Table of Contents

Table of Contents ........................................................................................................... 1

1. About these Guidelines ......................................................................................... 2
   Who are these guidelines for? ............................................................................... 2
   How did these guidelines come about? ............................................................... 2
   What is the purpose of these guidelines? ........................................................... 2
   How should these guidelines be used? ............................................................... 2
   Will these guidelines be revised? ....................................................................... 2
   Where can you go for further information? ...................................................... 2

2. Relationships .......................................................................................................... 3
   What are the principles that underpin the relationship between the Ministry, the
   Provider and the client? ...................................................................................... 3
   Cultural awareness ............................................................................................. 3
   Accessibility ....................................................................................................... 3

3. About Conduct Disorder Services ......................................................................... 4
   What are Conduct Disorder Services about? .................................................... 4
   Who is the client group for Conduct Disorder Services? ................................... 4
   What are Conduct Disorder Services seeking to achieve? .............................. 4
      Vision .............................................................................................................. 4
      Long-term outcomes ...................................................................................... 4
      Results .......................................................................................................... 4
   What are Conduct Disorder Services core principles? .................................... 5
   How do Conduct Disorder Services work? ...................................................... 5
      Referral .......................................................................................................... 5
      Activities ....................................................................................................... 5
      At completion of the service .......................................................................... 5

4. Service Delivery .................................................................................................... 6
   Where do Providers fit in the big picture? ......................................................... 6
   What processes does this programme focus on? .............................................. 6
      Multi Systemic Therapy (MST) .................................................................... 6
      Functional Family Therapy (FFT) ................................................................. 7
      Multidimensional Treatment Foster Care (MTFC) ....................................... 9
      Residential Care .......................................................................................... 11
      Making referrals to other agencies .............................................................. 12
   What are some key elements of practice? ....................................................... 12

5. Measuring Results and Reporting ..................................................................... 15
   How do we know if Conduct Disorder Services are working? .................... 17
   What data needs to be collected for reporting? .............................................. 17
   Where can we find more information about RBA? ....................................... 17
   What reports are required by the Ministry? ................................................... 17

6. Definitions ........................................................................................................... 18
   Appendix One .................................................................................................... 19
      Report Format ............................................................................................... 19
   Appendix Two .................................................................................................. 21
      Provider Feedback Form ............................................................................. 21
1. **About these Guidelines**

**Who are these guidelines for?**

These guidelines are for the Provider that the Ministry of Social Development (“the Ministry”) contracts with to provide these Conduct Disorder Services.

**How did these guidelines come about?**

Agreements with Providers for the delivery of Conduct Disorder Services require that services are delivered in accordance with these guidelines. These guidelines form part of the Agreement.

**What is the purpose of these guidelines?**

The guidelines provide:

- a set of commonly agreed practice principles and values to guide Conduct Disorder Service work;
- detailed information about service delivery and practice;
- a resource tool to help you deliver Conduct Disorder Services consistently;
- a resource tool to assist you in meeting the desired service outcomes; and
- a way for us to improve our responsiveness to feedback regarding changes to the service delivery component of the Agreement.

**How should these guidelines be used?**

These guidelines should be seen as setting the minimum standard, from which each Provider can develop a service that reflects their organisation’s philosophical base, incorporating local need and the culture within which it works. You will use them to assist you to competently deliver the service according to the Agreement requirements.

**Will these guidelines be revised?**

This document is a living document and will be updated as required. The Ministry staff will keep you informed of any further editions, updates or changes to these guidelines, as it forms part of the Agreement. Feedback on the guidelines is welcome at any time and can be sent to the Ministry national office using the attached Feedback Form (see appendix two).

**Where can you go for further information?**

For further information on these guidelines please contact your Contract Manager as identified in your Agreement.
2. Relationships

What are the principles that underpin the relationship between the Ministry, the Provider and the client?

