

# **Gisborne Crime Prevention Project, Te Hauora O Tūranganui-ā-Kiwa Ltd (Tūranga Health), Tūranganui-ā-Kiwa (Gisborne)**

## ***Background***

### **Project Need**

New Zealand's most isolated district, Gisborne, is home to 45,780 people (Statistics New Zealand, 1997). Of these, 42.4 percent identify their ethnic group as New Zealand Māori and a disproportionate number of these are represented in local crime statistics. In addition, 1.1 percent identify their ethnic group and overall, 41.2 percent are aged under 25 years old.

In 1997 there was no dedicated youth worker for "at risk" rangatahi<sup>1</sup> in the Gisborne area. As a result, the Department of Internal Affairs approached various community groups and organisations to apply for funding to employ a Community Project Worker under the Community Project Workers Scheme (CPWS).

In early 1998 a funding proposal made by Te Hauora o Tūranganui-ā-Kiwa (Tūranga Health) was accepted. It identified Māori rangitahi (under 20 years old) as the priority target group and pointed to a number of issues to support this. These included the fact that Māori youth are more likely than other youth to:

- commit petty crime
- engage in drug and alcohol abuse
- leave school at an early age and/or without qualifications
- come from large families and therefore have reduced opportunities for financial assistance to support tertiary education
- experience cultural dichotomies and their impact
- be recruited into gangs and gang related activities
- operationalise stress by contemplating acts of suicide and violence

The households from which Māori youth come are:

- more likely to be recipients of a social service benefit
- less likely to be able to provide educational support to their children

In addition, the funding proposal indicated that the Gisborne community sustained a number of trends which directly impacted on young people. These included:

- marijuana abuse
- culture of "binge drinking"
- gangs
- petty crime
- truancy and suspension
- poor educational achievement
- low self esteem
- cycle of poverty and welfare dependency
- poor youth wages
- money spent on the year 2000 initiatives rather than on services for youth
- poor integration of government agencies and Māori authorities

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<sup>1</sup> Youth

Furthermore, there appeared to be nowhere, apart from the cinema and Time Out arcade game centre, for youth to congregate and hang out. Therefore, youth tended to congregate in the streets.

## **Stakeholders and Consultation**

Tūranga Health is an established agency delivering culturally-appropriate health services to iwi. In this capacity, they maintain linkages with a range of community and government agencies including:

- Anger Management/Men for Change
- Te Rūnanga Tāne o Te Tairāwhiti
- Te Rūnanga o Tūranganui a Kiwa
- Gisborne Police
- Community Corrections
- Gisborne District Council
- Lytton High School
- Gisborne Boys' High School
- Gisborne Intermediate School
- Other local schools
- Children and Young Persons Service
- Sports Clubs
- Tu Tāngata Project
- Tu Tāngata Rangatahi, Iwi Social Services
- Public Health Unit
- Mental Health Services, Tairāwhiti Healthcare
- New Zealand Employment Service
- New Zealand Income Support Services

Together with the rangitahi, their hapū, local marae, and the wider community, these organisations are significant stakeholders in the CPWS project.

## **Agency History and Status**

Tūranga Health is the health arm of the iwi authority. It is part of the rūnanga, but has been set up as a separate legal entity, and has been in existence for about seven years. The directors are elected by iwi in the area.

Tūranga Health takes a lead role in delivering culturally appropriate health services to iwi, and maintaining tino rangatiratanga in any service opportunity. These activities include the provision of training, policy, research, health promotion, primary health services, disability services, drug and alcohol services, and Māori mental health services. Over the three years prior to 1998, Tūranga Health had taken steps towards targeting these services to youth at risk.

## **Youth Worker**

The youth worker identified for the CPU-CPWS project is a Māori male who has several years (3 years prior to employment as the CPWS worker) experience working with youth and/or families. He has been involved with a number of youth education projects, including teaching the history of both Māori and other cultures, as well as Art and Kapa Haka.

The CPWS worker has received relevant training through university study, participation in the Internal Affairs youth worker training hui, and Tūranga Health training projects.

## **Youth Worker Management and Development**

The CPWS worker is based at the Rangatahi Health Centre (RHC), and his official role is “Centre Co-ordinator”. Although not funded by the Department of Internal Affairs, the RHC is implicit in the CPWS worker’s role.

The RHC was opened in March 1998. It was established in response to the need for youth to have a space (building) where they can “hang out” and participate in free time activities. Apart from the cinema and the “Time Out” arcade games centre, the RHC has been the only facility in Gisborne to provide an evening venue for youth. Furthermore, most of the activities at the RHC are provided free of charge.

The RHC is administered by Te Hauora O Tūranganui a Kiwa Ltd, an iwi incorporated society. In total, it has four co-ordinators and all are managed by a project manager.

In addition to receiving feedback from the rangatahi with whom he works, the CPWS youth worker has access to a youth worker network forum and peer support from other youth workers employed by Tūranga Health.

During 1998, the Centre Co-ordinators were provided with training and development opportunities in:

- conflict resolution
- suicide intervention and prevention
- drug and alcohol intervention
- cultural safety awareness
- ice breakers
- Cardio Pulmonary Resuscitation (CPR)
- volunteer management
- management
- time management
- water safety
- drivers licences
- relationship building
- Tairāwhiti Healthcare

Staff also participated in the Central North Island Youth Workers Training and CAFT. The latter included a six part series of workshops covering the mental development of young people from birth to adulthood, as well as providing supervision regarding some of the behavioural disorders displayed by rangatahi.

In 1999, Centre Co-ordinators participated in the following training and development processes:

- Central North Island Youth Workers Training
- Occupational Safety and Health
- Policies and procedures of the Rangatahi Health Centre
- First Aid
- Community Training with Gisborne District Council
- Franklin Covey Time Management
- New Zealand Institute of Management Training

In addition, both the CPWS worker and the project manager attended a GAIN programme about “Getting Alternative Information Now”. GAIN is a 10 hour family facilitation programme run with teens and their parents for 2 hours each week for 5 weeks. It teaches parents and young people communication skills, problem solving, family contracting, rules and their consequences, drug and alcohol information and life skills.

## **Responsiveness to Māori**

Although the project accepts all young people, Māori are a priority target group. Tūranga Health takes a lead role delivering culturally appropriate, high quality primary health and social services to iwi.

## **Responsiveness to Pacific Island Peoples**

While, Māori are the priority target group, it is estimated that between 10 and 15% of local young people identify with a Pacific Island ethnic group. Opportunities for Pacific Island input into the development of the project were available through consultations carried out in the community forums such as the Safer Community Council public meetings, and the meetings at the schools. Ongoing consultation with these agencies ensures that at risk Pacific Island youth receive services that are appropriate to their cultural needs.

