

**Evaluation of the Whanganui-a-Tara Courts and
Health (WATCH) Project**

Final report

20 August 2008

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Executive summary

“Without the help from Rob¹ and [the course] life would be completely different; [I] would have gone to prison.” (WATCH project client, 2008)

The Whanganui-a-Tara Courts and Health (WATCH) Project was implemented from October 2006 to March 2007 to reduce repeat offending and improve health outcomes for young adult offenders with high and implicative addiction needs. The project was developed and guided by an inter-sectoral working group and was funded by Capital & Coast District Health Board (C&CDHB) and the Ministry of Social Development. Wesley Community Action was contracted as the host organisation for the project.

The goals of the WATCH project as set out in project documentation² were to provide young adult offenders aged 18-25 years with alcohol or drug addiction needs with intensive up-front assistance and support to:

- Overcome their addiction and associated health issues.
- Obtain the social assistance they need to begin their journey to self-sufficiency and useful community participation, including training and employment.
- Ensure they do not re-present to the justice system as a result of further recidivist activity.

The Alcohol Advisory Council of New Zealand (ALAC) commissioned an evaluation of the WATCH project to review project processes and evaluate outcomes with a view to establishing a “proof of concept”.

The evaluation findings were based on a range of data including review of relevant documentation, client file review and interviews with WATCH participants and their family/whanau, interviews with key stakeholders, and analysis of court data relating to number and types of charges faced.

In essence the planned project involved a link worker who would:

- Identify a potential client at or prior to their Court appearance, gain their agreement to participate and negotiate a stand-down period until sentencing from the judge.
- Develop a care plan including alcohol and other drug (AOD) assessment and treatment and other required social and health services. The AOD assessment was mandatory and would be carried out by specialist AOD agencies.
- Provide intensive and focused interventions, in collaboration with the client.
- Engage relevant agencies to assist in implementation of the care plan.
- Report back to the court on a regular basis regarding progress and present a summary of activities at sentencing.

Completion with the WATCH project was to occur at the time that sentencing took place.

¹ “Rob” refers to the link worker for the WATCH project

² Capital & Coast District Health Board. July 2006. *WATCH Whanganui-a-Tara Courts and Health Project*

In the main, the project was implemented as planned with some exceptions. Referrals came from various sources and only sometimes aligned with an initial court appearance. AOD assessment was not central to the work with **all** participants. Regular reporting to the Court was not readily feasible in the current court system. Involvement in WATCH did not always have a clean cut-off point at the time of sentencing; the requirement for an ongoing relationship beyond sentencing was clear and was highlighted as a positive feature by a number of clients and some stakeholders.

The impact of these changes to the planned intervention were relatively minor; the key differences were an additional degree of complexity in client management because of less straightforward offending and sentencing histories and a longer period of engagement than perhaps anticipated. Additionally, the loss of regular reporting to Court did mean some loss of visibility in the Court (judges were not always clear as to the availability and capacity of the link worker) and, for Police, the project “failed to hit the radar”.

Overall, the evaluation demonstrated that the WATCH project is meeting its objectives. The project is supporting a group of young adult offenders, typically regarded as “hard to treat”, to make tangible gains in their lives. The overriding testimony from the clients who participated in the evaluation is that, because of their involvement with the WATCH project link worker, their lives are better and they have developed beliefs, attitudes, understanding and skills which have been positively life-changing. Critically, these changes have included positive shifts with respect to AOD use and offending behaviour.

Service records and staff reports indicate that 84% of participating WATCH clients underwent an AOD assessment, either as part of WATCH or prior to entering WATCH and 58% participated in formal AOD treatment. Appropriately, where clients appeared to be pre-contemplative in relation to their readiness to address AOD issues, the link worker focussed on engaging them in a process of positive change. Most clients interviewed for the evaluation reported decreased use, better recognition of the impact of alcohol and other drugs on their lives, and a reduction in problems associated with AOD use. A stand-out example was one person who reported approximately one year of abstinence from cannabis since participating along with marked reduction in alcohol consumption.

A range of other social assistance, tailored to individual needs, was provided. For many clients, this meant assistance at a basic level for example, getting to Court on time on the right day, getting to Probation Service appointments, and finding a place to live. Approximately 33% of clients were supported to gain employment and/or to attend employment related training. A number of clients were helped with relationship issues with partners, family and children. Circa 28% were assisted with finding either temporary or permanent housing.

Critically, the numbers belie the gains that clients made which can only be reported from a qualitative perspective. For many clients, one of the most valuable aspects of their involvement was in having someone they could talk to and rely on. Some gained support to connect with their culture and valued working with someone of their own culture.

There is considerable evidence that the link worker was highly effective in engaging with clients; his notable ability to build rapport and trust with clients and to provide intensive, person-centred service strongly contributed to tangible project outcomes.

Feedback strongly emphasised that the style of work and relationships built with clients by the link worker contrasted in nature to other interventions this group had experienced.

Data on numbers of charges faced in the 12-month periods before and after WATCH involvement support a reduction in offending behaviour overall and a notable reduction in seriousness of charges faced.

With respect to outcomes, data must be approached with some caution. There are inherent limitations given the small number of clients. This is exacerbated by issues in obtaining offending data via the courts. Offending data was obtained only in relation to charges faced (not convictions incurred) and only for a total of 12 clients (57% of participating clients). Five clients (25%) and one parent were interviewed. It is strongly recommended that suitable data collection methods are built into the design of the ongoing project to better support future data analysis.

The WATCH project was designed as a “proof of concept” initiative and the evaluation results demonstrate the viability of the WATCH project in the following ways:

- Clients were successfully recruited and engaged in the project.
- Clients predominantly had medium to high levels of need.
- Key service providers supported the project and provided services to WATCH clients.
- 58% of clients had AOD assessments and follow up treatment directly as a result of their involvement in the project.
- Interviewed clients reported positive changes with respect to their AOD outcomes.
- 8.3% of clients have not reoffended since their involvement in WATCH.
- The total number of charges in the 12-month period following entry to WATCH versus the 12-month period prior to entry to WATCH was reduced by 55% and there was a notable shift towards less serious offending.
- Clients and whanau participating in the evaluation were overwhelmingly positive about the project and the gains made as a result of their involvement.

The evaluation highlighted a series of critical success factors for the WATCH project. These factors point strongly to following recommendations for strengthening the WATCH project and for successfully implementing other projects of this type.

1. **Engage the “right” link worker:** The link worker role is the linchpin of the WATCH project. The qualities and skills that the link worker brings to the role are significant in generating positive outcomes from the project, meeting the needs of both the client group and professional stakeholders. This appears to be fundamental to effective service delivery. Key skills were in engagement and rapport building and ability to build effective relationships with clients and stakeholders.
2. **Ensure adequate link worker support:** A key issue identified in the evaluation of the WATCH project related to the difficulties associated with operating a single person service.

Effective project outcomes and project sustainability require that the link worker role is adequately supported to allow the link worker to both “do the work” with clients and have a consistent, visible presence in the court and be seen as a service on which the judiciary can rely. Support is also essential to allow the link worker to perform at the intense level demanded of the role on an ongoing basis.

3. **Utilise an appropriate host organisation for the project:** Wesley Community Action provided the necessary support and accountability mechanisms for the WATCH project. The strengths-based approach embedded in the organisational culture of Wesley Community Action fitted well with the intention of the project. Both of these elements are seen as critical to the ongoing success of WATCH and should be factored in to any similar initiatives.
4. **Provide the “right” programme:** The “programme” inextricably combines both the services provided and the style of support. Critical elements in the “programme” are identified as follows:
 - Focus on developing a therapeutic relationship with each client and working intensively alongside the client to support positive change.
 - Identifying and supporting clients to access the right skills and tools to turn their lives around.
 - Providing access to a support network to help clients in the above.
 - Providing timely responses in all support accessed, particularly, AOD assessment and intervention.

The following are identified as critical guiding principles for all project activities:

- A focus on “relationship” as the primary means to support positive change.
 - A strengths-based, holistic approach to working with clients which in practice includes taking a flexible and broad thinking approach to addressing needs and “going the extra mile” to support clients to change.
 - A harm reduction focus.
 - A motivational approach ie, working “where the client is at” in terms of their readiness to change.
 - A focus on whanau and community. This involves recognition of and respect for clients’ relationships with whanau and community and good knowledge of the community and the subcultures with which clients identify.
5. **Ensure support from other agencies:** Support from Police at all levels, Courts and the Probation Service are critical to the success of the project. The link worker needs to develop and maintain respectful relationships with these agencies.

Engagement of a range of relevant services to support clients is essential.

6. **Employ effective project set-up and design:** Key success factors in set-up included a strong project driver and champion, support from judges and Police Prosecutions, and careful set-up that managed stakeholder expectations. An effective project working group including an appropriate cross section of stakeholder representation assisted to get the

project off the ground and provided a solid foundation of project support.

Critical aspects of project design included:

- The link worker having an official role in Court
- An approach that uses the motivation of the Court appearance to prompt clients to be more open to help than they may otherwise be.
- Project procedures that account for clients' different circumstances such as incarceration during WATCH involvement.
- A project structure that legitimises and supports the very broad range of activities that forms the support needed by clients.

In summary, the WATCH project has not operated as a conventional programme and, arguably, the departure from a conventional approach has provided some of the effective ingredients for the success of the project.

Introduction

The Whanganui-a-Tara Courts and Health (WATCH) project was initiated in October 2006 as an intersectoral pilot project, linking young adults presenting in Wellington's District Court with appropriate drug and alcohol services, health services, social and family support and employment/income support. The project was planned as a one year duration "proof of concept" initiative. Wesley Community Action was contracted as the host organisation for the pilot project.

The WATCH project was developed from discussions in May 2005 involving representatives of Capital & Coast District Health Board (C&CDHB), the Wellington District Court, senior management from Police, Probation Service, Courts, Wellington City Council, Ministry of Social Development and health service providers. These groups were interested in how they could work more effectively together to stem recidivism where issues with alcohol and other drugs (AOD) were a major contributing factor.

The group identified the need for a coordinated service approach aimed at providing intensive assistance, as an alternative to usual sentencing options, to young adult offenders presenting with moderate to severe substance abuse and dependence.

An evaluation of the pilot was commissioned by the Alcohol Advisory Council (ALAC) to determine the early impact of the initiative.

The evaluation was completed by Louise Kirkwood and Paula Parsonage in collaboration with key stakeholders.

Expected outcomes of the evaluation

The evaluation objectives were to:

- Assess the impacts of the programme, both positive and negative and intended/unintended, at individual, family/whanau and community/social level.
- Identify any critical processes, strengths factors and obstacles to positive client outcomes.
- Identify any critical strengths factors and/or obstacles to implementation and ongoing sustainability of this and similar initiatives.

The outcomes expected from the evaluation were:

- An early impact assessment of the WATCH project.
- Provision of a "proof of concept" of the WATCH project.

This report provides an outline of the methodology and results of the evaluation and concludes with discussion of the outcomes relative to project objectives.

Background

The WATCH project arose out of C&CDHB's involvement in a range of intersectoral initiatives (eg, PATHS, Income and Health Working Group, Prevention of Homelessness Strategy, youth issues and city safety with Wellington City Council, Te Plan, mental health intersectoral work).³ The project was intended to build on the success of other initiatives providing a more systematic approach and aligning health and Court interventions for more efficient and effective use of resources, earlier intervention and better outcomes for the young people involved.⁴ The assumption was that better alignment would lead to better use of health resources and greater impact on health and social outcomes including reduced offending, more participation in training and employment and positive impacts on families.⁵

The project aligned well with C&CDHB strategic goals providing an opportunity for:

- *“Acknowledging and reducing disparities*
- *Supporting people to fulfil their potential*
- *People with disabilities feel included, participate and are independent*
- *Mental health services continue to improve*
- *Being innovative*
- *Working with others.”*⁶

The project also met the direction signalled in Te Tahuhu, Improving Mental Health 2005–2015⁷ which calls for more early intervention for young people and recognises:

“the special needs of people with mental health needs and addiction who are currently in the justice system...”

WATCH project aims and goals

The following aim and goals of the WATCH project are set out in project documentation (July 2006):

Aim:

To reduce offending and improve health outcomes for young adults with high and implicative addiction needs.

Goals:

To provide young adult offenders with alcohol or drug addiction needs with intensive up-front assistance and support to:

³ Funding Management Committee paper FMC 05/167(a). Courts and Health project 21 August 2006.

⁴ WATCH Whanganui-a-Tara Courts and Health Project. An intersectoral pilot project providing intensive assistance to young offenders with AoD addiction. July 2006.

⁵ Management Team paper FMC 07-156. WESLEY COMMUNITY ACTION –ROLLOVER. 23 October 2007.

⁶ Funding Management Committee paper FMC 05/167(a). Courts and Health project 21 August 2006.

⁷ Minister of Health. Te Tahuhu –Improving Mental Health 2005-2015: The second New Zealand Mental Health and addiction Plan. Wellington: Ministry of Health 2005.

- Overcome moderate to severe substance abuse and dependence and associated health issues
- Obtain the social assistance they need to begin their journey to self-sufficiency and useful community participation, including training and employment
- Ensure they do not re-present to the justice system as a result of further recidivist activity.