For this to be effective, it is essential that all parties collaborate to ensure the Services are effective and accessible. The following principles guide all dealings under the Agreement. The parties agree to:

- act honestly and in good faith;
- communicate openly and in a timely manner;
- work in a collaborative and constructive manner;
- recognise each others’ responsibilities;
- encourage quality and innovation to achieve positive outcomes; and
- support the principles of the Code of Funding Practice (http://www.communitymatters.govt.nz/Promoting-good-practice).

The Agreement does not constitute a partnership in the legal sense nor does it mean that the Provider is an employee or agent of the Ministry.

Cultural awareness

Each party recognises the needs of all people, including Maori, Pacific peoples, migrant communities and all other communities to have Services provided in a way that is consistent with their social, economic, political, cultural and spiritual values.

Accessibility

Each party recognises that increased participation is supported by enhanced accessibility and recognising the diverse needs of all people, through:

- ease of communication;
- flow of information; and
- physical accessibility.
3. About Conduct Disorder Services

What are Conduct Disorder Services about?

Below is an overview of what Conduct Disorder Services are included in these guidelines:
- Provision of Multi-Systemic Therapy (MST);
- Functional Family Therapy (FFT);
- Multidimensional Treatment Foster Care (MTFC); and
- Residential Care.

Who is the client group for Conduct Disorder Services?

The client group for Conduct Disorder Services are Young People from 10-16 years of age who have been diagnosed with severe conduct disorder, and other Young People assessed as having significant conduct problems.

What are Conduct Disorder Services seeking to achieve?

Conduct Disorder Services are seeking to achieve the following vision, long-term outcomes and results for Young People and their families/whānau.

Vision:

To improve the family/whānau and their community’s ability to manage Young People’s behaviour and support their integration into the community.

Long-term outcomes:

The long-term outcomes that Conduct Disorder Services seeks to achieve are:
- to reduce serious and persistent criminal activity and improve rehabilitation outcomes for Young People with severe conduct disorder and other Young People assessed as having significant conduct problems; and
- the Young Person’s health, education and social outcomes are improved through this process. As a result they feel stronger, more connected to, and supported by their families.

Results:

- Young People develop skills that bring reward and satisfaction in daily life;
- Young People learn to have compassion for others and respect their rights;
- Each Young Person’s sense of ability to succeed is enhanced;
- Young People and their family/whānau are enabled to live in greater harmony;
- Young People are kept safe;
• Communities are kept safe from Young People’s negative behaviours;
• Life is normalised for Young People as much as possible;
• Young People are empowered to be responsible; and
• Young People learn that pro-social behaviour is more rewarding than offending.

What are Conduct Disorder Services core principles?
Conduct Disorder Services have the following core principles that underpin practice:
• Young People and their families/whānau have unique needs, and as such require individualised plans which address the behaviours and the identified goals of the Young Person, their family/whānau and the Ministry;
• services will work in partnership with families/whanau/caregivers;
• services will be culturally relevant;
• Young People will be placed in the least restrictive environment given their and their family/whānau needs;
• access to these services will not replace or exclude Young People from accessing existing health services and education services; and
• wherever possible Young People will be supported and integrated into mainstream schools.

How do Conduct Disorder Services work?
The Conduct Disorder Services referral process is shown in Figure 1 below:

Figure 1: Service Process

<table>
<thead>
<tr>
<th>Referral</th>
<th>Child, Youth and Family Social Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals include</td>
<td>The referrer will complete the referral form supplied by the Provider. Referrals will include any relevant information that may assist the Provider in working with the client group.</td>
</tr>
<tr>
<td>Activities</td>
<td>Provision of Multi-Systemic Therapy (MST) Functional Family Therapy (FFT) Multidimensional Treatment Foster Care (MTFC) Residential Care.</td>
</tr>
<tr>
<td>At completion of the service</td>
<td>The Provider will contact Young People discharged from the service for two years after discharge, by undertaking a telephone survey at 6 months and two subsequent calls within the two year time period.</td>
</tr>
</tbody>
</table>
4. Service Delivery

Where do Providers fit in the big picture?