## **Evaluation Methods**

The information about the Gisborne Crime Prevention project was obtained from four main sources: the annual evaluation reports completed by the CPWS worker and agency, contact between the CPWS worker, agency and the local DIA community advisor, visits by a DIA research analyst, and project and administration records including project proposals and application information.

## **Annual Evaluation Reports**

The CPWS worker and project manager completed two annual evaluation reports for the Gisborne Crime Prevention project. These provided information for the periods between March and December 1998, and January and December 1999, respectively. Data for these reports was collected from a range of sources including:

- information contained in a membership database for patrons of the Rangatahi Health Centre (RHC)
- statistics gathered from rangatahi attending RHC programmes
- records of incidents of alcohol abuse, tagging, runaways, vandalism, fighting, verbal abuse, stealing, drugs, nuisance and legal offences observed and noted by centre co-ordinators, in or around the RHC (no operational definitions of incidents were provided)
- participant (and former participant) feedback recorded by centre co-ordinators and project management
- feedback from community groups and organisations networked with the project (including Gisborne District Council, 101 patrol, Te Rūnanga O Tūranganui a Kiwa, Tūranga Health, Safer Communities Council, local Schools and Colleges, Tairāwhiti Healthcare, Local Retailers, Whānau and Social Workers)
- participant observations made by the CPWS worker and other project staff
- feedback from participants' whānau (recorded by project staff)

The youth centre and CPWS worker have received significant praise from local and government agencies, including Gisborne District Council. Much of this has taken the form of Media articles in The Gisborne Herald, Crime Prevention News, and Pipiwharauoa (local iwi newspaper).

## **Department of Internal Affairs Visits**

Throughout the duration of the CPWS project, the Gisborne CPWS worker and project manager maintained ongoing contact with their local DIA community advisor. In addition, the community advisor provided input into the data collection and administration of the annual evaluation reports. He also provided feedback to the department regarding the CPWS worker's progress towards meeting Gisborne Crime Prevention project objectives.

A research analyst from the Department of Internal Affairs visited the Gisborne Crime Prevention project annually. On the 2<sup>nd</sup> of May, 1999 the researcher used this visit to access additional information for the project evaluations and met with the CPWS worker, project manager and other RHC co-ordinators. During these meetings the project's contribution to meeting each of the outcomes identified under the Crime Prevention Package was discussed. Obstacles, difficulties and process issues were also reviewed.

The researcher also visited the Rangatahi Health Centre and was shown around the locations of the urban ROAM (Rangatahi on a Mission) sites (this will be explained later).

## ***The CPWS Project***

As indicated in the project proposal, the overall aim of Tūranga Health's CPWS project was:

- to work with at risk rangatahi to improve life chances by early identification and early intervention.

This was to be achieved by way of:

- providing a role model for *at risk* rangatahi in Gisborne City, responsible for establishing a trusting relationship through which young people may be referred for appropriate help, and guided towards appropriate activities.

The CPWS worker was identified as the means of providing this role model. His tasks were defined by a series of objectives, including:

- identifying key issues and working towards strategies to deal with them
- identifying at risk rangatahi and providing them with early intervention
- assisting in the reduction of risk-taking behaviours (sex, drug and alcohol abuse and involvement in petty crime) amongst rangatahi
- reinforcing positive social behaviours by involving youth in productive educational, cultural and leisure opportunities
- providing a forum for facilitation and negotiation between rangatahi, their hapū, their marae and the wider community

In order to achieve these objectives, the following activities were identified as necessary:

- liaising with a range of relevant community agencies in Gisborne,
- liaising with, and working with, appropriate stakeholder organisations,
- establishing a working base at the Rangatahi Centre,
- liaising with all high schools and intermediate schools in Tūranganui-ā-Kiwa,
- monitoring popular gathering places frequented by rangatahi,
- receiving referrals of at risk rangatahi from individuals and agencies,
- appropriately intervening with rangatahi referred,
- referring rangatahi and whānau, requiring other assistance, to appropriate agencies.

Responsibility for the agency and administrative networking aspect of these activities was taken by the project manager, leaving the CPWS worker to plan and complete the youth programmes.

The project target group comprised of rangatahi aged under 20 years of age, within Gisborne City and surrounding area. The project concentrated primarily on working with rangatahi in the two most at risk suburbs - Kaiti and Elgin, with Māori being the priority target population.

## **Nature of the Project**

### ***Project outline and content***

The CPWS project was set up early in 1998 with initial funding identified for three years.

The CPWS worker's role involves helping to co-ordinate and facilitate the activities of the centre, as well as providing the specified services for "at risk" Rangatahi. These include:

- encouraging rangatahi and their whānau to plan events including organising whānau nights
- supporting and assisting rangatahi with the development of a Rangatahi Advisory Group
- promoting positive healthy and drug free lifestyles, both informally and through organised educational, cultural and leisure activities
- referring rangatahi to other agencies where appropriate (i.e. for drug and alcohol counselling, mental health services, anger management, rape crisis and sexual health services)
- providing information to rangatahi through projects and wānanga run at the centre
- advocating of behalf of rangatahi (including involvement in family group conferences and mediation in public issues)

The interaction between the RHC and the CPWS worker is such that the centre attracts young people who participate in group activities with the CPWS worker. As the young people become known to the CPWS worker, he is able to identify at risk individuals and assist them to access services specific to their needs.

The youth centre provides a safe environment for youth to come and hang out. Other than Māori, it does not target a specific youth population and therefore attracts a wide range of individuals. In addition, the CPWS worker actively works to facilitate greater interaction between rangatahi and the wider community, especially in terms of whānau groups. This work includes:

- advocacy and support during family group conferences
- increasing access of families to services
- assisting families in the search for runaway rangatahi
- facilitating communication between parents and young people
- networking with other youth services and facilitating the use of the health centre by other community groups

Since April/May 1999, the CPWS worker has also been involved with co-ordinating an Out of School Care and Recreation programme (OSCAR). This programme is targeted at medium to high risk young people, aged 10 - 14 years, who demonstrate "in school behavioural problems" or are "falling out of the education system". As part of OSCAR, parents are required to participate with their rangatahi through attendance on the GAIN programme. This whānau interaction allows exploration of communication issues and facilitation of skills to address these.

Since April 1999, the RHC co-ordinators have worked towards establishing interventions away from the RHC, both in Gisborne and in two of its surrounding rural areas. They received significant community support and encouragement to do so. Indeed, the youth centre and CPWS maintains a very high public and media profile in Gisborne, and has even attracted foreign students on placement and visitors from overseas.