The programme goal was set out in information for potential participants as follows:

You may be able to use this project to make some changes in your life. This service is especially created for people aged between 18 - 24 whose use of drugs and/or alcohol is not healthy, and has resulted in you getting arrested. If you are going to plead guilty, Rob, the WATCH Community Worker⁸ can work with you to make some decisions and positive changes in your life. That means that instead of being sentenced straight away, you delay this and you and Rob will report to the judge every two weeks about your progress. *If you actively work towards achieving all your goals, including working towards gaining control of your drug and alcohol use as well as the offending whilst influenced, the Judge may take a more supportive stance with you at sentencing time.*

Evaluation methodology

The evaluation used predominantly qualitative methods supplemented by analysis of available quantitative offending data. The methods included analysis of project documentation, client and other stakeholder interviews, file analysis and re-offending data analysis. Each is discussed below. The evaluation was overseen by a small steering group comprising key stakeholder representatives who reviewed and approved the evaluation process.

Project documentation review

Key documents were reviewed to determine goals, objectives, planning and implementation processes relevant to the WATCH project. These documents were supplied to the evaluators by stakeholders at the outset of the evaluation.

Review of client file documentation

Client files were reviewed by the evaluators where consent had been obtained from the WATCH client.

Because consent was unable to be provided for all clients, anonymised details for each client were obtained directly from discussions with the link worker.

⁸ Referred to in other documents and in this report as the link worker.

Interviews with clients and family/whanau

The evaluators requested that all WATCH clients and where possible family/whanau were invited to participate in interviews for the evaluation. Clients and family members were invited by the link worker. While there were some concerns with this process, on balance given the nature of the client group and the project, this was judged to be the process most likely to maximise client engagement in the evaluation process. The resignation of the link worker early in the evaluation forced an acceleration of this component of the evaluation.

Information sheets and consent forms were provided to clients and whanau in advance. Interviews were conducted face to face by two interviewers and were recorded, with the permission of the interviewee.⁹ Discussion focussed on the experiences and perceptions of the WATCH participants.

Interviews were written up and a copy provided to each participant to verify accuracy and comprehensiveness. Interview results were analysed for key themes which are summarised in this report.

Copies of the information sheet, consent form and interview template are provided in Appendix 1.

Interviews with key stakeholder representatives

Key stakeholder representatives were interviewed via telephone or face to face. Interview participants were selected to represent those groups involved in WATCH set up and implementation and those on whom the project would impact.

The interviews followed a semi-structured format and focussed on the experiences and perceptions of the interview participants with respect to WATCH programme implementation and outcomes.

Interviews were written up and a copy provided to each participant to verify accuracy and comprehensiveness. Interview results were analysed for key themes which are summarised in this report.

Each interview was tailored to the role of the interview participant. An example of the interview prompt sheet is provided in Appendix 2.

⁹ Discussions took place within the steering group regarding the option of contracting a Maori interviewer for client interviews. There was some support for this approach from the steering group, with the proviso that a suitably qualified interviewer could be accessed. The link worker expressed a strong view as to the inappropriateness of using a Maori interviewer for the client group in question and was strongly in favour of the evaluators conducting the interviews. Because of this and the need to expedite the interviews before the link worker's resignation (which precluded identifying and recruiting an appropriate Maori interviewer in time) the evaluators conducted the client and whanau interviews.

Court data

Court data were requested from the Wellington District Court for the participating individuals identified using name and date of birth. The data requested were:

1. Number and type of charges at date of entry to WATCH programme.
2. Number and type of charges applying in the 12-month period prior to entry date to WATCH programme.
3. Number and type of charges applying for the 12-month period after entry to the WATCH programme. Where fewer than 12 months had elapsed between entry to the WATCH programme and the cut off for date for the evaluation, numbers of charges were estimated pro rata based on the period of data available, eg, if a client had received 2 charges in a 6-month period between entering the WATCH programme and the cut off for date for the evaluation, an estimate of 4 charges was assumed for that client for the 12 months following WATCH entry.
4. Sentencing outcomes in relation to all above charges.

Seriousness of charges was determined using the Ministry of Justice seriousness of offence scale, as reported at <http://www.corrections.govt.nz/public/research/offender-volumes-report-2007/documents/dimensions.xls#offencegroups!a1>.

The seriousness score assigned to each offence is the average number of days of imprisonment imposed on every offender convicted of that offence between 2000 and 2004, where the average is taken over both imprisoned and non-imprisoned offenders. If for example, between 2000 and 2004 there were 100 cases of offenders convicted of a particular offence. Of these cases, 50 resulted in a custodial sentence, and the average length of the custodial sentences imposed on these offenders was 30 days. The seriousness score for this offence is $(30 \times 50/100)$, or 15. There is an upper constraint on scores, ie, the maximum penalties prescribed in legislation. For example, the highest feasible seriousness score for an offence with a three month maximum penalty (assuming everyone convicted was imprisoned for the maximum term) is 90 [3x30 days], whereas for an offence with a maximum penalty of ten years, the highest feasible score is 3650 [10x365 days].

Seriousness scores were then grouped into five categories as follows, based on the categorisation used by Searle et al 2006:¹⁰

- Minor: offences with seriousness scores of 1 or less. Offences in this category include, for example, disorderly behaviour, resisting police.
- Minor to moderate: offences with seriousness scores of >1 to 10. Offences in this category include, for example, common assault, theft, breach of court release conditions.

¹⁰ Searle W, Spier P. Christchurch Youth Drug Court Pilot: One year follow-up study. Ministry of Justice. February 2006. Available at <http://www.courts.govt.nz/pubs/reports/2006/christchurch-youth-drug-court-pilot-follow-up/index.html>

- Moderate: offences with seriousness scores of >10 to 100. Offences in this category include, for example, male assaults female, possession of an offensive weapon.
- Moderate to high: offences with seriousness scores of >100 to 500. Offences in this category include, for example, burglary for drugs.
- High: offences with seriousness scores of >500. Offences in this category include, for example, aggravated robbery.

Limitations

There are limitations to the validity of this evaluation which must be considered when applying the results of the evaluation. These include:

1. Impact of the timing of evaluation planning on data availability

The evaluation was not commissioned until the first year of the pilot was completed. This timing precluded any opportunity to design the evaluation alongside the initiation and implementation of the project.

Consequently there was no opportunity to:

- Consider utilisation of an experimental design (ie random allocation of people to a “control” group or a “treatment” group). However, it is unlikely that such an experimental design would be acceptable on ethical grounds.
- Set up a system whereby project participants agreed to be contacted by the evaluators to consider participation in an evaluation subsequent to their involvement in the project. This has meant that the evaluators relied on the link worker to invite clients and whanau to participate in the evaluation. This introduces a possibility of bias in the group who agreed to participate. Despite misgivings about this, in hindsight, it appears very unlikely that the group of people who agreed to participate would have done so without the link worker “vouching” for both the evaluation process and the evaluators.
- Set up a process for collating data on court appearances, charges and convictions for participating clients. Planning for data collation and involving the personnel responsible for this early in the evaluation planning may have assisted with overcoming issues that restricted the number of clients for whom data were available (refer below for further detail regarding limitations with Court data).
- Include measures of AOD use in the project in such a way that they could be utilised to demonstrate outcomes in this area. No reliable and universal baseline data were available, nor was there any measure of AOD use and related problems at project exit.

Simple screening on entry and exit may assist with this in future. Given the nature of the project and the client group, any screening procedure would have to be administered either by the link worker, who would require training and ongoing support in this area,

or by the AOD practitioners involved. The usefulness of this would need to be considered in light of whether it would be acceptable to the client group.¹¹

2. Small number of project clients

There were, in total, only 25 clients involved in the project, with only 21 clients actively participating, during the 12-month pilot. Such small numbers make any comparison statistically unreliable and it is not possible to statistically demonstrate any relationship between participation in the WATCH project and re-offending.

The small numbers also mean that those interviewed for the evaluation (total of 5 clients being approximately 25% of actively participating clients) may not necessary provide a view that is representative of all participating WATCH clients. There is no information about the group of four clients who did not participate in WATCH.

3. Limitations to the Court data

The validity of Court data analysis was significantly limited by issues of veracity with client data which meant that Court data were available for only 12 of 21 participating clients. It is strongly recommended that suitable data collection methods are built into the design of the ongoing project to better support future data analysis.

It is noted that convictions data may have been a more robust method to review client behaviour before and after entry to the WATCH programme. However, these data were not readily available. Because charges are being used simply to compare behaviour before and after programme entry, ie, for relative analysis only, it is regarded to be a valid method.

¹¹ NB: The possibility of using an alcohol assessment tool like AUDIT was debated by clinicians, Wesley Community Action and C&C DHB prior to project implementation and an active decision was taken not to use this at link worker level for the following reasons:

- Clients were going to undergo professional AOD assessment anyway.
- Concerns that the process would almost inevitably start a clipboard-type interaction when the focus was intended to be on building rapport and engagement, and working on aspirations and strengths-based planning.
- The link worker performing an AOD style assessment carried the risk of clients viewing the link worker as a “quasi-professional AOD worker” which worked against the project intention.
- There was a risk that responses in AUDIT upfront would be more guarded than those in follow-up AUDIT because of increased trust and openness resulting from the ongoing relationship with the link worker. It was thought that self report would be accurate given the intended emphasis on openness in the link worker’s dealings with clients.
- It was proposed that the small numbers intended from the pilot meant that a numeric score would be of no greater value than self-reporting against a client’s own goals.

(Information supplied via personal communication 08/08 with former Senior Portfolio Manager Primary and Community Care C&CDHB.)

A “matched comparison” sample where the two groups are matched as closely as possible on all the relevant variables may have been a more robust method but was not feasible as there was no means of identifying from the available Court data people who had a moderate-severe alcohol and/or other drug dependency that was linked to their offending. Furthermore people who have a moderate to severe alcohol and/or other drug dependency may differ in significant ways from other offenders and there is no way to account for this.

Finally, using administrative data to count, eg, offences which come to the attention of Police, or offences which are dealt with in court, may not be reliable proxies for actual levels of reoffending by project participants. It is known that only a small proportion of many types of offences committed are reported to, or detected by Police. However, once again because charges data are being used simply to compare behaviour before and after programme entry rather than comment on behaviour per se, this issue is not regarded to be of significance for the results.

Results: Data obtained

Project documentation

The following documents were reviewed:

General documentation

- Capital & Coast District Health Board. WATCH Whanganui-a-Tara Courts and Health Project. An intersectoral pilot project providing intensive assistance to young offenders with AoD addiction. July 2006.
- Flow chart: WATCH programme. Undated.
- Communications Plan. Courts and Health project. January 2007.

Working group meeting agendas and minutes

- Funding Management Committee paper FMC 05/167(a). Courts and Health project 21 August 2006.
- Draft programme of Working Group subgroup meeting at Wellington District Court. 2 December 2006.
- Notes from planning meeting – 19 December 2006 at Wesley Community Action.
- Notes from WATCH meeting. C&C DHB 10 January 2007.
- Management Team paper FMC 07-06. Wesley Community Action – Service Spec Change. 19 February 2007.
- Courts & Health project Working Group. Minutes of Meeting 17 March 2008.¹²
- Courts & Health project Working Group. Minutes of Meeting 26 April 2007.¹³
- Management Team paper FMC 07-156. WESLEY COMMUNITY ACTION – ROLLOVER. 23 October 2007.
- Agenda. Courts & Health Working Group Meeting: 26 April 2007, 9 November 2007.

¹² NB: document titled 29 April but file name indicates 17 March

¹³ NB: document titled 29 April but file name indicates 26 April

Documentation regarding link worker service

- Capital & Coast District Health Board. Request for expression of interest for Courts and Health Link-worker Service. Undated – circa 2006.
- Request for expression of interest for Courts and health link worker service. Evaluation Overview and Scoresheet. Undated – circa 2006.
- SERVICE SPECIFICATION. Courts and Health link worker Service. Undated – circa 2006.

Client information

- WATCH INFORMATION PAMPHLET: Whanganui-a-Tara Courts and Health Project (information for potential participants). Undated.
- WATCH Frequently Asked Questions (information for potential participants). Undated.

Other

- Report for MSD re link worker in Courts. Addressed to Mike Bryant. 7 December 2006.
- WATCH information for Judges. Note to Wellington Judges and Visiting Judges from Judge John Walker. Dated January 2007.

Review of client file documentation

Case-by-case review was conducted via interview with the link worker to obtain anonymised details on programme involvement for all 25 clients. Additionally, client files were reviewed directly for six clients who provided consent for the file review.

Interviews with key stakeholder representatives

A total 15 interviews were conducted with 13 key stakeholder representatives (refer Appendix 3) via telephone (7) or face to face (8) between mid March and mid May 2008. In one case, the stakeholder was interviewed on three separate occasions.

Interviews with clients and family/whanau

Six clients and/or their family/whanau consented to be interviewed for the WATCH evaluation.

Four participants chose to be interviewed alone, one was interviewed with his partner, and one client, serving a prison sentence, was represented by his mother. Interviews were conducted between mid March and April 2008.

Court data

Courts data were available for 12 of 21 (57%) participating clients. Data were unavailable for the balance of clients because of:

- Lack of match between name and date of birth in Court records: 5/21 (24%)
- Lack of alignment between reported court dates in WATCH records and Court records: 4/21 (19%).

Results: intervention process

The planned intervention

The set up phase of the WATCH project involved formation of a steering group and development of an intersectoral working group. The steering group comprised senior representatives of stakeholder organisations, and provided overall oversight and sponsorship of the project development. The working group was made up of representatives of existing services in Courts, Police, Probation Service, health and social service organisations with support from local government, NGOs, and other government agencies. The working group secured funding, employed a short-term project manager, contracted Wesley Community Action as the host organisation for the project, undertook project design and continued to oversee the project implementation phase.

The WATCH project aimed to provide service to young adult offenders referred from the Wellington District Court, with eligibility criteria as follows:¹⁴

- Offenders aged 18–25 years with some discretion to accept clients outside of this age range.
- Clients with moderate to severe drug and/or alcohol dependence or abuse linked to offending.
- A history of recidivist offending.
- The presiding judge agrees that a community-based period of intervention is appropriate before sentencing.
- Assessment identifies that the person is a willing participant in the project and committed to making positive changes that may include addressing health, family and employment issues.
- The client agrees to regular monitoring through the Court.