Providers are key contributors to Conduct Disorder Services being successful. In order to achieve a positive outcome for Young People and their families/whānau, the Provider will deliver a service that includes the following components:

- care, control, supervision and development of the Young People;
- maintenance of the residences in which Young People live;
- parent education programmes for Young People’s parents and/or caregivers;
- skills training programmes for each Young Person; and
- behaviour modification and management interventions for each Young Person.

What processes does this programme focus on?

**Multi Systemic Therapy (MST)**

Research has shown MST is an effective approach to working with Young People with antisocial behaviour and their families/whānau. MST is an intensive family/whānau community based treatment approach, utilising evidence-based treatment to produce long-term favourable outcomes for the Young Person and their family/whānau. MST acknowledges that working with families is integral to success with the Young Person. Research on MST is based on delivery of Service to the Young Person in their own home.

Treatment theory that guides MST views the Young Person in relationship to her or his peers, school, family/whānau and community. Treatment techniques that traditionally focused on a limited aspect of the Young Persons ecology are widened to include the Young Person’s social ecology. Treatment is guided by nine principles as opposed to more traditional approaches that outline session-by-session treatment plans.

**Aim of this service component is:**

- to reduce frequency, severity and intensity of referral behaviours, namely violence, criminal offending and alcohol and drug abuse;
- to reduce the need for out of home placements;
- to empower parents with the skills and resources needed to independently address the difficulties that arise in raising Young People; and
- to empower Young People to cope with family/whānau, peer, school, and neighbourhood problems.
This is achieved within a context of support and skill building for the Young Person and their family/whānau. The therapist places developmentally appropriate demands on the adolescent and family/whānau for responsible behaviour. Intervention strategies are integrated into a social ecological context and include strategic family/whānau therapy, structural family/whānau therapy, behavioural parent training, and cognitive behaviour therapies.

**Schooling**

- MST aims to work with the Young Person in their natural ecological environment, by strengthening the relationships between systems that support them. The MST therapist attempts to keep the Young Person in their community, which includes their local schools. When the Young Person is unable to attend school, the therapists look at other resources in the community that are sustainable post-treatment.

**Numbers**

- One team of three clinicians can see up to 30 Young People and their family/whānau per fiscal year.

**Components of Treatment**

- MST is provided using a home-based model of service delivery. This model helps to overcome barriers to service access, increases family/whānau retention in treatment, allows for the provision of intensive services (i.e. therapists have low caseloads), and enhances the maintenance of treatment gains.
- The usual duration of MST treatment is approximately four months.

**Functional Family Therapy (FFT)**

Functional Family Therapy (FFT) is a well-documented evidenced-based treatment that has been successfully applied in a number of countries to assist Young People with moderate to severe conduct problems, including those diagnosed with severe conduct disorder (DSM-IV). The model is manualised, has robust quality assurance measures, and the therapists are supported with weekly team supervision.

The primary focus of the three phase intervention is strengthening the relationships within the family/whānau by improving family/whānau communication, reducing negativity and blame, increasing parenting skills, and by identifying resources the family/whānau can access in the community.

FFT is a short term intervention with treatment duration ranging from 8 to 12 one-hour family/whānau therapy sessions for mild cases, and up to 30 hours for more complex and severe cases. The average treatment duration is three months.
Aim of this service component is to:

- engage and motivate the Young Person and their family/whānau by assisting them to reduce the high levels of negativity and blame;
- reduce and eliminate problematic referral behaviours and associated dysfunctional family/whānau relational patterns;
- improve family/whānau communication; increase parenting knowledge and skill; and increase their problem solving skills; and
- generalise the Young Persons new behaviours across all problematic settings (e.g. school, peers and occupation) by assisting the family/whānau to appropriately access and utilise community resources.

Schooling

FFT aims to work with the Young Person in their local school, strengthening the relationships between the systems that support them. The FFT therapist endeavours to keep the Young Person in their community, which includes their local schools. When the Young Person is unable to attend school, the therapists look at other resources in the community that are sustainable post-treatment.