The new interventions include the ROAM (Rangatahi on a Mission) project. This project was developed by the project manager and CPWS worker in response to a desire by Tūranga Health to provide educational and interest based activities within the three iwi areas; Ngai Tamanuhiri, Rongowhakaata and Te Aitanga a Mahaki. At the same time, Tūranga Health had leased two residential homes within Gisborne, one in Ranfurly Street, Kaiti and one in Munroe Street, Eglin. These two addresses are located in extremely high risk neighbourhoods, with significant gang influences. It was proposed that the homes could be used as a base from which to provide after school educational and recreational programmes.

There are three rural and two urban ROAM projects. These focus on:

- providing safe, challenging learning environments for young people to reflect back on where they have been and plan their futures
- providing skill development programmes designed to challenge, entertain and assist rangatahi to make decisions that will challenge their attitudes and behaviours
- facilitating mutual learning between workers and rangatahi such that workers learn more about the pressures that impact on young people who dwell in rural and residential communities within the Gisborne region.

The projects are also intended to offer support to young people, their families and schools, as well as providing community groups and organisations with the opportunity to deliver or assist with life skills programmes for young people. In order to attract young people to the projects, and to obtain community buy in, the CPWS worker and one other RHC co-ordinator canvassed the homes, streets and schools in each locality. They talked to local residents and teachers, introducing themselves and explaining their role.

The programme targets a maximum of 20 rangatahi aged 10-12 years, in each location, and is intended to run for one year, after which time it will be evaluated and a decision regarding its future will be made. Once rangatahi have completed the ROAM programme, the co-ordinators intend to assist rangatahi and their families to provide support needed to join other intensive after school programmes, social or sports clubs, and other youth groups within their area. It is hoped that the ROAM project will facilitate ongoing relationships between Tūranga health and rangatahi, whānau, parents/guardians, schools, marae and other youth groups.

### ***Number of participants and source of referrals***

Between March and December 1998, 5068 attendances were recorded at programmes run at the Rangatahi Youth Centre, with an average of 17 young people visiting the centre each day. Most of these came to the centre of their own accord<sup>2</sup>, or with friends. However, towards the end of the year, the CPWS worker noted that an increasing number of referrals were being made by whānau, community groups and mainstream organisations (no exact figures were kept).

Between January and December 1999, the CPWS worker indicated that the youth centre received an increased number of referrals from statutory agencies, such as the police and DCYFS as well as community groups, schools, other youth organisations, churches, and the youth themselves. Similarly, the average number of young people participating in centre activities increased to twenty-one (21) youth visiting the centre each day, with a total of 7562 attendances.

Currently, there are between ten (10) and twelve (12) young people participating weekly on site at each of the ROAM locations.

### ***Demographics***

Data collected from attendees showed that between March and December 1998, 29% (1480) of the rangatahi visiting the centre were aged under 15 years, 35% (1794) were aged over 15 years and 35% (1794) were of unknown ages. Male youth made up 38% (1921) of attendances, females made up 32% (1629) and 30% (1518) were of unknown gender (Table 4).

During this time, the majority (56%) of attendances were made by Māori (2836), with 14% (714) being made by non Māori and the remainder being by individuals of unknown ethnicity (1518).

*Table 4: Gisborne Crime Prevention Project gender, age and ethnicity 1998 and 1999*

Gender	1998	1999
Male	38%	50%
Female	32%	50%
Unknown	30%	0

Age	1998	1999
Under 15 years	29%	52%
15 years and over	35%	48%
Unknown	35%	0

<sup>2</sup> RHC activities are advertised by radio promotion, monthly publication, biannual visits to schools, participation in community activities, networking with other youth groups and by word of mouth.

Ethnicity	1998	1999
Māori	56%	80%
Non-Māori	14%	20%
Unknown	30%	0

Between January and December 1999, the proportion of individuals attending the centre, who identified themselves as Māori, appeared to increase (to 6031 or 80%). However, during 1998, at least 30% of attending rangatahi did not provide information regarding their ethnicity, age and/or gender. Indeed, in 1999, the proportion of attendances made by individuals aged 15 years and under increased (to 3915 or 52%), but so did the proportion of attendances made by individuals aged over 15 years (3647 or 48%). Similarly, the number of male (3766) and female (3796) attendances both increased but remained equally represented. As such, the 1999 data was more accurately recorded.

### ***Presenting issues***

From observations made by the centre co-ordinators, it is estimated that all Rangatahi who attended the RHC in 1998 and 1999 were committing some kind of minor offences (including under aged drinking) when they became involved with the youth centre activities. In addition, in 1999, up to 70% of male rangatahi and 60% of female rangatahi were involved in some form of drug abuse. Other presenting issues are listed in Table 5.

*Table 5: Gisborne Crime Prevention Project presenting issues 1998 and 1999*

Presenting issues	Male	Female	Male	Female
	1998	1998	1999	1999
• Committing minor offences including under age drinking	100%	100%	100%	100%
• Committing serious offences including burglary and theft	40%	30%	40%	30%
• Drug abuse	40%	40%	70%	60%
• Violent and threatening behaviour outside the centre	20%	10%	40%	30%
• Involvement with gangs including youth gangs	50%	50%	20%	20%
• Disengaged and alienated from whānau	60%	60%	30%	30%
• Truancy	70%	70%	20%	20%
• Displaying behaviour disorders	40%	30%	50%	50%
• Depression and suicidal behaviour	5%	5%	5%	5%
• Expelled or suspended	15%	15%	5%	5%

Clearly, there are some large differences between the presenting issues identified in 1998 and 1999. To some degree, this change is likely to have resulted from better record keeping during the second year, and more awareness of the nature of issues presented. It is also likely to have been influenced by changes in the project focus such that those young people who attended the RHC on a drop in basis during 1998 differed from those who participated in the more structured programmes introduced in 1999.

### ***At risk youth***

Of those rangatahi who attended the RHC in 1998, the CPWS worker identified forty-seven (47) individuals as being at risk. These young people presented with a range of issues including drug and alcohol abuse, graffiti, sexual health problems, depression, chronic truancy, suicide, rape, criminal behaviour, poor nutrition, anger management. A number of them were also children of gang members. In 1999, thirty-nine (39) rangatahi were identified as being at risk.

Identification of at risk status was responded to in a range of ways, depending on the cause for concern. However, it most commonly resulted in ongoing one on one intervention and referral to other agencies specialising in drug and alcohol problems, sexual abuse counselling, mental health work, and anger management.

## **Process**

During the first year of the CPWS project, the CPWS worker spent a significant amount of time helping to set up the RHC. This included finding a suitable building and establishing funding to renovate it.