Interview data and client information literature identified an additional requirement that the client was pleading guilty to the charge or charges faced.

¹⁴ WATCH initiative 2006

Client information literature outlines the following “not negotiable” conditions of the WATCH Project:

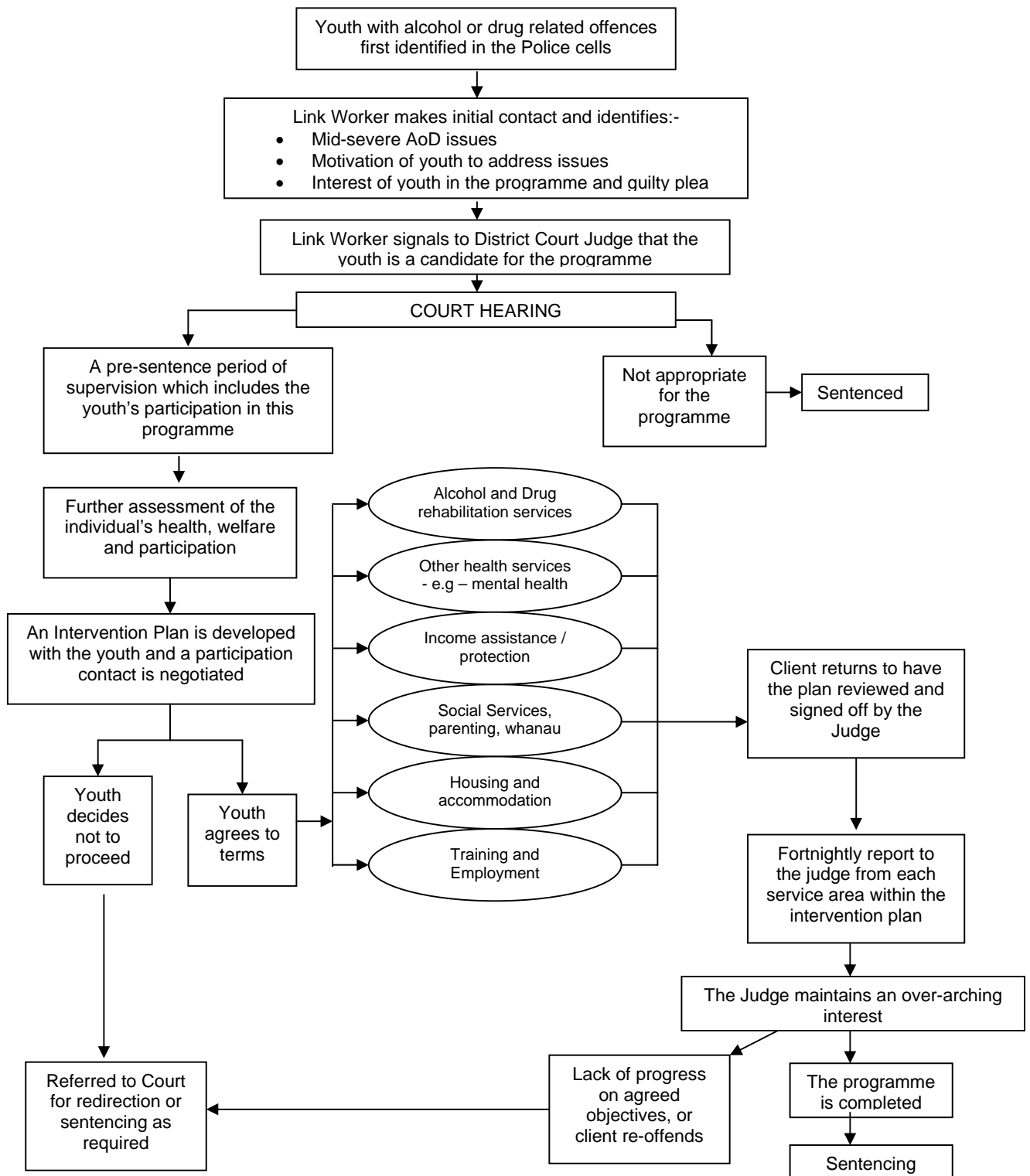
- *“A guilty plea*
- *A real commitment to changing the way you are currently living*
- *A Drug and Alcohol assessment*
- *A plan that you make and the Judge agrees to that we then work on together*
- *A commitment to coming to court every two weeks so the Judge can also monitor your progress.”¹⁵*

A link worker was employed as a key element of the project to provide the point of contact for all parties, and to work with the project clients. The appointment of the link worker marked the beginning of the implementation phase which began in February 2007.

The planned WATCH process is shown below in Figure 1 below:

¹⁵ WATCH INFORMATION PAMPHLET: Whanganui-a-Tara Courts and Health Project (information for potential participants). Undated.

Figure 1: The WATCH Process¹⁶



¹⁶ Capital & Coast District Health Board. WATCH Whanganui-a-Tara Courts and Health Project. An intersectoral pilot project providing intensive assistance to young offenders with AoD addiction. July 2006.

Variations to planned process

Interview data and documentation indicate that in the main the WATCH project was implemented as planned. The points of variance are outlined below.

Entry to the programme

The project plan refers to referrals coming from any source, but the most common sources being legal representatives and police. The plan also noted that initial contact would ideally be in the police cells.

Referrals to WATCH came from a variety of sources, but only one came via Police and five via lawyers. Five came via self /friend /whanau referral and five via other community organisations. In terms of supporting young adult offenders to address AOD and other health issues and reduce offending, the source of referral appears to be non-problematic and the demand for service demonstrates that the service meets a community need. However, an unforeseen impact of this was that the link worker's caseload filled quickly and the project lost visibility in the Court and with Police, where there was an expectation that the link worker would receive referrals more systematically via police and/or during court appearances.

The link worker did not use the planned opportunity to access clients in police cells. It could be assumed that this was because caseload filled rapidly as described.

An additional impact of the change in entry point to the programme was that two clients entered WATCH post-sentence, two had no court involvement and not all clients had entered a guilty plea. It appears that to some extent this complicated the management of the programme for example:

- For some clients there was no further requirement for court appearances and therefore no input from and accountability to the Court.
- The point of programme exit became somewhat variable, particularly for those clients who were entering the programme at what would have been the exit point, according to the planned process.

Exit from the programme

The programme plan indicates that clients would exit WATCH once sentenced. As noted above, in some cases, this was the point of entry for a client and in other cases involvement extended well beyond sentencing.

This appears to reflect the clients' need for ongoing work and/or follow-up.

Additionally, there appears to be a need for consideration of continuing to work with clients who are given custodial sentences while participating in WATCH.

Clients interviewed have expressed a clear preference for a more open-ended rather than finite relationship, with many noting that this is their first experience of an ongoing supportive relationship with an agency.

One stakeholder noted that part of the link worker's success with clients was based on his intention to form enduring relationships with them and their families and that the project plan did not account for longevity in relationships.

AOD assessment

The requirement for AOD assessment was not met by 24% of clients and a further 24% had had AOD assessments prior to coming onto the WATCH programme. Details regarding this are discussed below. This is a departure from programme criteria and requires further consideration. There is a suggestion that some clients did not view the AOD issues as a priority and that the link worker focussed on engaging these clients in order to move them towards agreeing to an AOD assessment, thus attempting to balance client engagement with the programme requirement for AOD assessment.

There is potential to lose the focus on AOD outcomes and to miss the opportunity to utilise the impending court sentencing as an incentive for clients to address AOD issues.¹⁷

Court reappearances

The planned process for the Judge to sign off on the care plan and for the client and link worker to regularly report back to the Judge to review progress at two-weekly reappearances in Court did not happen at all. Stakeholders consistently indicated that this is an unrealistic expectation given the way the District Court works.

Clients expressed a preference for not re-appearing frequently in Court.

It can be assumed that this change contributed to the loss of visibility of the WATCH project in Court, as mentioned above. However, the full impact of this change of process is not clear. It is notable that, in terms of Court systems and resources, the planned process does not appear to be viable.

Nature of intervention provided by link worker – “linking” versus “working”

¹⁷ However, this needs to be balanced against the clear message from feedback that it was the quality of the link worker's relationship with clients and his ability to give the clients a sense that they, rather than he, were setting the agenda that was a significant strength of the project noted by clients (refer Client feedback “Focussed on clients' priorities”).

There appears to be some variance in the way in which the link worker role was planned as compared with the way the role was implemented, however, the degree of variance is unclear as there were differing views on the intended role.

Project planning documents indicated that the emphasis planned for the role was on “linking” activity rather than providing intensive service. As implemented the role was much more taken up with providing intensive support directly to clients. Steering group members were divided in their views as to the intended application of the role. Some steering group members reported that a “linking” focus was always the intention whereas others were of the view that intensive “work” on the part of the link worker was the expectation.

Regardless, it appears that the intensive and time-consuming nature of the intervention provided by the link worker was underestimated in the original plan. The demands of the workload impacted on the time the link worker had available to be in court to receive new referrals. This is discussed in more detail below.

Whanau focus

The link worker worked with whanau and worked with a community focus as part of an approach that focused on all issues, not just AOD and offending, and critically on the underlying issues that underpinned AOD problems. The project did not specify individualistic versus whanau work but the structure of the programme and the limitations on availability of flexible funding tended toward an expectation of a focus on an individual client. For example, the link worker would pay personally to purchase food for the whole whanau, as he saw flexible funding as available to buy something for a client only, and this was not appropriate if he was meeting with the whole family.

Results: outcomes of the WATCH project

Client feedback

What worked well

The five clients and one parent interviewed as part of this evaluation were universally positive about the WATCH project, in particular they were highly positive about the qualities and actions of the link worker who, for participants, was synonymous with the project. A number of key themes emerged in the feedback and these are outlined below.

1. Positive role model and effective helper

All of those interviewed spoke about the effective approach taken by the link worker and his ability to model positive ways of communicating, problem solving and managing difficult life issues. All noted his tenacity in working alongside clients to overcome barriers to change.

A focus on working with clients “where they were” and the link worker’s “respect for who I am” contributed to relationship building.

“He did not care that I was in a gang.”

“He was willing to work with me where I was at.”

Having a Maori role model was noted as a very positive factor by one client.

“Rob¹⁸ being Maori was significant; Rob uses the same language, does not talk down, it is good to be able to look up to a Maori. [I] enjoyed working with a Maori who was smart with lots to offer.”

The parent interviewed noted that, for the first time, her son started to attend to his personal hygiene and helped to keep the home clean and tidy and she attributed this directly to the link worker’s influence.

A number of clients expressed high regard for the personal qualities that the link worker brought to his professional role, especially his warmth, his non-judgmental approach, his ability to listen and to communicate in a style that clients were comfortable with.

“[He] has an aroha and ability to talk to people at their level.”

“Rob is a good person to talk to, he is a real personality and very warm. Often helpers are quite intimidating; [they] operate like robots.”

¹⁸ “Rob” refers to the link worker for the WATCH project

“Rob is very motivating, open and good to talk to.”

“I knew as soon as I met him that he would be helpful.”

A strong theme that emerged from client and whanau interviews was their sense that the link worker worked in “a different way” to anyone they had previously dealt with. One client noted that he had never formed a working relationship with a “helping person” before meeting the link worker.

“Works in a different way; like talking over a coffee.”

“He worked in a different way to probations.”

“Probation is set up to make people fail.”

The points raised in the following sections tend to reflect this “different” approach.

2. Focussed on clients’ priority issues

All participants noted the help that they received via the WATCH project in meeting basic needs such as transport, help with finding a place to live, help with finding a job, help sorting out relationship problems and being able to talk with someone who they could rely on. Many participants noted that the link worker worked alongside other agencies to help, in particular with Work and Income New Zealand (WINZ). Three of the clients interviewed noted that help with getting a job was significant and made a big difference in their lives.

“Help with jobs – getting to interviews.”

“Someone to talk to, help to find job, take to interview, take to Court and probation.”

“[Helped me with] buying newspaper, access to Internet.”

“Good person to talk to, understands, knows what its like, fully understands where I come from, understands gang involvement.”

These types of issues, along with legal issues which are discussed below, were top of the list of concerns for clients. Most stated that the willingness of the link worker to actually focus on their concerns was hugely positive and a point of difference with other agencies they had encountered previously. For many, this involved focus on work, training, accommodation, etc, but other areas were also noted such as encouragement with creative interests and talking over coffee.

“[He is willing to] focus on MY needs; is interested in the things I want – will talk about things that might help in those areas. Does not have an agenda. ”

“Rob helped in all key areas.”

“[He is] someone who listens and is prepared to work on what I want to work on.”

“He collected me from rehab to get me to Court.”

“Takes you for coffee or lunch.”

“[I] would not expect this help from somewhere else.”

3. Provided support in Court and with legal issues

All clients interviewed noted that the WATCH project helped considerably by providing direct support in Court and/or assisting with other issues such as meeting obligations with the Probation Service. Clients noted that they appreciated having someone to speak to the judge on their behalf, to help sort out paperwork requirements and to talk to lawyers. One person noted that the link worker arranged an AOD assessment that was “needed for paperwork” for the Court.

“Would have been heaps more difficult in court without Rob’s support.”

“Vouches for you – in Court and with other services.”

“Rob is a really on to it person and really helped with the outcome of Court and everything else.”

“When you are on charges it can be really intensive, there are a whole lot of things going on and you need help. Having someone like Rob is really helpful. He walks you through the things that might help.”