Numbers

The volume of Young People (and family/whanau) seen by the FFT will vary depending on the severity of cases referred, and by the volume of referrals. Assuming a high severity caseload a team of three therapists and one supervisor can provide interventions for up to 70 Young People and their families/whānau per annum. A caseload should be balanced including mild, moderate and severe cases. The same team can provide interventions for 90 or more Young People and their families/whānau per annum.

Components of Treatment

The FFT therapist meets the family/whānau in the environment that best suits them. Most sessions are home-based, some sessions are office-based. This model helps to overcome barriers to service access, increases family/whānau retention in treatment, and enhances the maintenance of treatment gains. FFT has a three phase treatment approach:

- engagement and motivation: the therapist helps the family/whānau to develop alliances, reduce negativity, improve communication, minimise hopelessness, reduce drop out potential, develop a family/whānau focus, and increase motivation for change. Relational patterns, context, and behaviour problems are carefully assessed. The therapist uses techniques such as validation, reframing, reattribution, and sequencing;
• behaviour change: the therapist helps the family/whānau to implement change plans, address delinquency behaviours, build relational skills, develop parenting skills, and identify and understand interpersonal needs. The therapist uses structured session plans, change models, and directive training; and
• generalisation: the therapist helps the family/whānau to maintain and generalise changes, prevent relapses, and to identify and access community resources.

**Multidimensional Treatment Foster Care (MTFC)**

The Young Person is placed with specialised foster parents, leaving the family/whānau in their own home.

**Aim of this service component is to:**

• reduce frequency, severity and intensity of referral behaviours;
• provide a pro-social environment away from other Young People who have behavioural difficulties;
• provide a continuum between highly supervised residential care and home-based services; and
• give the Young Person the opportunity to integrate into the community.

**Numbers**

• Ten Young People

**The following are the components that are part of the MTFC:**

• the environment is initially highly structured and supervised, with a focus on rewarding appropriate behaviour, and clear consequences for antisocial behaviour;
• the overall goal is to reduce inappropriate behaviour to a level that allows the Young Person to have increased involvement in the community and unsupervised time;
• the Provider will use the points system designed by Patti Chamberlain for the MTFC Programme;
• the Young Person is taught social competencies through informal instructions during teachable moments, feedback from foster parents and through role modelling;
• a behavioural emphasis. Skill building and change in negative behaviour are the goals. Skill building and problem solving are emphasised;
• strength based. Focus on finding and building upon strengths and reinforcement of positive behaviours;
• positive and negative behaviour is translated into points given and taken on a daily basis. Privileges are based on daily and weekly point totals.
Throughout the placement, the child progresses through three ‘levels’, each level affording more privileges. Consequences for negative behaviour are time-limited and occur the next day to decrease emotionality surrounding the discipline;

- the MTFC homes have one placement at any one time;
- Appropriate matching. Matching a Young Person with an MTFC foster home in terms of culture, background, family/whānau demographics, interests and personalities is an important feature of MTFC;
- birth family/whānau aftercare resource involvement. Involvement of the permanent family/whānau to which the placement Young People will be discharged is an important aspect of the program. The MTFC Family Therapist works to engage the aftercare resource and conducts weekly sessions aimed at increasing parenting skills, reducing family/whānau conflict, and to create an aftercare environment that can sustain the gains made by the youth during placement in MTFC. Home visits, increasing in length and frequency as parental skills improve, take place after the first three to four weeks of placement;
- in addition to family/whānau therapy, and weekly child therapy, skill building sessions are part of the program. Behaviour information is recorded daily and used both in the design of interventions and the measurement of the success of those interventions. The MTFC Program Supervisor coordinates all services, supports the foster homes and acts as liaison with case workers and other stakeholders; and
- 24-hour on-call support. Program staff are available to foster parents and aftercare as a resource at all times.