Development of the RHC involved significant input from local youth. At the time of opening, the centre consisted of little more than a building. In order to foster ownership of the RHC, responsibility for decorations, and other finishing touches, was left with the young people who used it. They have since painted murals on the walls and floors using funding from a Creative Communities Grant which was accessed by the project manager.

The official opening of the RHC received significant media and community support. Much of the street on which it is located, was closed off for the day and a variety of activities and festive events were provided. These events attracted large numbers of young people, but it soon became apparent that many of them experienced difficulties getting to and from the youth centre on a regular basis. Therefore, a van was acquired in order to provide youth with a means of transport.

Provision of transport resulted in a dramatic increase in the number of young people becoming involved with the community project worker (from an average of 2 youth per day during the first week of opening to an average of 17 youth per day throughout the rest of the first year). Since then, the RHC has become a focal point for Gisborne youth. Initially the centre was open five days a week but access to additional funding meant that, from June 1998, hours were extended to allow full time operation.

During the first two months of operation, the Health Centre staff experienced a number of difficulties with rangatahi. These included gang involvement, swearing, alcohol abuse, drug taking and other "at risk"<sup>3</sup> behaviours. In order to combat these behaviours, a three strike rule was instituted.

This rule was such that, once a young person demonstrated an at risk behaviour they were formally warned by a centre co-ordinator and, depending on the incident, steps were taken to reduce the chance of the behaviour occurring again. These included referrals to appropriate agencies, development of personal plans and/or frequent (intensive), one on one mentoring and involvement with the CPWS worker. If a second incident occurred, another warning was issued and, frequently, the whānau of the rangatahi were involved.

After three warnings, the rangatahi were banned from the centre for a period of time, and encouraged and supported to seek outside assistance. Far from being discipline based, the three strike rule facilitated identification of risk and helped to formalise the referral process. In the two year period since the RHC has been operating only one rangatahi has been permanently banned and in this case the centre co-ordinators considered the action necessary in order to protect other centre users.

As the role of the CPWS worker gained recognition as a community resource, more and more youth were referred directly by whānau, community groups and mainstream organisations, or sought the CPWS worker out of their own accord. Therefore, the RHC became less and less important in terms of facilitating this relationship. The specific nature of the referrals facilitated the CPWS worker's

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<sup>3</sup> As indicated in the crime prevention proposal, these included violent and threatening behaviours, committing offences against the law and truancy. In addition, the RHC identified verbal abuse and para-suicide as at risk behaviours.

awareness of the need to engage with youth in a more structured manner. In discussion with the DIA research analyst, he indicated that crime prevention required more than a drop in centre.

In early 1999, the number of youth visiting the RHC on a drop-in basis began to decline and, in May, the focus of the centre was changed to accommodate the OSCAR programme. In addition, the CPWS worker began developing the ROAM project. Originally intended as an outreach extension of the OSCAR project, limited time (the project visits each area for one day per week), and the wide range of issues experienced by local young people, resulted in a change in focus.

By April 2000, approximately eleven (11) young people were attending weekly meetings at each of the ROAM locations (three rural and two urban resulting in a total attendance of approximately 55 young people). These meetings focused on:

- building self esteem through identity; i.e. whakapapa, kapa haka, and developing confidence through personal and artistic expression.
- developing skills and education; i.e. through structured wānanga, art, practical exercises, mediation and learning communication skills
- anger management; identifying issues and referring to appropriate agencies
- addressing issues; youth workers inform parents of their obligations and assist them to work through problems

## **Achievement of Project Objectives**

### ***Identifying at risk rangatahi***

During 1998, identification of at risk rangatahi occurred responsively, largely as a result of rangatahi committing incidents which transgressed the rules of the RHC. Similarly, much of the information regarding key issues for rangatahi was identified during investigation of incidents.

However, in 1999, a drop in the number of young people committing incidents led to a more proactive approach being developed. This approach involved targeting 10-14 year olds, specifically by way of the OSCAR and ROAM programmes. The structured nature of these programmes enabled RHC co-ordinators to conduct “pre-risk assessment and health plans” for each rangatahi that became involved with the service. Over the two years during which the CPWS worker has been funded by the Department of Internal Affairs, a total of eighty-six (86) rangatahi demonstrating at risk behaviours have been identified.

### ***Identifying key issues***

In addition to incident investigation and pre-assessment, a significant amount of information regarding key issues has been obtained through self disclosure and feedback from the rangatahi themselves. This has been complemented by information sharing between the CPWS worker and relevant community agencies, stakeholders and schools, to establish a picture of how rangatahi issues are affected by, and affect, the wider community.

Some of the issues identified include:

- communication problems
- unhealthy family dynamics
- sexual disease
- homelessness
- drug and alcohol abuse
- rape and sexual abuse
- physical abuse
- gang influence
- suicide
- alienation and isolation

### ***Providing early intervention and working towards strategies to deal with at risk rangatahi***

As issues have been identified, the centre co-ordinators have worked with rangatahi, whānau and associated agencies to define strategies to deal with them. These have included referring the rangatahi to appropriate agencies.

#### Case study 198

*A young person came to the centre displaying, what the staff identified as, suicidal risk factors. His benefit money had been stolen by a friend, he had been kicked out of his home by his caregiver, and he indicated that he had nowhere else to go. RHC staff applied for and received an emergency WINZ grant on his behalf, mediated a reconciliation between the youth and his caregiver (who then allowed him to return home), and contacted a Mental Health Key Worker from the Tairāwhiti Healthcare. The young man returned to the centre and thanked the staff for their intervention. He commented: "When I came here I had nothing. You gave me clothes, got me money and helped to get a roof over my head. Without you guys I don't know what I would have done."*

#### Case study 298

*A member of the 101 patrol (Civilian patrol of Gisborne city) brought a young person to the centre who they had found living under a bridge. The young person was 17 years old and had left an abusive family. He had been placed in another home but had [become] alienated [from] the owner. The centre staff described him as a difficult person, a shy boy who would spend all his money on alcohol. Furthermore, because of his age, there were no other service providers who could give him shelter. The RHC referred him to a another home. He has remained there and appears to be getting along successfully.*

In addition, the CPWS worker has advocated on behalf of rangatahi to community organisations, schools and government agencies (including representation at family group conferences), and has helped rangatahi to develop personal progress plans. Commonly, the latter involved increased attendance at educational, cultural and leisure activities provided by the RHC.