“It would be good if everyone got to see someone like Rob before they see a lawyer. Lawyers shut you down; they don’t want to look at the wider options.”

In relation to helping with probation obligations, clients noted that the link worker provided support at appointments and transport to get to appointments. They also noted that having support to deal with Probation Services was helpful.

“Support at probation – helped me not to nut off.”

One client noted his belief that that recent support from the link worker “has kept him out of prison” since his release three and a half months earlier.

4. Maintained an ongoing connection

All of those interviewed noted that the link worker did not cut off service or contact once goals and Court commitments had been fulfilled. This was noted as a significant point of difference with other services and one which participants appreciated immensely.

“[He] stays connected with people.”

“[He] regularly calls in on family and keeps in touch.”

5. Went the “extra mile”

Many of those interviewed highlighted that the link worker was someone who was willing and able to “go the extra mile” in helping them achieve what they wanted to achieve and, in particular, someone who worked persistently and effectively to overcome the many barriers that arose. A key example of this was the work involved in getting one client to an intensive life skills course which involved many requirements such as making a successful application and actively trouble shooting when the application was overlooked, getting support from WINZ, overcoming medical barriers, arranging and arranging funding for transport to attend the course, meeting the clothing requirements, etc.

“Tries to do as much as he can with time available.”

“Gives extras.”

“Rob does not quit.”

“Rob does not seem to treat his work like a job – he is straight up and honest, not “upper class”, not like a social worker, like a friend or a person, not like he’s working.”

“Always available and gives a lot of time; this motivates [clients] to make time.”

“When I needed money for the bus to get to a job interview, Rob asked when and where it was and then drove me there.”

6. Looked at wider options

Clients highlighted their appreciation of the link worker’s ability to work with them using their own and his ideas to find novel ways to move forward.

“Opens your mind up to what you can do – like counselling and other things.”

“Helped to highlight good/bad things”

“Gives you ideas and you can take it from there.”

“Rob is willing to look at all the options and the extras that might help.”

Additionally, clients and whanau reported the link worker setting up things that fitted with where the client was at the time. For example, the parent interviewed reported that the link worker accessed some music tutoring for her son as this was an area that he was motivated by. Another client spent extended time with the link worker and a co-worker working through and developing some of his creative and artistic ideas.

This broad approach to facilitating the help needed contributed, in one case, to rebuilding an important family relationship.

“Rob set it up so Mum could be at my [graduation].”

The link worker noted that it was the first time this mother had seen her son achieve something.

7. Worked with the family and in the community

One client noted that the link worker was different in that he was always out and about in the community and not just a person behind a desk. Others appreciated that he formed a relationship with their family as well as them. The link worker was a positive role model not just for WATCH clients but also often for their friends and whanau.

“Rob keeps in contact and he calls in on the family.”

“Rob has been support for other members of the family; he is respected by them.”

“Rob is liked by [client’s] group of friends and this wider group also learns from Rob, not just the ones that he is directly working with.”

“Rob is a father figure and very well respected.”

“Rob has been support for other members of the family; is respected by them.”

Alcohol and drug use

There were mixed views among the clients interviewed regarding the significance of alcohol and drug use in relation to their offending.

One client noted that an AOD assessment and counselling had been helpful but he did not see his drinking as a big problem. He reported that he had stopped drinking for a period of time (on becoming a parent) but had since re-started and sees no issue with this so far.

One client recognised that drinking often led to problems with fights and has made a decision not to drink so much in order to avoid trouble. He noted that cannabis causes him much less trouble than alcohol.

One client noted that drinking was directly involved in his offending and had reduced his drinking by “a lot” which had made a difference with things. He cited, as an example, not being too hung over on a Monday to remember to text the link worker about the evaluation interview.

Despite being one of the clients not to have had an AOD assessment as part of the WATCH project, one client stated that he had been a heavy cannabis user and had chosen not to use after attending an intensive life skills course through the WATCH project. He reported no cannabis use since that time (approximately one year) and has successfully held down a job, been promoted and lived in a stable environment. This client also reported reducing his drinking in recognition that alcohol can contribute to poor choices.

One client reported attending an intensive residential AOD programme for people with co-existing AOD and mental health problems as part of the WATCH project. He noted it was helpful to meet other people facing similar problems to him. This client reported ongoing issues with alcohol and drugs and mental health problems.

“It helped to know that there are other people with these issues.”

The parent interviewed for this evaluation reported that her son had a big issue with drinking. Her son had an AOD and psychological assessment as part of the WATCH project but she was unsure about the assessment results. She reported that her son had attended AOD counselling and his drinking had slowed down. She noted that this intervention was probably too late relative to the charges he was facing.¹⁹

Gains from the WATCH project

Clients were asked to comment on their current situation and the extent to which they viewed their involvement in the WATCH project had had a bearing on this.

Two clients noted significant improvements in their lives and attributed much of this to the support they received from the link worker. Both had moved from being homeless to more stable living environments, both reported gaining employment, one had been promoted to a supervisory role and reported applying communication skills in his work that he had learned with the link worker. Both clients reported improved relationships with family; one had bought a car. Both expressed hope for the future in terms of keeping out of trouble, given that they had learned some other skills and strategies.

¹⁹ Note: this client self-referred to the WATCH project while on bail and was subsequently incarcerated.

“Without the help from Rob and [the course] life would be completely different; [I] would have gone to prison.”

Three other clients also reported positive change as a result of their participation in the WATCH project. One reported decreased involvement with Police and recognition that things could improve if he could stay out of trouble; one reported having gained help in all key areas and being in a better position to help himself; a third reported that he has learned to limit his drinking and sees the link between drinking and getting into trouble. All of these clients were actively seeking work at the time of the interview. One noted that, despite the positive experience of working with Rob, his view of himself and his expectations for the future had not changed because of the attitude of Police and Probation Service who he perceives as “out to get you”. He did note, however, that he could see that things could improve if he could stay out of trouble and at the time of his interview, he had been out of trouble for a month. This person chose to contact the evaluation team post-interview to report that he had gained full-time employment with help from the link worker and reported feeling very positive about this opportunity.

The parent interviewed noted that her son had made gains in personal development but this did not affect the court outcome as her son breached his bail and was given a prison sentence while participating in the project. The restriction on the link worker with regard to being able to follow-up with the client in prison was seen as a limitation in the project design (see below for further discussion).

NB: it is notable that two interviewed clients highlighted that, as a result of their involvement with the link worker, they were willing and able to participate in an interview as part of the WATCH evaluation, something neither of them would have done previously.

“I hate talking about myself but I’m here to support Rob because he’s done so much for me.”

The propensity for clients to recommend the WATCH project to others was further evidence of the gains that clients saw they had made.

All of those interviewed stated that they would recommend the WATCH project to others and in a number of cases had already done so. All stated that the Project should be continued.

“[It] needs to continue.”

“[Have] recommended using Rob to other people.”

“Have recommended to two mates.”

“Probation should be like Rob – would get more people turning up.”

“[I’ve] never had support like Rob before – only from my partner.”

One participant noted that he has made suggestions to others about things they can do and what their options are, having learned this through the link worker.

One person noted that the project should continue and should be made available nationwide. The project itself in terms of its goals and processes was seen as valuable.

“A new person will not be the same as Rob but they will bring their own different strengths to the project.”

Suggested improvements

Those interviewed for this evaluation did not readily supply suggestions for improvements to the programme, given their high level of satisfaction with what they had received. The key point noted, as outlined above, was that the project design did not enable follow through with clients who re-offended and received a jail sentence while participating in the project. The parent interviewed noted that it was very difficult for her son and herself when the support from the link worker was “cut off.”

“The programme would be better if it could help people all way through when someone goes to prison.”

This problem was also raised by the link worker who had gone to considerable lengths to gain prison visitor status in order to continue the connection with this client while at the same time feeling concern that he was going beyond the boundaries of the project.

One client suggested the need for a follow-up programme to build on the gains made during the intensive support received from the WATCH project.

“A follow-on programme would be really good. It is all really intensive in the beginning and you need a lot of help. But later when things are more sorted it would be good to carry on and have some help to do that.”

Stakeholder feedback

What worked well

A number of themes emerged with respect to what worked well in the project from a stakeholder perspective and are outlined as follows.

1. Effective project set-up

Many stakeholders noted the effectiveness of the steering group in developing and implementing the project. The involvement and engagement of appropriate parties and the “right mix” within this group were cited as strengths and the opportunity for feedback provided by this

structure was seen as advantageous. Honesty and respect within the working group were also highlighted as valuable.

The impact of careful project set up was noted; considerable care was taken not to over-publicise the initiative to avert the risk of unhelpful criticism and over-expectations in the set-up phase.

Focus group work early in project set-up to gather information from young people in the criminal justice system regarding aspirations, barriers experienced, etc, and youth representation in the working group were seen as important aspects in the design.

Also cited was a high level of engagement in the project in the development phase (agency representatives) and in the implementation phase (clients, whanau and agencies).

Almost all stakeholders noted that the Senior Portfolio Manager Primary & Community Care, Capital & Coast DHB was a strong and effective project driver.

2. *The right link worker*

There was strong sense from stakeholders that having the “right person” in the link worker role was the key to the project’s success. Points raised were:

- The link worker’s ability to build rapport and trust with clients, allowing him to work effectively, was strongly emphasised. Additionally the link worker’s ability to provide a role model for many of the WATCH clients with high needs was noted.

“What he said, he did. So, what they said, they did.”

“[The link worker’s] charisma, his ability to communicate and have conversations with people really worked.”

“He worked at building life long relationships with people. He cared about them as people, they were special to him and he interacted with them in that way.”

- Linked to the point above, it was noted that the fact that clients have been keen to be involved in WATCH reflected the abilities of the WATCH link worker and his ability to build rapport.
- The project provided an intensive, personalised person-centred service, as planned. The intention was to provide a service that demonstrated warmth, human caring, respect in relationships and allowed people to express their aspirations. This has been achieved.
- There was a high level of trust and rapport between the link worker and the AOD counsellor who undertook much of the AOD work for WATCH clients. This meant that WATCH clients were generally positive about taking the initial step of seeing the AOD

counsellor. Clients were usually accompanied to the initial assessment by the link worker which was a significant factor in clients attending.

- A respectful relationship was established between the WATCH link worker and the Court.

3. The right placement for the service

Some stakeholders noted that Wesley Community Action provided a good base for the project, working with relevant and effective intervention approaches, ie, strengths-based approach, a bicultural approach and a focus on cultural competence. It was recognised that Wesley Community Action provided necessary supervision and professional development structures for the link worker and developed good documentation around the project.

The physical location of Wesley Community Action in a community where many clients felt comfortable was also seen as a positive.

Interestingly, for one stakeholder there were initial concerns with Wesley Community Action as the contract holder given that the agency had no background in AOD and youth work. However, as the project progressed, these concerns were allayed.

Stakeholders also noted that existing networks of the link worker and Wesley Community Action were utilised effectively.

4. The right community links

One stakeholder noted that links to specific sub-cultures in the community through other workers in Wesley allowed insight to this group and facilitated the formation of relationships between the link worker and the many clients who identify with these sub-cultures. This stakeholder also noted that, given his nature, the link worker could still have built these relationships but it would have taken a lot longer.

It was recognised that it was good for clients with strong links to certain sub-cultures and to the criminal community to build relationships of trust with someone outside that community as they often struggled with such relationships.

Locating the WATCH project alongside Wesley Community Action's Rangatahi Support programme was also useful. It allowed for support and some back up for the link worker.

5. Work with whanau and community

One stakeholder noted that it had been critical to effective outcomes that the link worker worked with whanau and adopted a community approach to working with clients, with a strong focus on

building and maintaining community relationships. This reflected an approach that focused on all issues, not just AOD and offending, and critically on the underlying issues that underpinned AOD problems. This point was also expressed by the parent who was interviewed as part of the evaluation.

It appears that word spread in the community that there was someone able to help and this resulted in people “lining up to see [the link worker]”.

6. Critical project support

The involvement of Judge John Walker as a senior judge from Wellington District Court able to “pave the way” for the WATCH project in the court setting and the support from other judges was cited as critical to the project’s effective development and implementation.

Equally, the support of Police Prosecutions was seen as vital to the project. The project would not have worked without support from Police Prosecutions for pre-sentencing stand-down periods and was, thus, vital to the whole premise of the project. This support was underpinned by police involvement in project set-up from Police, the Police Iwi Liaison Officer and Police Prosecutions.

7. An official role in Court

One stakeholder noted that the link worker’s being seen operating in and accepted in court went a long way to breaking down barriers for clients. Often, clients have developed a view of all officials (judges, police, social workers, lawyers, probation officers, etc) as one group of people and do not typically regard them as a group that will assist them. It was significant for clients to see that some parts of the system can operate differently with a focus on helping. This could also have been a risk and the link worker could have been seen as just another part of the system; the link worker’s ability to build rapport and engage clients quickly went a long way to averting this risk.

8. Careful service selection

One stakeholder noted that getting this client group to agree to AOD assessment and counselling is an outstanding achievement and attributed this, in part, to the link worker’s efforts to understand the services available and get a sense of how they worked, and refer clients accordingly.

Additionally, the link worker used feedback from the client after the AOD counselling to determine if the relationship was working and applied this information in further care planning.

A similar approach underpinned access to other services. The link worker noted that he took great care when referring clients to other services, ensuring that he had met the specific

individual who would be involved with the client and had confirmed that they would be a “safe” choice to work with that specific WATCH client.

9. *Appropriate systems and procedures*

The following were noted as project systems and procedures that worked well in WATCH:

- The inclusion of a pool of flexible funding in the project which allowed the link worker to respond to specific individualised needs.
- Access to transport by the link worker which underpinned a large percentage of the support that the link worker was able to give. Providing transport for clients for various appointments, etc, was a practical form of support that provided the opportunity for building a relationship of trust and engaging a client.