Schooling requirements that need to be taken into consideration:

- wherever possible the Young Person is mainstreamed with the help of support staff facilitated by the Provider;
- for those that are unable to attend a mainstream school they will attend a registered state school, specialising in providing education to Young People with complex behavioural problems;
- the school will teach the Young Person curriculum topics and provide behavioural interventions to reduce antisocial behaviour that has resulted in previous stand-downs and expulsions; and
- the Young Person will be re-enrolled in mainstream school on achievement of individualised education and behavioural goals.
Residential Care

Residential care provides the Young Person who has a history of placement breakdown with a high level of support and guidance, in a highly structured environment with other Young People. This provides a safe environment for staff to address inappropriate behaviour through the use of behaviour management techniques.

The provision of intensive therapeutic placements in a High Needs Home has the aim of reducing extreme behaviours which have resulted in the Young Person being unable to be contained in less restrictive placements.

Aim of this Service Component is to:

- provide out-of-home care to the Young Person;
- assist those families who are no longer able to cope with the severity of the Young Person’s behaviour;
- assist Young People who have been in a number of previous placements which have failed due to extreme behaviour; and
- to reduce frequency, severity and intensity of referral behaviours.

Numbers

- four to five Young People in a High Needs Home

The following are the components that are part of the Residential Care programme:

- the environment is highly structured and supervised, with a focus on rewarding appropriate behaviour and clear consequences for antisocial behaviour;
- the overall goal is to reduce inappropriate behaviour to a level that allows the Young Person to return to their home, with the support of an MST or FFT clinician, or to be eligible for a placement in MTFC;
- the Provider uses an abridged version of the points system designed by Patti Chamberlain for the MTFC; and
- Young People are taught social competencies through informal instructions during teachable moments, feedback from staff and through role modelling of appropriate behaviour.

Schooling requirements that need to be taken into consideration:

- Wherever possible the Young Person is to be mainstreamed with the help of support staff provided by the Provider.
- For those who are unable to attend a mainstream school they will attend a Registered State School, specialising in providing education to the Young Person with complex behavioural problems.
The school will teach the Young Person curriculum topics and provide behavioural interventions to reduce antisocial behaviour that has resulted in previous stand-downs and expulsions.

The Young Person will be re-enrolled in mainstream school on achievement of individualised education and behavioural goals.

**Residential Care Quality Assurance Process**

- Daily points system.
- Incident reports.
- Standardised pre-intake (baseline), intake, exit and follow-up assessments.
- Three monthly brief behavioural assessments.

**Making referrals to other agencies**

As the Provider you must recognise which services you are able to provide and where referral to other specialist services may be required so that individuals receive appropriate services.

We suggest that you have processes in place for making referrals to other agencies, including keeping records of referrals.

**What are some key elements of practice?**

Successful delivery of these services includes some of the following factors:

- completing individual needs assessments;
- reviewing the client’s achievements and ways of moving forward;
- where counselling is being provided goal setting is included; and
- where a programme is being delivered that the programme curriculum meets the needs of the clients. This includes an annual review of the programme content to ensure it is current and engaging.
**Incident Reporting**

The Provider will notify all the individuals as listed below of any serious or significant incidents and in particular any that might compromise the Child or Young Person’s eligibility to remain with the Service.