### ***Reinforcing positive social behaviours by involving youth in productive, educational and cultural leisure opportunities***

RHC educational, cultural and leisure activities included wānanga concerning:

- nutrition
- dental health
- fire safety
- drugs and alcohol
- whanaungatanga
- vehicle safety
- sexuality
- celebration of life
- self esteem
- career paths
- anger management

The RHC has also facilitated:

- celebration of holiday events (i.e. Treaty of Waitangi)
- school holiday activities
- sports and fitness activities

These activities were open to all rangatahi attending the RHC, thus encouraging social interaction and discussion from a wide range of perspectives. At risk rangatahi are not treated as a separate group and are therefore less likely to become one, thus reducing the likelihood that a subculture of criminal activity and norms will develop.

Furthermore, the group activities, and sharing of perspectives and options which occurred within their context, provided a means of early intervention for rangatahi who may have been in at risk circumstances, but had not yet been identified as demonstrating at risk behaviours.

Such educational and leisure activities continue to be offered through the OSCAR and ROAM programmes, with group activities aimed at addressing:

- cultural identity
- drug and alcohol abuse
- nutrition
- problem solving
- self esteem raising
- whānau and school support
- educational and literacy skill development

### ***Assisting in the reduction of at risk behaviours amongst rangatahi***

In addition to providing early intervention, the CPWS worker has contributed towards the reduction of at risk behaviours amongst rangatahi. In many cases, this has been achieved simply by providing a point of entry for rangatahi to access assistance from mainstream health and education agencies.

One of the main advantages of the RHC is that it has attracted a number of youth who were not otherwise in contact with mainstream agencies. A number of the youth visiting the centre were socially isolated and it took some time to get alongside them. Any attempt to intervene could only be achieved once sufficient trust was developed. Evidence that the CPWS worker has been effective in developing the trust of both the youth and the wider communities is reflected in the following examples:

#### Case study 498

*A young person approached staff because she was being pressured by her peers to do things that she did not want to. The staff spoke with the individuals and families involved, and the peer pressure ceased. The young person claims that her peers are now treating her with respect and she feels much stronger in herself.*

#### Case study 598

*A Pacific Island family asked the centre staff for assistance with their young person. The centre staff attended a family group conference with the young person concerned and assisted in referring them to counselling. Both the family and the young person thanked the centre for their assistance.*

#### Case study 299

*While Participant was at the centre, she disclosed that she had been raped. Staff split their tasks so that two continued to run the youth programme and two were called to deal with the issue. A counselling service was called. However, due to their caseload, the counsellors were unable to see Participant until the following day.*

*Staff ensured that Participant was safe until counselling occurred and put in place suicide prevention strategies. Participant completed her counselling with the agency to which the referral was made.*

#### Case study 398

*During the course of 1998, there was an outbreak of sexual disease among the youth at the centre. This came to the attention of the youth workers. They responded by taking everyone participating in the RHC projects to the public sexual health clinic, where they were tested, treated and given training in sexual health issues. The RHC will continue to support the youth in obtaining six monthly follow up check-ups.*

The trusting nature of the relationship between rangatahi and the CPWS worker may have contributed to improving the relationship between rangatahi and other agencies, especially those to which the CPWS worker referred them. Evidence of this improvement is provided in the willingness of formerly alienated rangatahi not only to attend, or participate in activities defined by the referral, but also to continue doing so over long periods of time (i.e. counselling, sexual health check ups). As such, the rangatahi have been open to the assistance that they received as a result of referrals made by the CPWS worker.

The effect of both the CPWS worker and the RHC, in reducing at risk behaviours, is evident in the decline in incidents recorded during the second year of operation. This went from thirty-nine incidents recorded prior to 30 June 1999 to none recorded after 30 June 1999. This reduction is dramatic, but appears to result from positive role modelling.

As indicated in the second annual evaluation report (1999):

*At the beginning of the project there were a high number of young people who needed a drop in centre. [By early 1999] 95% of these young people had moved into training, education or employment ..... [However] 5% had become dependent on the youth workers for support and needed to be targeted for redirection.*

*At the other end of the scale, schools and community organisations were asking for assistance with primary and intermediate children who were having problems at school. This resulted in the development of the Out of School Care and Recreation 'OSCAR' programme. This was an intervention for medium-high risk children who were displaying behavioural issues and/or had no social activity outside of school.*

*The result was that the Rangatahi Health Centre focused on a Drop in Centre and an OSCAR programme. These both complemented each other. [They] allowed for the Rangatahi Health Centre to deal with the [residual] 5% [of] at risk youth and their issues, and the next generation of at risk youth being identified by the schools, organisations, or parents.*

*[The benefits of this approach were evident in a reduction in incidents]. In 1999, there were 39 incidents ....between January and June. After this period there were no incidents. The staff attribute this reduction to the fact that the 5% of clients that remained under the RHC became role models to the younger OSCAR children, and as a result, discontinued their bad behaviour and moved into positive lifestyles (page 7).*

Implementation of the three strike rule also appears to have contributed to the reduction of at risk behaviours amongst rangatahi. With only one rangatahi actually being permanently banned from the centre, it is unlikely that this rule succeeded through punishment based mechanisms. Such mechanisms usually require more than one example and have been shown to be extremely ineffective.

Rather, the three strike rule provided a formal mechanism for identifying at risk behaviours and assisting rangatahi to access a means of addressing them. As indicated earlier, these means commonly took the form of referrals to appropriate agencies and/or the development of progress plans.

### ***Providing a forum for facilitation and negotiation between rangatahi, their hapū, marae and the wider community***

The CPWS worker has played a significant part in facilitating relationships between rangatahi and the wider community. Specifically, he supported rangatahi in family group conferences and advocated for them with regards to referrals, intervention, and education and employment options. In addition, media reports collected during 1998 and 1999 indicate that the RHC Co-ordinators provided a range of opportunities for youth to engage with hapū and marae. These included:

- marae visits and stays

- learning protocol
- Kapa Haka
- special Waitangi Day Celebrations
- participation in the Ngāti Porou festival
- involvement with the Ngāti Porou East Coast Rugby Team
- wānanga about the Treaty of Waitangi and colonisation
- wānanga about issues of concern to Māori identity
- production of a special youth publication with articles of particular concern to young Māori, including frequent use of Te Reo
- whānau nights

## **Outcomes**

### **Achievement of CPWS Objectives**

In addition to the objectives set for the project, each CP-CPWS project was also required to contribute to the CPWS outcomes identified in the 1997 Youth at Risk Crime Prevention Package (pp.11-12). These outcomes were designed to address the needs of both individual participants and communities.