10. *Ready access to AOD assessment and treatment*

The WATCH project benefited from ready access to AOD assessment. This allowed appointments for AOD assessment to be set up and undertaken quickly and, typically, treatment could follow immediately.

In the main, this happened because of an existing working relationship between the link worker and the AOD counsellor who completed a large proportion of the AOD work within the project. It worked in the project’s favour that the AOD service utilised was newly established and, thus, had capacity for the WATCH clients.

Additionally, other AOD services provided good support for the project which contributed to timely assessment and treatment.

Evidence of effectiveness

Stakeholders were asked to identify evidence that indicates that the project has been effective. Although many had a limited sense of the outcomes of the project at the time of the evaluation, some points regarding apparent effectiveness were highlighted:

- The fact that the link worker quickly established a case load highlighted the need and the gap that the project is filling.
- The project clearly helped to establish the need and build the case for having an AOD worker in the Court and has demonstrated the value of this.
- The fact that participating clients were not limited to “easy” clients only was seen as an indicator of effectiveness.

Stakeholders who had greater knowledge of project outcomes noted the following:

- Every person involved with the project (that the stakeholder was directly aware of [10/21 participating clients]) had achieved a positive outcome.
- There have been “huge” changes in some clients’ lives including some overwhelming outcomes and major changes that would not have happened without the support of the link worker.
- One client with a significant offending history including a period in a Youth Justice Residential Centre is employed and no longer involved with Police.

What worked less well

The following areas that worked less well and could be improved upon were identified by stakeholders:

1. Visibility in Court

There was a competing need for the link worker to be visible in court and to be working intensively with clients in the community. Once the link worker built a full caseload there was a problem with maintaining the WATCH presence in the court setting. Put plainly the project structure was such that there was one link worker who could not be present in the court and working with clients in the community at the same time. This resulted in some negative feedback about the project, particularly in relation to the visibility and constancy of the link worker in court.

“The link worker is not a consistent player in the Court – this a problem with the project structure not a problem with the worker.”

This issue may have been less of a problem if reporting back to judges had occurred fortnightly as per the original project design. However, stakeholders neither saw this reporting back process as workable in the District Court environment nor of any real value to the project. Additionally, it was noted that the provision of a written report to judges at the final appearance would be preferable to an oral report only as had been provided.

Linked to the point above, other issues about the difficulties in running a one-person project were raised, including covering leave, matching clients to worker and preventing burn-out. Wesley Community Action was able to mitigate some of these issues by supporting a close working relationship between the link worker and the Rangatahi Support Worker.

2. Orientation, training and support

Issues pertaining to orientation, training and support for the link worker were highlighted. It was suggested that a more thorough orientation to the alcohol and other drug treatment options would be of benefit along with introduction to other services and agencies. The link worker

tended to work with a limited number of agencies and services most of which were known to him from his experience prior to the link work role. Additionally, one stakeholder expressed concern that the link worker could be over-involved and become very disappointed when goals were not met. This was seen as a training and supervision issue that needs to be factored into the project.

Linked to this, (and noted as not unique to this project) the judges interviewed expressed a need for a better sense of a worker's clinical expertise and some assurance that the link worker has the necessary ability to provide an effective service. Without this they must operate to some extent on "faith".

3. Communication with Police

Issues relating to lack of communication between the project and Police were highlighted and it was suggested that the project could be strengthened by the provision of regular feedback to Police.

"The project has not hit the Police radar."

It was intended that referrals would be accessed via files held in the Police Prosecutions kiosk in Court; accordingly, front line police were initially tagging files where offending was alcohol and drug related and a system was set up to facilitate daily access to Police files for the link worker. The latter did not occur as the link worker quickly acquired a case load in Court and frontline police stopped tagging files.

From the Police perspective, there remains some uncertainty about how referrals were picked up and also some questioning about whether or not this is an issue. However it was suggested that it will not be difficult to re-instate the intended system if needed.

4. Support for clients with intensive clinical intervention needs

Some concerns were raised about the ability of the project to work with clients needing intensive clinical intervention, particularly clients with coexisting alcohol and drug and mental health issues. It was suggested that the project may have "*something missing*" in relation to the clinical interface for these clients and perhaps more supervision/clinical review is needed in this area.

5. Justification for broad range of support needed

Stakeholders noted that a challenge for the link worker was that he saw a need to deliver more than might be regarded to be contractually required and as a result worked long hours and out of work time (Note: this was not raised as an issue by the link worker, but by other stakeholders). An example was his setting up a Sunday afternoon at a marae and teaching clients how to put

down a hangi; the intention was to provide an enjoyable experience that was not dependent on drugs and alcohol.

Another example was transporting clients to various appointments and meetings, both to ensure attendance but more importantly as a chance to engage the client and build a trusting and supportive relationship, an opportunity that would not exist had the link worker simply supplied a bus ticket.

There was a sense that at times, efforts required to justify such activities used time that could have been spent working with clients. Some stakeholders noted their observation that the link worker at times appeared to feel constrained in the role and would have found it easier if such valid activities were legitimised.

Some stakeholders speculated that the challenges in the link worker role may have contributed significantly to the link worker's resignation. Despite the supervision systems in Wesley Community Action which offset the challenges to some extent, some noted that there is a high risk of burnout with the role as it is currently configured.

6. Entry point for the project

Some stakeholders have noted that it is unfortunate that a client effectively has to break the law to get the kind of help available in the WATCH project. Reportedly, this point was exacerbated for the link worker who would at times identify whanau and friends of clients also in need of help. On occasion, these people would then appear in court on charges; the link worker would have preferred to have been able to step in at a point before the offending had occurred.

7. Other

Other issues noted included:

- The relationship between the project and the Probation Service needed some attention at the outset of the project. The responsibility of clients to fulfil the requirements of their sentences is a priority for the Probation Service and a focus on this responsibility can appear to be at odds with a strengths-based approach. However, it was noted that the link worker could assist clients with probation obligations without appearing to try to “compensate for the Probation Service”. The relationship between the link worker and probation personnel needs to be collaborative.
- The inclusion of older clients than was intended at the very early design stages²⁰ meant that clients had more complex offending histories and existing probation obligations. This was noted as having the risk of adding a further layer of complexity overall which the link worker had to then manage.
- There may be a need for more resources to support the AOD assessment and follow-up component of the project. The AOD assessment needs to happen quickly and the follow-

²⁰ In the original design, the WATCH project was to be targeted at 17–20 year olds, particularly the 17-year-olds.

up needs to be available. It was suggested that this level of resource is not typically readily available in Wellington and some stakeholders questioned whether it was able to be sustained for the WATCH project.

- The link worker could have better utilised support from Police, in terms of referrals.

Suggested project changes

The majority of stakeholders noted that they wanted nothing changed or that it was too early to comment. In some cases, suggested changes were identified and these included:

- A change in design to allow clients to remain in the WATCH project if they receive a custodial sentence.
- The need for a better understanding of AOD by the link worker.
- The use of AOD screening tools at entry to the project and on exit from the project as a non-intrusive method of providing data on the effectiveness of the project in reducing AOD-related harm.
- The need for more feedback to the steering group about what the project was achieving.
- A reconsideration of project structure to utilise more than one person in the link worker role or to better support one link worker. This reconsideration needs to take into account the fact that the relationship with one individual was integral to clients going forward but that one person fronting the role needs considerably more support than available in the project to date.
- Linked to the point above, improved availability of the link worker in Court – or at least a clear indication of when link worker will be there. It was suggested that seeking input from the Court manager into the process may help with this.
- The need for wider scope for the link worker, given the nature of the role. There was a sense from one stakeholder that the link worker was too restricted in what he could do; the stakeholder noted that the link worker would have had “fantastic” ideas beyond the core business of the project but was unable to implement them and this was difficult for him. Ability to own and advance these ideas could have led to new, effective initiatives.
- The need to legitimise the broader activities and more flexible definition of WATCH activities that were essential to the relationships between the link worker and his clients.
- The need for the project to better support a whanau approach, eg, ability to apply flexible funding to whanau and clients and to legitimise work with whanau as needed.
- Consideration of providing an intensive AOD programme which runs alongside the WATCH project.
- Consideration of a follow-up programme.
- Consideration of a more substantial salary package that better reflects the complexity of the link worker role and therefore the level of skill and experience needed.

Review of client data

Client numbers

A total 25 clients were **invited** to participate in the WATCH project between February 2007 and March 2008. This number was directly in line with the service specification which limited the project to between 15 and 30 clients in the one year pilot period.²¹

According to Wesley Community Action, there was no official “cap” on numbers of clients in the WATCH project despite the information set out in service specifications. Wesley Community Action, worked with a ceiling of between 20 and 25 clients, based on consultation with other stakeholders. This appears to have been in keeping with project expectations as a summary of progress in the first year referred to the project having met its target with “19 active clients, with steady referrals throughout the year”.²²

Four of the 25 did not make further contact with the link worker after the initial meeting.

Of the balance of 21 clients (referred to as participating clients in the remainder of this section), there were 6 (29%) “active” clients, 7 (33%) “ongoing” clients and 8 (38%) “archived” clients, as classified by the link worker (refer table 1).

The term “ongoing” was used to describe clients who were still participating in the WATCH project but were receiving less input than active clients.

Table 1: Client numbers

<i>Category (designated by the link worker)</i>	<i>Number of clients</i>	<i>Percentage of 21 participating clients</i>
Active	6	29%
Ongoing	7	33%
Archived	8	38%
Total	21	100%

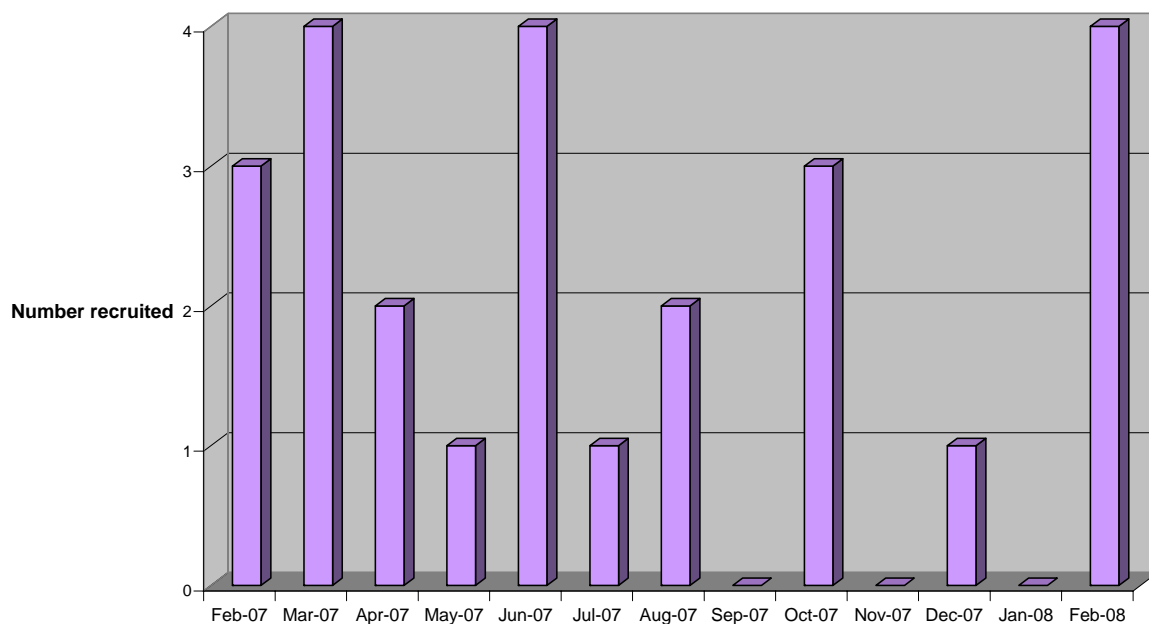
²¹ SERVICE SPECIFICATION. Courts and Health link worker Service. Undated – circa 2006.

²² Management Team paper FMC 07-156. WESLEY COMMUNITY ACTION –ROLLOVER. 23 October 2007.

Recruitment

Recruitment was reasonably steady over the period of the project (refer Figure 1). On occasions two or more clients were referred on the same days when the link worker was in court. Because this quickly built the link worker's caseload, this meant a short gap in court based recruitment until the link worker was next available for court attendance. However, non court referrals continued.

Figure 1: Recruitment pattern for all invited clients



Age

Of the 21 participating clients, age at the date of referral ranged from 17.1 to 28.8 years with a median age of 21.5 years.

Approximately one-half (48%) of participating clients were aged less than 20 years and one-half (52%) were aged 21-28 years.

Seventy-one percent of clients were in the age bracket defined in the project plan (“offenders aged 18–25 years with some discretion to accept clients outside of this age range”).²³

Details are provided in table 2.

²³ WATCH initiative 2006

Table 2: Age of participating clients at time of referral

Age at time of referral	Number in category	Percentage
17 years	4	19%
18 years	3	14%
19 years	3	14%
21 years	2	10%
22 years	1	5%
23 years	2	10%
24 years	3	14%
25 years	1	5%
28 years	2	10%
Total	21	100%

Ethnicity

Of invited clients, the majority identified as Maori, with 13/25 (52%) identifying as Maori and a further 6/25 (24%) identifying as European/Maori (4/25; 16%) or Samoan/Maori (2/25; 8%). Other ethnicities identified are as set out in table 3.

Percentages were similar for participating clients. The majority identified as Maori, with 10/21 (48%) identifying as Maori and a further 5/21 (24%) identifying as European/Maori (3/21; 14%) or Samoan/Maori (2/21; 10%). Other ethnicities identified are as set out in table 3.