**Table 1A: Description of Significant and Serious Incidents**

<table>
<thead>
<tr>
<th>Type of Incident</th>
<th>Description</th>
<th>Who must the Provider contact</th>
<th>By When</th>
<th>How</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serious Incidents</strong></td>
<td>Death of any Child or Young Person</td>
<td>1) The Police, and the Ministry via the Call Centre (0508 FAMILY)</td>
<td>1) Contact people (listed in previous column) within one hour of any of these listed incidents occurring</td>
<td>1) Phone</td>
</tr>
<tr>
<td></td>
<td>Absconding where it is likely to result in danger or risk to the Child or Young Person or to the community</td>
<td>2) The Regional Director and the Contract Manager</td>
<td>2) Complete an incident report form and email to the Regional Director, the Child or Young Persons Social Worker and the Contract Manager within 24 hours of event occurring</td>
<td>2) Providers own incident report form emailed to people listed in previous column</td>
</tr>
<tr>
<td></td>
<td>Any serious assault (violence and/or sexual) committed (or alleged to be committed) by a Child or Young Person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any other serious offence committed (or alleged to be committed) by a Child or Young Person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use or supply of class A drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Attempted suicide</strong></td>
<td></td>
<td>1) The Ministry via the Call Centre (0508 FAMILY)</td>
<td>1) Contact the Ministry (listed in previous column) within one hour of this incident occurring</td>
<td>1) Phone</td>
</tr>
<tr>
<td></td>
<td>Allegations of assault against the Child or Young Person</td>
<td>2) Regional Director, the Child or Young Person’s Social Worker and the Contract Manager</td>
<td>2) Complete an incident report form and email to the Regional Director, the Child or Young Persons Social Worker and the Contract Manager within 24 hours of event occurring</td>
<td>2) Providers own incident report form emailed to people listed in previous column</td>
</tr>
</tbody>
</table>
### Significant Incidents

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate sexual behaviour</td>
<td>1) Regional Director, the Child or Young Person's Social Worker and the Contract Manager</td>
</tr>
<tr>
<td>Self-harm/suicidal ideation</td>
<td>1) Contact the Ministry staff listed in previous column within 24 hours of any of these listed incidents occurring</td>
</tr>
<tr>
<td>Misuse of alcohol or drugs</td>
<td>1) Providers own incident report form emailed to people listed in previous column</td>
</tr>
<tr>
<td>Medical illnesses and conditions or injuries to the Child or Young Person requiring hospitalisation</td>
<td></td>
</tr>
<tr>
<td>Accidents causing injury to the Child or Young Person or any other person</td>
<td></td>
</tr>
<tr>
<td>Serious damage to property caused by the Child or Young Person</td>
<td></td>
</tr>
<tr>
<td>Any use of force by staff</td>
<td></td>
</tr>
<tr>
<td>Hunger strikes</td>
<td></td>
</tr>
<tr>
<td>Occasions that necessitate calling upon emergency services for assistance</td>
<td></td>
</tr>
<tr>
<td>Absconding not reported under the serious incident section below and any other absences without leave</td>
<td></td>
</tr>
<tr>
<td>Any significant incident referred to above likely to attract media attention (report within one hour)</td>
<td>1) Report within one hour</td>
</tr>
</tbody>
</table>

### Table 1B: Incident Reporting

<table>
<thead>
<tr>
<th>The Role of the Ministry</th>
<th>Responsibility of the Provider and included in the Agreement Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Ministry contact details for incident reporting are:</td>
<td>The Provider will:</td>
</tr>
<tr>
<td>- the Ministry Social Worker for each Child or Young Person (whose contact details will be in the referral documentation and the Child or Young Person's Individual Care Plan)</td>
<td>- nominate a person or people to be the contact for the Services in relation to incident reporting. A contact must be available to the Ministry 24 hours each day</td>
</tr>
<tr>
<td>- the Ministry Social Worker’s Supervisor, (whose contact details will be in the referral documentation)</td>
<td>- ensure that incidents involving actual or potential harm to Children or Young People and staff members are investigated promptly, the results documented and reported to the Ministry without delay and in accordance with this Agreement</td>
</tr>
<tr>
<td>- the Regional Director (whose contact details are in Table 2)</td>
<td>- notify all of the individuals listed in this table of all significant incidents and in particular any that might compromise the Child or Young Person’s eligibility to remain in the Services within 24 hours of that significant event occurring.</td>
</tr>
<tr>
<td>- the Contract Manager (whose contact details are in the Agreement).</td>
<td></td>
</tr>
</tbody>
</table>
### Table 2: Regional Director Contact Details

| Regional Director contact details: | Te Tai Tokerau Director  
PO Box 947, Whangarei 0140  
09 983 4572  
029 917 5379  

Northern Regional Executive Manager (on behalf of Regional Director)  
PO Box 68-911, Newton, Auckland 1145  
09 909 4507  
029 200 5089  