#### ***Individual outcomes included:***

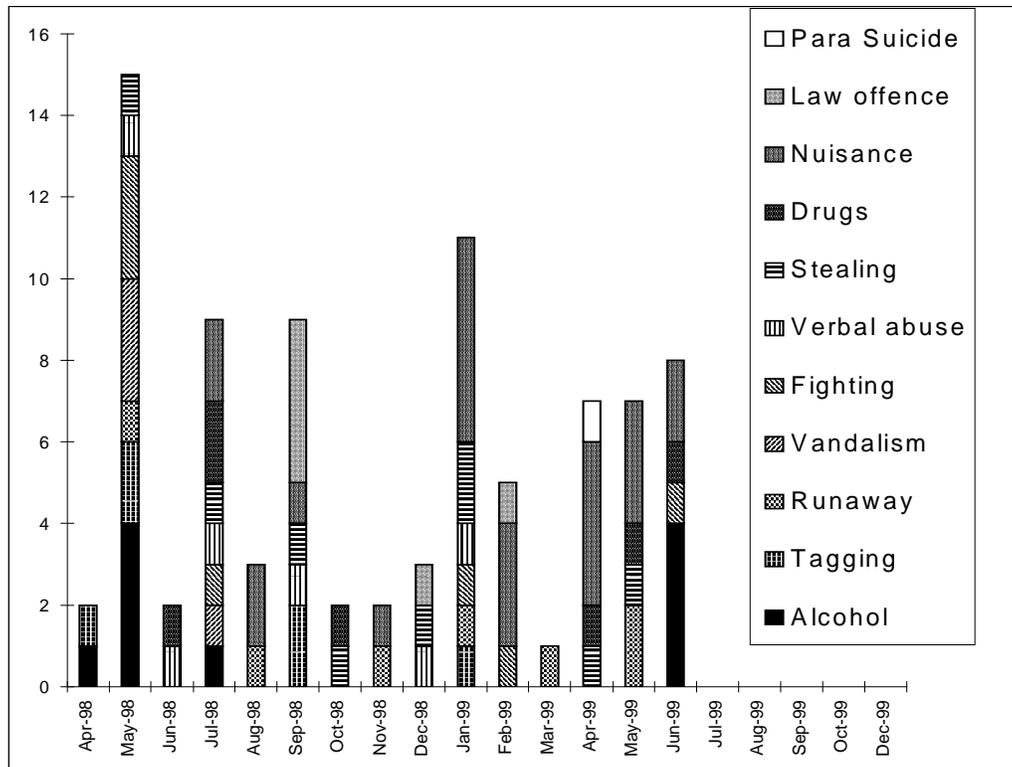
##### *Positive behavioural changes*

Since the RHC opened in 1998, centre staff have recorded the number of incidents of misconduct occurring in or around the centre. These include:

- alcohol abuse
- tagging
- runaways
- vandalism
- fighting
- verbal abuse
- stealing/theft
- drug use
- nuisance behaviour
- law offences (e.g., any of the above which resulted in police intervention and/or burglary, violent and threatening behaviours)

During the first year of operation (1998), forty-seven (47) incidents were recorded. Between April 1998 and December 1998, a slight downward trend was observed in the number of incidents recorded (Figure 1). This trend was particularly evident during the final three months of the recording period.

*Figure 1: Incidents of misconduct recorded by the Gisborne Crime Prevention Project during 1998 and 1999.*



In 1999, only 39 incidents of misconduct were recorded, although all of these occurred between January and June. No incidents of misconduct were recorded between July and December 1999.

Interestingly, Figure 1 shows a slight increase in incidents recorded between April and June 1999. This period corresponds with the beginning of the OSCAR programme and the entry of a new group of 10 - 14 year old rangatahi into the centre. As identified earlier, staff suggest that the dramatic decline in incidents may be due to the older rangatahi (who were already familiar with the centre's rules and focus on positive social behaviour) acting as role models to the younger rangatahi participating in the OSCAR programme.

In addition, staff report observing positive changes in the following areas:

- reduction in peer pressure
- reduction in at risk behaviours associated with self harm and suicide
- decreases in the number of homeless youth
- reduction in sexual disease and increased promotion of sexual health
- increased access to mainstream drug and alcohol counselling and anger management services
- increased participation in fitness projects
- increased participation in creative activities
- reduction in addictive behaviours
- increased personal hygiene
- increased participation in learning activities

These are mirrored by media reports attributing significant social changes to the services provided by the RHC. In particular, an article in the Crime Prevention News (Issue 17, September 1998) indicated that the RHC was instrumental in keeping young people off the streets and out of trouble. The RHC has also been praised by the Gisborne District Council, the Safer Communities Council and local retailers for the change in attitude and behaviour of local young people.

Similarly, in the Gisborne Herald (September 17, 1998) members of Gisborne District Council acknowledged the work the RHC was doing in helping to build a positive community, including the presence of RHC rangatahi at a council youth forum.

Positive behavioural changes, attributed to rangatahi involvement with the CPWS worker, have also been reported by their parents and teachers:

Case study 199

*The school guidance counsellor referred participant to the OSCAR B2B programme. He was living in a foster home as he had been assisting his siblings in criminal activity. Participant was disruptive in school, truanting, had literacy problems and was involved in petty crime, drug and alcohol abuse.*

*During a four month period, participant attended the OSCAR B2B programme. The programme assisted him with his homework, enabled him to deal with his drug and alcohol issues, equipped him with problem solving skills, and allowed him access to positive role models and peers. He made gains in his schoolwork and attendance, and all risk factors were eliminated.*

*Participant excelled in arts and crafts and this dramatically improved his self esteem. Teachers commented that “[participant’s name].. has stopped being disruptive in class and is no longer the class clown”. They also indicated that “[participant’s name] is more focused and has a passion in art”. Participant’s natural mother commented that his behaviour at home had improved and that participant was “getting up early in the morning and making breakfast for the kids before going to school”.*

Case study 299

*Participant is an 11 year old girl. She is from a single parent background and has four siblings. Participant’s Mum referred her to the OSCAR B2B programme. Participant was displaying a “bad” attitude towards her family and there was a breakdown in communication. She was truanting school and would run away from home and roam the streets every day. Participant also had an anger management problem.*

*After attending the OSCAR B2B programme and the East Coast Experience, participant stopped truanting and running away. Her attitude at home and her school work improved. Participant’s Mum commented that “she has improved and does not run away”. Her Mum also indicated that participant “looks forward to coming to the centre”.*

*At the end of 1999, Participant was still attending the OSCAR B2B programme and acting as a role model for other young people coming into the centre. She has increased her confidence and shows leadership in sports. Participant attends the programme as a long term solution to her anger management issues.*

### *Increased personal strength and self reliance*

RHC workers report increases in the self esteem of rangatahi attending the projects. Other examples of increased personal strength and self reliance include reduction in drug and alcohol dependency, with up to 60 percent of young people reducing their nicotine intake, and a 50 per cent reduction in other at risk behaviour (including drug and alcohol use, violence, and unsafe sexual practices).