Table 3: Stated ethnicity of clients participating in WATCH project

Stated ethnicity	Number of all invited clients	Percentage invited clients	Number of all participating clients	Percentage participating clients
European	5	20%	5	24%
Maori	13	52%	10	48%
European/Maori	4	16%	3	14%
Rarotongan	1	4%	1	5%
Samoan/Maori	2	8%	2	10%
Total	25	100%	21	100%

Gender

A majority of referred clients were male (23) and two were female.

Source of referral

Referral sources were as shown in table 4. Approximately equal numbers of referrals came from judges, court intercepts by the link worker, lawyers, social services and self/other client/whanau referral. Only one referral each came from Police and Probation Services.

Table 4: Sources of referral to the WATCH project

Referral source	Number of client	Percentage of clients
Judge	4	16%
Court intercept by the link worker	4	16%
Lawyer	5	20%
Social services ²⁴	5	20%
Self/other client/whanau referral	5	20%
Police	1	4%
Probation Services	1	4%
Total	25	100%

Level of need

Level of need, as described by the link worker, was as shown in table 5.

The level of need for invited clients, as described by the link worker, was high for 15/25 (60%), medium for 9/25 (36%) and low-medium for 1/25 (4%).

The percentages were similar for participating clients: high for 15/21 (71%), medium for 5/21 (24%) and low-medium for 1/21 (5%).

Table 5: Level of need

Level of need	Number of all invited clients	Percentage invited clients	Number of all participating clients	Percentage participating clients
Low-medium	1	4%	1	5%
Medium	9	36%	5	24%
High	15	60%	15	71%
Total	25	100%	21	100%

Engagement

The level of engagement of participating clients, as described by the link worker, was high for 12/25 (48%), medium for 8/25 (32%) and low for 5/25 (20%). level. The link worker noted that three of the five clients described as having low level engagement lacked confidence with other agencies but were willing to engage with the WATCH programme. Refer table 6 for details.

²⁴ 1 referral each from: Challenge 2000, AOD counsellor, Aotearoa Literacy, Newton doctors, and 1 referral from an unspecified social service

Table 6: Level of engagement

Level of engagement	Number of all participating clients	Percentage participating clients
High	11	52%
Medium	3	14%
Low	7	33%
Total	21	100%

Care plan

Care plans were completed for 18/21 participating clients. A written care plan was not completed in 2 cases because the assistance was planned and implemented within the same day (clients referred and sentenced same day) and in one case where it was deemed inappropriate for the client involved; work with this client centred on engagement only.

The date for completion of the written care plan was available for 17 of these 18 clients.

The 17 plans for which dates were available were completed between one and 21 days after referral (median 5 days).

Duration of involvement

The expectation from the project plan was that the duration of involvement with the WATCH project would be from the date of the first court appearance until the end of the stand down period and sentencing. In reality, clients entered and exited the project at a variety of points.

Often relationships extended beyond the period between court appearance and sentencing; clients valued the ongoing association with the link worker and this highlighted the need for the project to offer at least some form of “aftercare”.

At the time of the evaluation, three of 21 participating clients were still actively involved in the project; at the time of evaluation these clients had been involved for 4 months, 10 months (2 month involvement prior to prison sentence and 8 months subsequently) and circa 10 months.

For the balance of 18 participating clients who had exited the programme at the time of evaluation, and for whom duration on the programme is known (14 of 18), time on the programme ranged from 1 day to 8 months (intensive work in first month(s) only) and median 9.5 weeks.

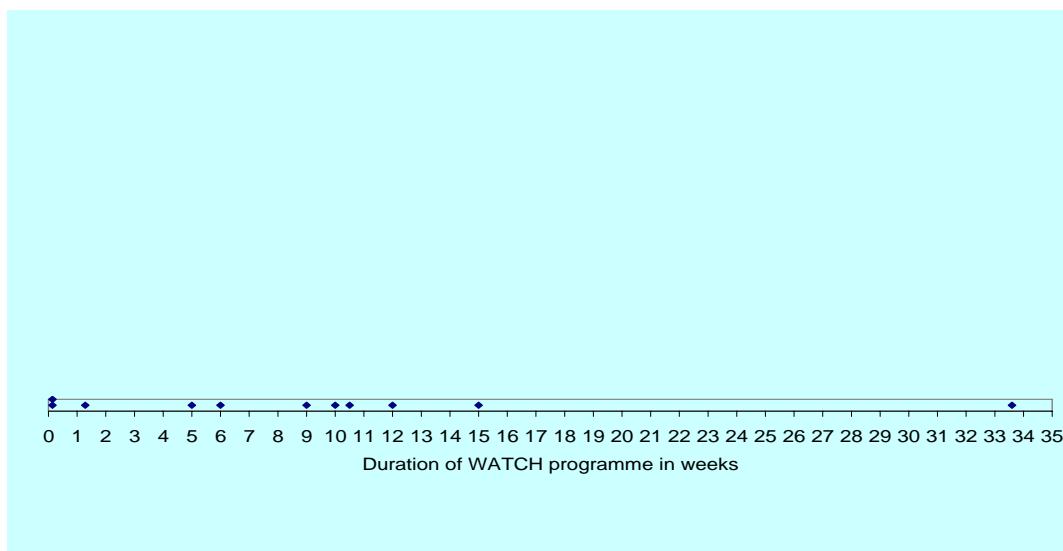
Programme involvement for the 18 clients who had exited the programme at the time of evaluation breaks down as follows:

- In 12 cases, the WATCH project involvement effectively reflected the time from referral to sentencing. For one of these clients, the length of involvement was unclear as the sentencing date was not available. Of the 11 clients for whom programme duration was known:
 - In two cases intervention was a brief court based activity only, sentencing took place on the date of referral. WATCH involvement ended at that point although in one of these cases, the client went on to complete a short course of AOD counselling sessions.
 - For the balance of 9 clients, time on WATCH ranged from 9 days to 8 months (although in the latter case management was intensive for the first two months and less involved after that) with a median of 10 weeks. It is noteworthy however, that in two of these cases, an ongoing relationship was maintained with the link worker at a maintenance level.

The duration of treatment for these 11 clients is represented in figure 2.

- The other six clients had the following reasons for exit from the project:
 - After 6 weeks after evicted from accommodation organised for client by WATCH.
 - Lost to follow-up; unclear duration, potentially up to 8 months with one month intensive work upfront.
 - Lost to follow-up; unclear duration, minimum two weeks to care plan preparation.
 - Prison sentence for breaching bail; unclear duration but minimum 2 months.
 - Prison sentence for offending during stand-down; 10 weeks.
 - Prison sentence for offending during stand-down; circa 3 months.

Figure 2: Duration for WATCH programme for 11 clients managed from referral to sentence



Details on a case by case basis on referral source, duration on WATCH programme and reason for programme completion are given in Appendix 4.

Needs identified

The needs identified as part of the care planning procedure are as set out in table 7.

As is to be expected, almost all clients had AOD identified as an issue. There was one of 21 participating clients for whom AOD was not identified as an issue; AOD assessment and counselling had been set up for this client prior to involvement with WATCH and the WATCH care plan focus was on employment only.

Accommodation and employment/employment training were the next most common issues. Accommodation was an issue for almost 43% of participating clients (9/21). Employment issues affected almost 43% of participating clients (9/21) with a further 9.5% (2/21) needing employment training.

Mental health issues were cited for two clients (9.5%) and were a possible issue for a further two, ie, potentially 19% of participating clients.

Other needs identified related to meeting probation conditions, family relationships, education/literacy, lack of motivation/direction, high use of social services (with resulting issues with accessing assistance) gang affiliation and anger management.

It is notable that that the issues identified are the *primary* areas of concern that the WATCH link worker and client chose to address in the care plan. They do not necessarily reflect all needs.

Some of the assistance provided by WATCH is not obvious from the listed issues, eg transport, support for presentation in Court, and the support that was offered in the form of a trusted person to talk to, etc. This assistance underpinned all the activities undertaken.

Table 7: Needs identified

<i>Issues</i>	<i>Number of clients</i>	<i>Percentage of clients</i>
AOD	20 ²⁵	95.2%
Accommodation	9	42.9%
Employment	9	42.9%
Employment training	2	9.5%
Mental health	2 plus a further 2 possible	9.5% to potential 19%
Meeting probation conditions	3	14.3%
Family relationships	3	14.3%
Lacking motivation/direction	3	14.3%
Education/literacy	2	9.5%
High user of social services	2	9.5%
Gang affiliation issues	1	4.8%
Anger management	1	4.8%

²⁵ AOD not identified as an issue for one of 21 participating clients; AOD assessment and counselling had been set up prior to involvement with WATCH

Details on a case by case of identified needs, WATCH activities and outcomes are given in Appendix 4.

Services provided

The nature of the WATCH project meant that AOD assessment and treatment was by far the most frequently accessed service. Details on AOD related activities are provided in a separate section below.

Other services accessed by the link worker as part of the WATCH programme were:

- Work and Income New Zealand (WINZ).
- Residential AOD treatment – tried unsuccessfully to access for one client.
- Anger management course (one client).
- Literacy course – one client, did not engage.
- Supported accommodation and intensive day programme for dual diagnosis clients (provided by an AOD service; one client).
- Psychiatric assessment (one client).
- Intensive life skills course (one client attended; considered for 3 clients).

Interestingly, access to services was a relatively minimal part of the WATCH based activities. The bulk of activity related to the work of the link worker himself. In part this reflected the nature of client needs, their stage of readiness to address issues and the need to work directly to engage clients and build a relationship within which further activity could take place. This is discussed more fully under “Client feedback”.

The types of activities undertaken by the link worker were very broad ranging. Some examples include:

- Assisting to find housing; temporary or more permanent; noted for at least 6/21 participating clients (28.5%).
- Exploring employment options and employment training options and/or providing practical assistance in seeking employment. Employment and employment training were identified as issues for 11 clients and noted as a core part of WATCH activities for 7 of this group (ie, 33% [7/21] of all participating clients).
- Support to meet probation conditions, including reminders and transport.
- Support in court and to meet court-based requirements, eg paper work.
- Work on engaging with respect to AOD; work on harm minimisation etc.
- Transport for a wide variety of purposes including attending AOD and other appointments, getting to court and probations, etc.
- Strengthening client links with family.
- Assisting with access to training and life skills courses.
- Liaising with client’s mental health service (one client).
- Providing marae-based cultural activities.

- Organising recreational experiences for example diving training and dive trips; one client used the opportunity from diving to collect food and provide and prepare a meal for his partner’s family, the first time he had done this.
- Working with clients on aspirations and direction; focused on client areas of motivation such as creative pursuits, music, etc.
- Accessing music tutoring (one client).

AOD assessment and treatment

Details regarding AOD assessment for participating clients are shown in table 8.

For two clients, it was unknown whether there was involvement in AOD related activity as a part of the WATCH project.

Of the balance of 19 participating clients, AOD assessment was completed via the WATCH programme for 11 participating clients and had already been completed for a further five clients prior to coming onto the WATCH programme.

AOD assessment was not undertaken for the balance of three participating clients; in one case, the client was not appropriately motivated and unable to be engaged to that level and in one case each, the probation service reportedly advised against it or the client was screened only in a brief court-based intervention lasting one day only.

NB: There was an issue in some cases where AOD assessment had been completed prior to the client coming onto the WATCH programme but the link worker was unable to access the results for this assessment.

Table 8: AOD assessment

	<i>Numbers of participating clients</i>	<i>Percentage clients where AOD information known</i>
AOD assessment completed through WATCH programme	11	57.9%
AOD assessment completed prior to coming on to WATCH programme	5	26.3%
AOD assessment not completed	3	15.8%
Sub total	19	
AOD activity as a part of WATCH unknown to evaluators	2	
Total	21	

All 11 clients who underwent AOD assessment as part of WATCH went on to AOD treatment (58%). Ten underwent counselling and one attended an intensive dual diagnosis day programme, while living in supported accommodation.

Court data

Available data show:²⁶

- The number of charges in the 12-month period following entry to WATCH versus 12 month period prior to entry to WATCH:²⁷
 - Reduced for 7/12 (58%) clients
 - Reduced for a further 2/12 (17%) clients, but both spent at least part of their time in prison while involved with WATCH
 - Increased for 3/12 (25%) clients.
- 1 of 12 clients (8.3%) did not offend after involvement in WATCH. A further client did not offend for a period of 10 weeks while involved with WATCH but was subsequently imprisoned for earlier charges.
- The total number of charges in the 12-month period following entry to WATCH versus the 12-month period prior to entry to WATCH²⁸ was reduced by 55% from 92 to 42 charges and there was a shift towards less serious offending as shown in table 9:
 - 47% of charges were for offences of minor seriousness after involvement in WATCH versus 35% before involvement in WATCH
 - 88 % of charges were for offences of minor or minor to moderate seriousness after involvement in WATCH versus 77% before involvement in WATCH
 - 12% of charges were for offences of moderate seriousness after involvement in WATCH versus 18.5% before involvement in WATCH
 - there were no charges of moderate to high seriousness before or after involvement in WATCH
 - there were no charges of high seriousness after involvement in WATCH whereas 4.3% of charges before involvement in WATCH were of high seriousness.