Midlands Regional Director  
Private Bag 3222, Waikato Mail Centre,  
Hamilton 3240  
07 957 4738  
029 200 3351  

Central Regional Director  
PO Box 27 504, Marion Square, Wellington 6141  
04 894 5348  
029 985 3306  

Southern Regional Director  
PO Box 940, Christchurch 8140  
03 961 4102  
029 200 3352 |
Missing Child or Young Person

Definition of a Missing Child or Young Person: A missing Child or Young Person is any person who is reported missing to Police and:

1) whose whereabouts are unknown and
2) there are genuine fears for the safety or concerns for the welfare of that person
3) the Young Person will be considered missing until they are located and their wellbeing or otherwise is established.

Set out in the Table below are the respective responsibilities of the Ministry and the Provider when a Child or Young Person is missing.

<table>
<thead>
<tr>
<th>Responsibility of the Ministry for each Child or Young Person and her or his family/whanau</th>
<th>Responsibility of the Provider and included in the Agreement Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Ministry (either the Call Centre or Ministry Social Worker) will:</td>
<td>The Provider will:</td>
</tr>
<tr>
<td>• work with the Provider to determine if the Child or Young Person is missing or an unauthorised absence using the definitions and risk assessment framework</td>
<td>• make an initial assessment, either independently or in consultation with the Ministry (business hours: Ministry Social Worker, after hours: National Contact Centre) about whether a Child or Young Person is missing or an unauthorised absence using the definitions and risk assessment framework</td>
</tr>
<tr>
<td>• record the information on CYRAS (business hours: Ministry Social Worker, after hours: National Contact Centre)</td>
<td>• in consultation with the Ministry (business hours: Ministry Social Worker, after hours: National Contact Centre) make a decision whether the Child or Young Person is missing</td>
</tr>
<tr>
<td>• notify the Provider if the Child or Young Person is located, and if they are, or are not being returned to the Provider</td>
<td>• if an urgent response is required call Police 111 and subsequently advise the Ministry (business hours: Ministry Social Worker, after hours: National Contact Centre)</td>
</tr>
<tr>
<td>• discuss with the Provider who is the most appropriate person to interview the Child or Young Person when they are located.</td>
<td>• if a routine response is required contact Police using existing processes and subsequently advise the Ministry (business hours: Ministry Social Worker, after hours: National Contact Centre).</td>
</tr>
</tbody>
</table>

Where the Child or Young Person is a repeat missing person, the Ministry Social Worker will work with the Provider to review the management plan of the Child or Young Person.

It is important that you do not leave voicemail messages for Child, Youth and Family regarding missing Children or Young People. If the Ministry Social Worker is unavailable then please contact the supervisor or call the Child, Youth and Family site and ask for the duty Social Worker or the National Contact Centre.
5. Measuring Results and Reporting

How do we know if Conduct Disorder Services are working?

We are all interested in being able to demonstrate that Conduct Disorder Services achieve outcomes (or results) for individuals and families/whānau. The Ministry does this through various reporting requirements which are all based on a Results Based Accountability (RBA) framework, and is reflected in the Conduct Disorder Services Provider Return Reports attached to the Agreement as appendix one.

What data needs to be collected for reporting?

To tell us if the initiative is making a difference the Ministry requires the Provider to collect data that will tell us:

- How much we did;
- How well did we do it; and
- If anyone was better off.

The data is backed up by a narrative report. A guide to writing the narrative report is found in the Provider Return Report (attached to the Agreement as appendix one).

Where can we find more information about RBA?

For more information on RBA go to www.resultsaccountability.com. Your Ministry Contract Manager, as identified in your Agreement, will also be able to assist and provide further information on RBA.

What reports are required by the Ministry?

Reporting is required to meet the contractual obligations set out in the Agreement. Reporting is necessary to ensure accountability to Government for the funding provided under that Agreement. The Ministry has agreed on the quantity and nature of the services the funding supports, and we are required to report to Government that this has been achieved.