Rangatahi have also demonstrated increased ability to identify when they need assistance and knowledge regarding how to get it. Rather than bottle things up, or express themselves through at risk behaviours, rangatahi have actively approached both the CPWS worker, and other agencies, for assistance. Examples include one rangatahi who contacted the CPWS worker nearly two years after his initial involvement in the RHC, to gain assistance applying to WINZ (Work and Income New Zealand) and accessing accommodation. In a similar case, a rangatahi approached the worker to act as a mediator between herself and her father, providing support while she practised the communication skills that she had acquired through involvement with the project.

### *Increased positive participation in their communities*

The first annual evaluation report indicates that in 1998, 20 percent of the unemployed young people who participated in RHC projects either returned to school, entered alternative education/training projects or found employment. By mid 1999, only a handful of rangatahi continued to regularly use the drop in centre. This reduction in patronage was due to the fact that 95% of those who had become involved with the centre had moved into training, education or employment.

Involvement with the RHC has also resulted in selected rangatahi, many of whom were significantly isolated from their community, accessing mainstream drug and alcohol counselling, anger management services and sexual health services. Furthermore, RHC staff report many young people attending the centre as a means of leaving their past behaviours behind.

#### Case study 698

*a young man ... approached RHC staff seeking help for a drug dependency problem. He has been referred to appropriate services but still attends projects at the RHC. He comments that "I have stopped smoking dope now. I just hang out at the centre. That way I don't get tempted by my old mates."*

The RHC has encouraged young people to become involved with their community, including the police, through efforts such as the completion of a mural in Hardy Street. The mural showed a two sided image with a positive path on one side and a negative path on the other. It displays the message "It's your future - choose wisely" and won community awards for best mural and best message.

In addition, the RHC has supported a group of at risk youth to establish themselves as performing artists. These young people have called themselves the RHC Icebreakers. They have recorded a rap song at Tūranga FM and performed break dancing at a number of venues.

Rangatahi are continually consulted regarding improvements to the centre and ideas for project development. Examples of rangatahi suggestions which have been implemented include:

- organising dances and social events
- providing extra lighting
- dress code
- no smoking
- providing additional sports and games equipment
- doing more fun stuff!!!!

### ***Community outcomes included:***

#### *Increased community capacity to effectively deliver projects and programmes targeted to at-risk young people*

The CPWS worker has contributed to increased community capacity, both within and outside the RHC. Not only has he actively facilitated programmes and projects, but he has also worked with other agencies and community groups to ensure that Rangatahi gain access to as many opportunities as possible.

The RHC project manager is a member of the Gisborne Safer Community Council and during both 1998 and 1999, RHC representatives (including the CPWS worker) liaised with the following community agencies and stakeholders:

- Health Funding Authority
- Te Rūnanga o Tūranganui a Kiwa
- Tūranga Health
- Internal Affairs
- Community Injury Prevention
- Public Health Unit
- Child, Adolescent and Family Team

- Key worker - Tairawhiti Healthcare
- Safer Communities Council
- Tairawhiti Youth Workers Council
- Central North Island Youth Workers Council
- Te Puni Kōkiri
- Te Rōpu Kapa Haka O Ritana
- Tūranga Tāne Tūranga Wahine
- Te Rūnanga Tāne O Te Tairawhiti
- Tutangata
- Truancy Service
- Gisborne District Council
- Creative Arts New Zealand
- Hillary Commission
- Whangara Mai Tawhiti
- Department of Child, Youth and Family Services
- Work and Income New Zealand
- Ngaru Toa Aotearoa
- Toihoukura
- Kaumātua Korikori Tinana
- Āwhina House
- Ngāti Porou Festival Organising Committee
- 101 Patrol (Civilian Patrol)
- Police
- Other youth groups (i.e. Te Hauora and Te Rūnanga o Tūranganui a Kiwa)
- Volunteer Youth Workers

Contact with these agencies/groups and collectives included:

- setting up means and criteria for referral,
- encouraging the development of policies and projects to meet the needs of the rangatahi,
- mutual support in activities directly impacting on the youth,
- sharing of knowledge and skills, both with regards to specific cases and generally.

In addition to providing access to programmes and projects, the CPWS worker has contributed to community capacity by mediating between the community and young people, talking to the youth about their behaviour and providing them with role models. He has also encouraged community members to show support for the RHC in order to gain respect from the rangatahi. For example, approaching a local bakery, the CPWS worker suggested that they could bring any left over wares to the RHC. When the offer was taken up, the rangatahi went to thank the baker involved.

Similarly, during a Safer Communities meeting aimed at addressing the perceived “criminal” behaviours of a small group of local young people, the CPWS worker proposed a smile campaign. This campaign involved making an effort to positively greet the young people when they were encountered on the streets, or in retail centres. After a week of the smile campaign, all of those who participated expressed greater trust and respect for the young people involved. Indeed, they began to learn the young people’s names, and the young people reported feeling more positive towards adult community members. Even non participating community members noticed a change in the young people’s behaviour, many of whom asked the CPWS worker what he had “done to them”.

In this, and numerous other small but significant examples, the community and youth have shown that they are able to influence each other’s behaviour, not just through projects and programmes, but also through interpersonal relations. As indicated in Crime Prevention News (Issue 17, September 1998) “The community has been extremely supportive now that the centre is operating. There were plenty of doubters but now they’re right behind it, not just verbally, but also in terms of donating equipment”.

Furthermore, both the retailers and other members of the community report fewer rangatahi hanging around the streets. Prior to the introduction of the RHC this was an issue of significant concern. The

public reported being treated disrespectfully and feeling threatened by the rangatahi in the area. The CPWS worker has invested significant energy in working with the rangatahi to address these issues. As a result there have been many reports that such experiences are on the decline.

In terms of the OSCAR project, community links have been extended to include schools and whānau. In the ROAM projects, the involvement of local schools (especially in terms of providing space) has been particularly crucial to the development of capacity. Furthermore, by demonstrating support for the programme, schools have attracted more support from programme participants and stakeholders.

### *Improved co-ordination between groups involved with youth at risk of offending*

The CPWS worker has worked with a number of other agencies involved with youth at risk. His role has included supporting young people and families during Family Group Conferences, and other offence related activities, and facilitating communication between the various parties attending such activities. This support aimed to improve the likelihood that interagency/group forums will yield outcomes that are meaningful and understood by all concerned.