Table 9: Charges in 12-month period before and after WATCH programme involvement

	Total charges in 12 months prior to WATCH involvement	Total charges in 12 months following entry to WATCH ²⁹
Minor	32 (34.8%)	19.6 (46.9%)
Minor to moderate	39 (42.4%)	17.1 (40.9%)
Moderate	12 (18.5%)	5.1 (12.2%)
Moderate to high	0	0
High	4 (4.3%)	0
Total	92	41.8

²⁶ Note: Data were available for 57% of participating clients

²⁷ Number corrected pro rata to account for those clients who entered the WATCH programme less than 12 months prior to evaluation

²⁸ Number corrected pro rata to account for those clients who entered the WATCH programme less than 12 months prior to evaluation

²⁹ Number corrected pro rata to account for those clients who entered the WATCH programme less than 12 months prior to evaluation

NB: In some cases charges were not defined to the extent needed to apply seriousness scale scores. For example, a charge of theft or obtaining by deception can be either “minor to moderate” or “moderate” depending on the value of goods in question. Similarly, assault has a different seriousness rating depending on whether it is minor, serious or grievous.

As all charges where this lack of clarity existed applied in the period prior to involvement in WATCH, a conservative approach has been taken that assumes the lesser seriousness rating in all cases. This means that charges prior to involvement in WATCH may have been higher in seriousness than indicated in the results presented.

This assumption applied to 21 of the 92 charges in the period prior to involvement in WATCH as follow:

Assault – severity unknown:	1
Assault police – severity unknown:	1
Theft – goods value unknown:	5
Shoplifting – goods value unknown:	2
Obtain by deception – goods value: unknown:	12

Discussion

A discussion of key results from the evaluation of the WATCH project is provided in this section.

Overview

Overall evaluation results demonstrate that the WATCH project is meeting its objectives. The Project is succeeding in providing real assistance and is supporting a group of young adult offenders, typically regarded as “hard to treat”, to make tangible gains in their lives. The overriding testimony from the clients who participated in the evaluation is that, because of their involvement with the WATCH project link worker, their lives are better and they have developed beliefs, attitudes, understanding and skills which have been positively life-changing. Critically, these changes have included positive shifts with respect to AOD use and offending behaviour.

The link worker was highly effective in engaging clients; his notable ability to build rapport and trust with clients and to provide intensive, person-centred service strongly contributed to tangible project outcomes.

In its design and set up, the WATCH project was well supported by key stakeholder groups drawing on senior personnel in health agencies, Police, the judiciary, community consultants, AOD treatment provider organisations and other relevant services. This not only succeeded in getting the project off the ground but in providing a solid foundation to support the project to make a difference to young people who are highly at risk.

In its implementation, the WATCH project has not operated as a conventional programme and, arguably, the departure from a conventional approach has provided some of the effective ingredients for the success of the project. In summary, the WATCH project has:

- Taken a holistic approach to well-being.
- Focussed strongly on building collaborative and enduring relationships with clients.
- Focussed on whanau in the broadest sense.
- Worked from a harm reduction perspective.
- Focussed on community connectedness and drawn on knowledge of community and culture.

Planned process compared with operation in practice

In the main, the project was implemented as planned with some exceptions.

Referrals to WATCH came from a variety of sources, with only 24% coming from Police and lawyers who had been expected to supply the bulk of referrals. This does not appear to have been problematic in principle, however the link worker’s caseload filled quickly and the project

lost visibility in the Court and with Police. There may need to be some consideration of how best to link self-referred clients to Court processes where this is relevant and to keeping Court and Police personnel informed when the project is operating at full capacity.

Client entered the programme post-sentence, post-prison, and with various outstanding community service requirements as well as at early points in their justice process. This mix of client offending status has meant a departure from the planned project process and there would be merit at this time in reviewing the process to decide whether this departure represents a positive direction for the project and ensuring that systems and documentation support the preferred approach.

Additionally, the age range of clients was a departure from the **original** project design and may have had the unforeseen result that clients had more complex offending histories and existing obligations with Probation Services, etc. Again, systems need to support this situation, in particular accounting for factors relating to existing probation sentence obligations.

Many clients did not exit WATCH once they were sentenced. There is strong evidence that much of the success of the project was built on the approach adopted by the link worker of building an enduring relationship with clients and maintaining at least some level of support beyond sentencing. This is directly in keeping with the WATCH project aim of meeting the broad needs of this group and these did not stop at sentencing. Additionally, there is a need for consideration of continuing to work with clients who incur custodial sentences while participating in WATCH. Both of these points have implications for managing the capacity of the project.

The requirement for AOD assessment was not met by 16% of clients. This point is discussed further below.

The planned process for the Judge to sign off on the care plan and for the client and link worker to regularly report back to the Judge to review progress at two-weekly reappearances in Court did not happen. Stakeholders have indicated clearly that this is an unrealistic expectation given the way the Court works.

There are conflicting views on the scope of the link worker role. Some have indicated that the emphasis planned for the role was on “linking” activity rather than providing intensive service and on a narrow AOD and offending focus. In practice the role was much more taken up with providing intensive support directly to clients, working holistically and with a whanau focus. Some steering group members have reported that this was always the intention. The uncertainty in this area requires attention and it is suggested that there would be benefit in formally legitimising the hands-on approach taken by the link worker and the need to explore and work through a wide range of options for clients, and ensuring that systems and resources clearly support this style of work.

Project outcomes

Discussion on specific project outcomes is structured to align with the areas of interest identified for evaluation purposes:³⁰

- Changes to alcohol and drug use and associated health/wellbeing.
- Social assistance received and social outcomes.
- Reduction in recidivist activity or changes to type of offending.
- Clients' attitudes towards services or services' attitudes to clients.
- Changes to clients' perceptions of themselves, others and others' perceptions of them.

The evaluation data must be approached with some caution. There are inherent limitations given the very small numbers of clients. This is exacerbated by issues in obtaining offending data via the courts. Data was obtained only in relation to charges faced (not convictions incurred) and only for a total of 12 clients (57%). Five clients (25%) and one parent were interviewed. It is strongly recommended that suitable data collection methods are built into the design of the ongoing project to better support future data analysis.

Changes to alcohol and drug use and associated health/wellbeing

Results indicate that 84% of WATCH clients were provided with an AOD assessment, either as part of the WATCH project or prior to entering WATCH. Nearly 58% participated in formal AOD treatment (outpatient counselling or residential treatment). Where clients appeared to be pre-contemplative in relation to their readiness to address AOD issues, the link worker focussed, appropriately, on engaging the clients in a process of positive change.

It is not possible to specify changes in relation to alcohol and other drug dependence and abuse for the client group as a whole as no baseline measures were recorded and there are no records showing AOD use and related problems during or at the point of exit from the project.

When questioned, most clients interviewed for the evaluation reported decreased AOD use, better recognition of the impact of AOD on their lives, and a reduction in problems associated with AOD use. One person reported approximately one year of abstinence from cannabis since participating along with marked reduction in alcohol consumption. The client attributed this to his involvement in WATCH and, notably, was one of the clients who did not undergo AOD assessment or treatment as part of his involvement. He did however work intensively with the link worker on a number of issues and attended an intensive residential life skills programme.

Interestingly, despite these changes the clients placed little emphasis on the AOD component of the WATCH project.

The balance between engaging clients and ensuring that clients undergo an AOD assessment requires ongoing consideration. If the latter is too readily overlooked, an opportunity to maximise use of the incentive of a less punitive sentence may be lost. However, it appears that

³⁰ As set out in the evaluation request for quote

many clients gained significantly from developing a relationship of trust with the link worker and part of this was built on the perception that the link worker was prepared to work with the clients on issues that were of highest priority to them.

Undertaking clearer measures of AOD dependence and abuse at entry and exit to the project also provides a dilemma in that, while the information generated would be valuable in terms of outcome measurement, such an approach may be unacceptable to WATCH clients and may put client engagement at risk.

Social assistance received and social outcomes

Results suggest that WATCH clients received a range of social assistance tailored to their individual needs. Much of this assistance was at a basic level which, for most clients, reflected where their needs lay.

When a client entered the WATCH project, the link worker focussed on developing a partnership with the client and meeting their immediate needs (as defined by the client). For many, this meant for example, getting to Court on time on the right day; getting to Probation Service appointments; getting to their AOD assessment appointment and finding a place to live.

Circa 33% of clients were supported to gain employment and/or to attend employment related training. A number of clients were helped with relationship issues with partners, family and children. Circa 28% were assisted with finding either temporary or permanent housing.

Critically, the numbers belie the gains that clients made which can only be reported from a qualitative perspective.

For many clients, one of the most valuable aspects of their involvement was in having someone they could talk to and rely on. Some gained support to connect with their culture and valued working with someone of their own culture.

Reduction in recidivist activity or changes to type of offending

All clients interviewed for the evaluation reported a reduction in offending since their involvement with the WATCH project. Data on charges faced in the 12-month periods before and after WATCH involvement were considered both from the perspective of numbers of charges and seriousness of offending.

Data on numbers of charges faced in the 12-month periods before and after WATCH involvement supported a reduction in offending behaviour. Additionally, there was a notable reduction in seriousness of charges.

One client, who had a significant offending history, did not re-offend after entry to the WATCH programme.

The validity of Court data analysis was significantly limited by issues of veracity with client data which meant that Court data were available for only 12 of 21 participating clients. It is strongly recommended that suitable data analysis methods are built into the design of the ongoing project to better support future data analysis.

Clients' attitudes towards services or services' attitudes to clients

Change in clients' attitudes to services is difficult to measure. All of the clients and the parent interviewed noted that the link worker had worked differently (in a positive sense) than other helpers and agencies that they had encountered in the past. This mainly referred to the link worker's warmth, acceptance, ability to really listen, going the extra mile and being willing to develop ongoing relationships and connections with clients and whanau. Because of these things clients and whanau (where they were involved) held the link worker in very high regard. They viewed the link worker as someone who could help. Whether this attitude is or will be generalised in any way to other services is not able to be determined from the information gathered in this evaluation.

The project provided many of the clients with an important experience of developing a relationship of trust with someone outside the criminal community. This is viewed as a significant achievement of the project.

Notably, the trust that clients developed in the link worker provided the basis wherein an AOD assessment and further treatment became possible.

There was no feedback with respect to changing the attitudes of services to clients, and, thus, the results are non-conclusive in this regard.

Changes to clients' perceptions of themselves, others and others' perceptions of them

This outcome can only be discussed in relation to the clients for whom interview or whanau interview took place.

Of the five clients interviewed, two strongly indicated that their perceptions of themselves have changed. These clients made significant life changes while participating in the WATCH project and indicated that during their involvement they had learned different approaches to life and were in situations that they would not have thought possible before their involvement. Both of these clients had reconnected with family and one in particular noted that involvement in the WATCH project had made a significant difference to the way in which family saw him.

Two clients, both of whom were still active or ongoing, did not report on changes to perceptions of themselves except to note that despite the assistance with WATCH, they still felt constrained

by other circumstances (in one case due to loss of licence and in the other in relation to what the client regarded to be less than satisfactory mental health treatment).

One client initially reported that his view of himself had not changed although this was prior to gaining full time employment with assistance from WATCH and the client reported a very positive attitude to this.

The parent interviewed noted the positive changes she saw in her son during the period that he was involved in the project.

Critical success factors: recommendations for future action

The WATCH project was designed as a “proof of concept” initiative ie, the project was undertaken to test the viability of the approach and to inform further development.

The evaluation results demonstrate the viability of the WATCH project in the following ways:

- Clients were successfully recruited and engaged in the project.
- Clients were predominantly categorised as having medium to high levels of need.
- Key service providers supported the project and provided services to WATCH clients.
- 58% of clients had AOD assessments and follow up treatment directly as a result of their involvement in the project.
- 8.3% of clients have not reoffended since their involvement in WATCH.
- The total number of charges in the 12-month period following entry to WATCH programme versus the 12-month period prior to entry to WATCH programme was reduced by 55% and there was a notable shift towards less serious offending.
- Clients and whanau participating in the evaluation were overwhelmingly positive about the project and the gains made as a result of their involvement.

The evaluation has highlighted a number of critical success factors for the WATCH project. These factors point strongly to the following recommendations for strengthening the WATCH project and for successfully implementing this type of project to reduce repeat offending and improve health outcomes for young people with high and implicative addiction needs.

1. Engage link worker(s) with appropriate skills and qualities

“The choice of person to be the link worker is “a major”.”

The link worker role is the linchpin of the WATCH project and effectively the success of the project is dependent on the successful operation of this role. The qualities and skills that the link worker brings to the role are significant in generating positive outcomes from the project, meeting the needs of both the client group and professional stakeholders. This appears to be fundamental to effective service delivery.

Key link worker qualities identified in the evaluation include: natural ability, young age, strong sense of cultural identity, a fit with the cultural identity of clients; qualifications and experience. Key skills cited include: engagement and rapport building, tenacity and ability to build effective relationships with clients and stakeholders.

2. Provide adequate support for the link worker

A key issue identified in the evaluation of the WATCH project related to the difficulties associated with operating a single person service. This raised a dilemma in relation to project resources and it is critical that this is managed to ensure continued effectiveness and sustainability of the project.

Effective project outcomes and project sustainability require that the link worker role is adequately supported to allow:

- The link worker to be available to “do the work” with clients.
- The link worker role to have a consistent, visible presence in the Court to be seen as a service on which the judiciary can rely; in the absence of consistent presence, there needs, at least, to be a system that keeps the Court informed regarding the link worker’s planned presence or absence and available capacity for new clients.
- The link worker to perform at the intense level demanded of the role on an ongoing basis.
- A good match between the link worker and the client; this was identified as contributing to good client outcomes and this opportunity would be expanded if there was more than one worker.
- Intensive orientation to the role including orientation to other agencies that support the project and time for ongoing maintenance of stakeholder relationships. These opportunities need to be factored into the project, in particular intensive orientation to AOD treatment and treatment options including treatment for co-existing disorders.