The following reports must be completed and sent to your Contract Manager:

- Statistical report (refer to Service Agreement for reporting frequency)
- Narrative report (refer to Service Agreement for reporting frequency)

An example of the reporting template is attached as appendix one to these guidelines.
6. Definitions

In these guidelines, unless the context otherwise requires words or phrases beginning with capital letters are defined as follows:

“Agreement” means the contract entered into by the Provider and the Ministry for these Services;

“Provider” means the organisation the Ministry has contracted with to provide these Services;

“Services” means the Services to be provided under the Agreement, and “Service” has a corresponding meaning;

“High Needs Home” means 4-5 Young People in a highly supervised home that have a minimum of three staff at all times, with staff awake at night and a house manager on site, and a psychologist available 24 hours a day, seven days a week; and

“Young People or Young Person” means people aged between 10yrs to 16yrs of age, and “Young Persons” has a corresponding meaning.
## Appendix One

### REPORT FORMAT

**Legal-Name Report Form for Period Report1-Period1-Start-Date to Report1-Period4-End-Date**

<table>
<thead>
<tr>
<th>Description of Service</th>
<th>Service Unit of Measure</th>
<th>Quantity of Service</th>
<th>Report1-Period1-Start-Date to Report1-Period1-End-Date</th>
<th>Report1-Period2-Start-Date to Report1-Period2-End-Date</th>
<th>Report1-Period3-Start-Date to Report1-Period3-End-Date</th>
<th>Report1-Period4-Start-Date to Report1-Period4-End-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracted-Service-Provider-Service-Descriptions-For-Report</td>
<td>Reporting-Measure-Descriptions-For-Report</td>
<td>Reporting-Measure-Contracted-Volumes-Period1-For-Report</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N.B. Clients are to be recorded at point of entry into the service post Report1-Period1-Start-Date

Report Due Dates | Signed by: | Date: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Report1-Due-Dates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name: |

Position: |
Conduct Disorder Services for Young People Narrative Return Report for (enter Providers legal name here)

<table>
<thead>
<tr>
<th>Narrative Report:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe how the clients benefited from the Service and provide two examples</td>
</tr>
<tr>
<td>of success stories (see guidance notes below).</td>
</tr>
<tr>
<td>2. What trends, issues and/or impacts have been identified for the client group</td>
</tr>
<tr>
<td>that influence the outcomes.</td>
</tr>
<tr>
<td>3. Describe the strategies or practices in place to encourage “hard to reach”</td>
</tr>
<tr>
<td>clients to engage.</td>
</tr>
<tr>
<td>4. Provide an explanation of the variances (if any) between volumes</td>
</tr>
<tr>
<td>contracted and volumes delivered.</td>
</tr>
<tr>
<td>5. During reporting period have any of the following occurred?</td>
</tr>
<tr>
<td>- increased engagement in positive activities</td>
</tr>
<tr>
<td>- increased cultural/spiritual connections</td>
</tr>
<tr>
<td>- improved relationship with family/whānau</td>
</tr>
<tr>
<td>- improved/increased relationship with pro-social peers</td>
</tr>
<tr>
<td>- improved attendance/achievement at school.</td>
</tr>
</tbody>
</table>

Guidance Notes:

This information could be sourced through client evaluations, provider assessments and Service evaluations. Note that the information provided should be non-identifying.

In providing examples of success stories, please consider the following:
- Background and presenting problems
- The types of support given to bring about change
- The changes or differences made by the client e.g. knowledge, skills, attitude, behaviour and life circumstances.
Appendix Two

Provider Feedback Form

Please send to:

Manager Planning and Performance Community Investment
PO Box 1556
WELLINGTON 6011

Or
Fax 04 917 2080

Suggested change to the Conduct Disorder Service Guidelines (including appendices)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Reference section / page</th>
<th>Suggested change / description</th>
</tr>
</thead>
</table>

Name ........................................................................... Date .................
Provider Name .............................................................................................
Contact details ..............................................................................................

[in the very back of the document, is where you will place, any forms or questionnaires that are unique to the programme]