The CPWS worker attends school trustees and PPTA meetings, and regularly liaises with the whānau of rangatahi with whom he is involved. These relationships often work interdependently. As in the case of the rangatahi whose father was leaving prison, the CPWS worker was able to inform the school in order to prepare them for changes in his behaviour and provide ways of supporting him. Similarly, the CPWS worker often assists whānau to liaise with schools and other agencies regarding issues involving their rangatahi.

In addition, the CPWS worker has also been involved in advocacy and mediation between the police and young people.

#### Case study 299

*Participant was being questioned by the police for an assault that he witnessed and was being implicated in. Staff supported him during the inquiry, referred him to a criminal lawyer, and gave him information sourced from the youth law project. Participant was not charged with any offences.*

Such work is particularly important in reducing the sense of learned helplessness that often pervades the at risk youth culture. This sense is such that young people believe they are being targeted and no matter what they do, they will always be under suspicion. They reason that if they are going “to face the time they might as well do the crime”.

By showing young people that they can make the “system” work for them, and that co-operation with the authorities can yield positive outcomes, the CPWS worker has contributed towards increasing the young people’s sense of personal responsibility and empowerment.

The CPWS worker has referred rangatahi to other agencies dealing with at risk young people. This has not only increased young peoples’ access to mainstream organisations, but has increased information and resource sharing between those concerned. Referral processes have highlighted service gaps such as the need for more Māori counsellors dealing with rape and sexual abuse issues. Recognising these gaps, and highlighting them within the context of appropriate forums (i.e. Safer Communities Council), may provide the first step towards addressing them.

## **Conclusion**

As a primary prevention project, the Gisborne CPU-CPWS project targeted all young people. Despite identifying at risk behaviours (i.e. drug and alcohol abuse, violence and threatening behaviour, truancy, theft, burglary, vandalism, verbal abuse, etc.) amongst project participants, it is difficult to assess whether these contributed to increase the overall risk status of individuals (i.e. propensity to commit crime). Therefore, it is also difficult to assess how effective the Gisborne CPWS project has been in preventing crime.

However, the fact that Gisborne was identified as a youth crime “hotspot” and, given the large numbers of youth coming in contact with the CPWS worker, it is likely that the project had some impact on the at risk population, especially as the CPWS worker’s activities, through the ROAM interventions, moved into locations known for extremely high risk populations. This is supported by media feedback from Gisborne District Council, Safer Communities Council and Crime Prevention News stating that the project is effective in keeping young people off the streets and contributing to a positive change in their attitudes and behaviours.

Furthermore, despite no statistical evidence of reduced crime since the introduction of the CPWS worker, the project does appear to have contributed to a number of outcomes which have been identified as instrumental in reducing at risk behaviour.

Specifically, the large number of project participants who ceased contact with the project worker to become involved in alternative employment, training and/or educational activities suggests increased involvement in (and identification with) mainstream economic and social life. This appears to have been achieved by way of providing a positive role model, who was effective in gaining the trust and respect of rangatahi, and who actively worked to increase their social networks and friendship groups.

The fact that the project included a number of methods which have been shown to contribute to the development of such outcomes, adds credibility to the claim that they came about, at least in part, because of the CPWS worker’s activities. Not least of these was the continual development and adaptation of the CPWS worker’s activities to meet the changing needs of local rangatahi.

Initially, the CPWS worker’s activities were tied to the Rangatahi Health Centre (RHC), providing young people with a range of structured and unstructured activities. These included a number of interventions identified as being effective in the primary prevention of at risk behaviour:

- out of school skill building and community recreation programmes
- mentoring programmes providing frequent contact between role models and young people
- programmes aimed at clarifying and communicating norms about behaviours (particularly by way of positive reinforcement)

This CPWS worker’s relationship with the RHC was particularly effective because many of the young people who visited it were not in contact with any other mainstream organisations. Therefore, as at risk behaviours were identified, the CPWS worker was able to provide a link between them and intensive behavioural programmes aimed at addressing the issues associated with these behaviours. The latter has also been shown to be an important aspect of crime prevention. Furthermore, the trusting nature of the relationship that developed between the CPWS worker and the young people with whom he became involved, appeared to contribute to their willingness to participate in such interventions.

Indeed, the RHC provided a base from which the CPWS worker could develop this trust and demonstrate his value as a community and youth resource. However, as the CPWS worker acquired community recognition, trust and respect, he recognised the need to take on a more proactive role in working with youth at risk. Rather than waiting for at risk behaviours to surface, he actively sought referrals and identified issues which could put young people at risk. Raising and discussing these issues frequently led to disclosures from the young people themselves. He also worked to develop structured methods of addressing such behaviours, including the provision of education and development groups located in at risk neighbourhoods.

The latter, embodied in the ROAM projects, extend the CPWS workers activities to include comprehensive instructional programmes focusing on a range of social competency skills. They also focus on keeping rangatahi in school and/or educational activities.

The ROAM projects are particularly important in facilitating the co-ordination of school, family and community activities, both in terms of cultural and educational development, and as a method of sharing resources and information. The CPWS worker has also contributed to increased capacity by acting as a link between rangatahi and other community groups (i.e. police, safer communities

council, retailers, etc.), advocating for youth needs, and identifying problem solving methods which address the values of both parties.

One of the main strengths of the project has been the strength of the organisation in which it operates. This organisation, through the project manager and other centre co-ordinators, has supported the CPWS worker in developing of the project. They have provided a means for him to gain credibility in the community and supported his efforts to take interventions to the community. This could not have been achieved without complementary staff and programmes to fill the gaps and build bridges between the various stages of evolution. Even such things as having a colleague to join him as he canvassed some of the more disadvantaged neighbourhoods of the city contributed significantly to his ability to attract at risk youth to the ROAM project. Similarly, the project manager's administrative support enabled evaluation of the changes as they occurred and adaptation to ensure effectiveness.

### ***Recommendations***

1. Continued development of youth projects in a manner that is responsive to the needs of young people. Indeed, with ongoing support from the other centre co-ordinators and the project manager, this could become the CPWS worker's main activity.
2. Additional attention to evaluating project process and outcomes in order to feedback into this development loop.
3. Identify services required for young people and develop clear methods for advocating for these services, both politically and strategically between all agencies involved with Gisborne youth. During the course of his activities, the CPWS worker gains insight into a number of needs. It is not possible for him to fulfil all of these but, with the right systems in place, he could play an important part in ensuring that other agencies do.
4. Increased liaison between the CPWS worker, police and other agencies of criminal justice to establish estimates of the exact impact on crime levels, and methods for targeting high risk project participants.