make excuses to avoid going to school	[]	[]	[]	[]
Not interested in learning/school work	[]	[]	[]	[]
Tell lies/can't be trusted	[]	[]	[]	[]
Often complain of aches and pains (including headaches and stomach aches)	[]	[]	[]	[]
Don't sleep well	[]	[]	[]	[]
Feel sad a lot	[]	[]	[]	[]
Get frightened easily	[]	[]	[]	[]
Have mood swings	[]	[]	[]	[]
Often seek attention	[]	[]	[]	[]
Use alcohol	[]	[]	[]	[]
Use glue	[]	[]	[]	[]
Use drugs (eg. dope)	[]	[]	[]	[]
In trouble with the police	[]	[]	[]	[]
Unpredictable	[]	[]	[]	[]
Get into situations where you are likely to get hurt	[]	[]	[]	[]
Find it hard to get on in the family	[]	[]	[]	[]
Run away from home	[]	[]	[]	[]
mm)Feel that you don't belong	[]	[]	[]	[]
Other (please 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?

Appendix J: Referral Form

Referral Date:	
Referral Source: (name of school/organisation)	
Young person's name:	
Date of Birth: Age (<i>in yrs</i>): Male <input type="checkbox"/> Female <input type="checkbox"/>	
Ethnicity: (<i>please tick one</i>) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> New Zealand Māori <input type="checkbox"/> New Zealand European/Pakeha <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Tokelauan </div> <div style="width: 45%;"> <input type="checkbox"/> Cook Island Māori <input type="checkbox"/> Niuean <input type="checkbox"/> Fijian <input type="checkbox"/> Chinese <input type="checkbox"/> Indian </div> </div> Other (specify): Iwi: Father's side..... Mother's side:.....	
Young person lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other relative <input type="checkbox"/> Other caregiver	

REASONS FOR REFERRAL:

School attendance:

- ☐ Frequently late to school
- ☐ Attends only 2-3 days on average
- ☐ Chronic truancy
- ☐ Parent keeps child home to mind other children
- ☐ Currently suspended or expelled

Education:

- ☐ Low achievement
- ☐ Poor attitude to schoolwork
- ☐ Finds it hard to pay attention/concentrate

Social presentation:

- ☐ Antisocial behaviour (e.g. bullying, defiance, stealing, vandalism)
- ☐ Difficulties with communication
- ☐ Can't manage feelings (e.g. throws tantrums, often angry)
- ☐ Finds it difficult to make/keep friends
- ☐ Has come to Police attention (e.g. for offending, running away)

Identity:

- ☐ Doesn't seem to feel good about him/herself
- ☐ Signs of depression
- ☐ Doesn't know about cultural background

Negative influences:

- ☐ Negative family influences - (e.g. inadequate food, clothing, housing)
- ☐ Negative family influences - (e.g. offending, substance abuse)
- ☐ Negative peer influences (e.g. offending, truancy)

Health:

- ☐ Signs of substance use (e.g. alcohol, glue, cannabis)
- ☐ Signs of poor health or developmental problems

Other:

.....

ADMISSION DETAILS: Was the young person admitted to programme?

Yes <input type="checkbox"/>	On what date?
No <input type="checkbox"/>	If not admitted, why?
	Did not meet programme criteria <input type="checkbox"/>
	Parent/Caregiver did not give permission <input type="checkbox"/>
	Child/young person did not give permission <input type="checkbox"/>
	Other (specify):

Appendix K: Contact Sheet

This form is to be used to record all contacts with clients, family/whānau and other agencies:

Client's/ Family's Name:.....

[illegible]