The potential in the role for “burn out” if these criteria are not met needs to be considered in the interests of longevity in the position and sustainability of any such project.

The link worker role and the project as a whole also require the support of an appropriate organisation, as further discussed below.

NB: The recent decision to have an AOD worker in court has been seen by some as a way to alleviate the issue of the link worker needing to be both “in Court” and “doing the work”. The proposal is that the AOD worker would refer clients to the WATCH link worker. It would be critical that the AOD worker was able to engage clients as readily as the WATCH link worker in order for this to be successful.

3. Utilise an appropriate host organisation for the project

Wesley Community Action provides an effective “home” for the WATCH project for two key reasons:

- The strengths-based approach is embedded in the organisational culture of Wesley Community Action and fits well with the intention of the project.
- Wesley Community Action organisational infrastructure provided the necessary support and accountability mechanisms to support the WATCH project. These mechanisms include: a team approach, a structured and comprehensive supervision system, professional development structures, management support and attention to accountability.

Both of these elements are seen as critical to the ongoing success of WATCH and should be factored in to any similar initiatives.

4. Provide the “right” programme

“What the programme does” forms an essential part of the success of the WATCH project. “What the programme does” inextricably combines both the services provided and the style of support.

In essence, the following were identified as the critical elements in the “programme” delivered by WATCH:

The programme:

- Focuses on developing a therapeutic relationship with each client and works intensively alongside the client to support positive change.
- Identifies and accesses the right skills and tools for clients to turn their lives around.
- Provides access to a support network to help clients in the above.
- Provides timely responses in all support accessed, particularly, with respect to AOD assessment and intervention.

Underpinning all project activities are:

- A focus on “relationship” as the primary means to support positive change. This includes taking care to ensure that other services are appropriate and effective for the client and providing the client with a strong sense of support and an ongoing connection with the link worker.
- A strengths-based, holistic approach to working with clients which in practice includes taking a flexible and broad thinking approach to addressing needs, using a wide range of options, and providing assistance for the basics (such as transport to appointments) if this is what a client most needs.
- Application of a harm reduction philosophy, for example, a strong focus on engaging clients and focussing on areas of need that clients are willing to address.

- A motivational approach ie, working “where the client is at” in terms of their readiness to change.
- A focus on whanau and community. This involves recognition of and respect for clients’ relationships with whanau and community and good knowledge of the community and the subcultures with which clients identify. Notably, the community focus is often missing in AOD programmes, and appears to have been a key ingredient in the success of this project.

5. Ensure support from other agencies

Support from Police (at all levels), Courts and the Probation Service are critical to the success of the project. The link worker needs to develop and maintain respectful relationships with these agencies.

Timely access to a range of relevant services to support clients is essential. An orientation process that introduces relevant services to WATCH may assist in achieving this. Given the focus on AOD assessment and treatment, support from AOD providers, in particular, and their willingness to prioritise WATCH clients for assessment is critical. There appears to be merit in ensuring that AOD agencies remain involved in the project at a senior management level to ensure ongoing support for the WATCH project, given resource issues in the AOD sector.

6. Employ effective project set-up and design

The following are recognised as critical aspects in set-up and design:

- A strong project driver and champion.
- An effective project working group that includes an appropriate cross section of stakeholder representation. Support from judges and Police Prosecutions is seen as essential.
- Careful set-up to ensure stakeholder expectations of project outcomes are realistic.
- Having the link worker in Court with an official role in the court room.
- Using an approach that uses the motivation of the Court appearance to prompt clients to be more open to help than they may otherwise be
- Project procedures that account for clients’ different circumstances such as ongoing service for an incarcerated client, and the more complex support needs of a client with a more complex offending history and existing sentences.
- A project structure that legitimises the very broad range of activities that form the support needed by clients.
- Link worker access to flexible funding to support the broad types of assistance needed.

Appendix 1: Information sheet/Consent form/Interview template for clients/whanau

Project WATCH Impact Assessment Information Sheet

Project WATCH has been offered by the Capital and Coast District Health Board (DHB) as a pilot project. The DHB wants to check out the impact of the project and an important part of this is talking to people who have been part of the project this far. We would like to invite you to take part in this process.

Who will interview you?

Louise Kirkwood and Paula Parsonage are the team working on the impact assessment for the DHB and they will be the people talking to you.

What's involved?

Louise and Paula would like to talk to you about your experience of Project WATCH. This will take about half an hour. The questions will be about what you think of Project WATCH, for example whether it helped you in any way and about how you are going now. The interview will be private but you can bring along a support person if you would like to.

Louise and Paula will need to take notes. The notes will only be seen by them. They can send you a copy if you want one. They will ask you if you agree to being quoted – having some of the things you have said directly written into the impact assessment report. **Your name will not be used with the quote or anywhere in the impact assessment reports.**

Louise and Paula would also like to look at your file. They will look at the files of all of the people who have been in the project. You will not be able to be identified from the information we use from your file.

What will be done with the information?

The information you give will be confidential to the interviewers and will not be given to anyone else. The information you give will be mixed together with information given by other people and presented as a summary in a report. **Your name will not be used in any reports so you will remain anonymous.** You will be asked if you would like a summary of the report.

Your well-being and the well-being of others are very important. You need to know that if you say anything that makes the interviewers think that you or someone else is at risk of serious harm the interviewers will talk to you about this and may need to tell someone else.

Your choice

You can choose whether you want to be interviewed and whether you give permission for your notes to be looked at. Whether you say yes or no won't have any effect on your participation in the project. You can also choose not to answer a question in the interview. You have the right

to withdraw the information you gave in your interview up until the time it becomes part of the report.

Your help in this is very important and much appreciated. We are doing the impact assessment to help the DHB to decide whether Project WATCH is a good way of doing things or not. If you need to get in touch with the DHB Project Manager, Julia Carr, her contact details are:

Julia Carr
Senior Portfolio Manager
Capital and Coast District Health Board
Telephone: 04 385-5999

Thanks

Thanks for taking the time to consider this.

Project WATCH Impact Consent Form

We need to get some information from your file. You will not be able to be identified from the information we use from your file. Are you happy for us to look at your file?

Yes No

It would be helpful when we are writing a report if we can include some of the actual words that people say. When we do this we make sure that nobody can be identified. Are you happy for us to use some of your actual words in our final report?

Yes No

Would you like a copy of the interview summary?

Yes No

Would you like a summary of the report findings?

Yes No

Contact details

I agree to take part in an interview for the Project WATCH impact assessment.

Signed _____ Date _____

Print name _____

Project WATCH interview sheet

Details re involvement in Project WATCH (confirm clients know project by this name)

Introduction questions

1. How did you first become involved in the project?
2. When did you become involved? [Note if involvement still current].
3. What were your reasons for agreeing to be part of the project?
4. Did your family get involved? [Probe: how, degree, why, why not]

Core questions

5. What were some of the best things about being involved in Project WATCH?
6. What were some of the not so good things about being involved in Project WATCH?
7. Did you get what you expected? [Probe: more, less]
8. What was it like having to re-appear in Court regularly? Do you think this had any affect on you [Probe positive and negative]? Did you get to appear before the same Judge each time – was that helpful – not so important?
9. Overall, how much do you think Project WATCH helped you? [Probe details of how project has helped/not helped; most helpful /least helpful]
10. Have there been other things in your life that you think might have helped you during this time? [Probe: Also not helped you?]
11. What could the project do better?
12. Now that you know about being involved in the project, do you think it was a good choice to be involved? Would you choose to be involved again?
13. Would you recommend Project WATCH to your friends or other people your age? [Probe: Why or why not?]
14. Thinking back to the time before your involvement with the Project, and thinking about how you are now – has there been any change in the way you see yourself? Your future? Has the project had any influence on this?

15. Is there anything else that you would like to say about the project?
16. Do you have any feedback about this interview process? Any suggestions about how we could improve the interviews?

Supplementary questions

Project WATCH services

17. How did you find the alcohol and drug assessment? [Probe: Useful/ not useful etc]
18. After the assessment, what help did you get with alcohol and drug issues? How helpful was this? Did you stay with it or drop out early? (Reasons for this)
19. Have you had any alcohol and drug assessments/treatment before this? [Probe for when, type, duration]
20. Can you tell us about how using drugs/alcohol was related to your offending?
21. What other support/services were provided for you as part of Project WATCH?
22. How helpful were these? (Ask for each service/support type)

Impact of Project WATCH

23. One of the aims of Project WATCH was to help people reduce the harms that can come out of drinking alcohol and taking drugs. To what extent would you say you were helped you with this?
24. Have you made changes to your alcohol and drug use since being part of the project? (What sort of changes?)
25. How about offending? Has that changed since your involvement in the project? Would you say you are offending more or less since being involved in the project? [Explore type of offending; relationship between offending and AOD use.]
26. How has your life been since you got involved with the project? [*Explore: physical, mental, whanau, other relationships, wairua, living situation, what are you doing with you time? What has changed in your life since involvement?*]
27. Are you still receiving any treatment or help? [*Probe to find out what this is, ie courses, counselling, or help from various agencies etc.*]

Anything else

28. Is there anything that you thought we would ask about today that we haven't asked about?

Project WATCH interview sheet: whanau

Introduction to Project Watch (confirm know project by this name)

1. How did you first learn about the WATCH project?
2. How were you and your family involved? To what extent?

Assessment of Project Watch

3. What do you think were some of the best things about the WATCH project?
4. What were some of the less good things?
5. Overall, did the project deliver what you expected? [Probe: more, less]
6. What do you think could have done better?
7. To what extent do you think the project made a positive difference? [Probe: physical, mental, social, whanau, wairua].
8. Have there been other things in (young person's) life that might have helped during this time? [Probe: were there things in their life that didn't help?]
9. Would you recommend the project to others?

Impact of Project Watch

10. Do you think [young person's] alcohol drinking and/or drug use has changed since being involved with the project? [Probe: what sort of change – reduction, increase, different substances, more or less harmful – reasons why, and probe for any impact the project had]
11. How about any changes to their offending? Has that changed since their involvement? [Probe changes in terms of links with alcohol and drugs; number of offences and severity. Probe for reasons and impact of project.]
12. Overall, how has [young person's] life been since their involvement? [Probe in dimensions outlined above]

Now that you know about being involved in the project, do you think it was a good choice to be involved? Would you choose for your family to be involved again?

Anything else

13. Is there anything that you thought we would ask about today that we haven't asked about?
14. Is there anything else that you would like to say about the project?
15. Do you have any feedback about this interview process? Any suggestions about how we could improve the interviews?

Appendix 2: Example of key stakeholder interview prompt sheet WATCH Stakeholder questions

- 1. Would you describe your involvement in project WATCH?**
- 2. What feedback have you had on project outcomes thus far – positive and negative?**
- 3. From your perspective, what has worked well in the Project?**
- 4. From your perspective, what has worked less well in the Project?**
- 5. To what extent do you think the project has achieved its aims? What factors indicate this (prompt for key indicators/measures and how used in practice)?**
- 6. Who/what do you see as the drivers for Project WATCH? Who provides governance for project?**
- 7. What criteria do you expect to see being used in the Project WATCH evaluation?**
- 8. What do you think is a successful outcome for WATCH, on an individual participant /whanau basis, across the project as a whole?**
- 9. What do you think have been the critical success factors in WATCH?**
- 10. Overall, what, if any changes would you like to see made to the project?**

Appendix 3: Key stakeholders

<i>Contact</i>	<i>Role</i>
1. Julia Carr	Senior Portfolio Manager Primary & Community Care Capital & Coast DHB
2. Wayne Skipage	Intersectoral team manager Capital & Coast DHB
3. Judge John Walker	Executive Judge - Wellington Region
4. Judge Mark Behrens	Judge Wellington District Court
5. Marc May	District Prosecution Manager Wellington - Kapiti - Mana
6. Teroera Puna (Clive)	Wellington Police
7. Mike Bryant	Regional Commissioner Ministry of Social Development
8. Huia Wikaire	Assessor Tenths Trust (at the time of the WATCH project)
9. Roger Brooking	Clinical Manager ADAC
10. Jeanette Katene	Rangataua Mauriora Ki Porirua Takapuwhia Porirua
11. Colleen Parkinson	Service Manager Parole, Release on Conditions, Home Detention Provision of Information. Wellington Community Probation & Psychological Services
12. Robert Sarich	Link worker Wesley Community Action
13. Tom White,	Team Leader, Wesley Community Action

Appendix 4: Details on a case by case basis

Data based on verbal report from link worker or client except for status (based on link worker designation) and time on WATCH (based on C&CDHB records).

<i>Number</i>	<i>Nature of WATCH relationship</i>	<i>Time on WATCH</i>	<i>Issues identified for care plan</i>	<i>AOD</i>	<i>WATCH activities</i>	<i>Outcomes</i>	<i>Status(link worker designation)</i>
1.	Judge referral Court based intervention over one day only.	One day – same day referral and sentence	Accommodation AOD	Screening only– no assessment or treatment	Support for finding housing via Wellington City Council but client found own flat	Fine and discharged without conviction	Archived
2.	Court intercept by link worker.	One day – same day referral and sentence – plus follow up AOD counselling	AOD	Yes	AOD assessment and treatment	Discharged without conviction	Archived
3.	Referred by probation – already sentenced to community service.	Circa six weeks from referral to sentencing	AOD Employment	No – Probation Service said not required	Reviewed employment options	Discharged without conviction Client gained an understanding of outcome of drink driving	Archived
4.	Referred by a social service – no court involvement.	Circa six weeks – ended when evicted from accommodation; a couple of contacts since	AOD Accommodation High user of services with many burnt bridges Possible dual diagnosis (suicide risk)	No – previous assessment but link worker not able to access this	Arranged accommodation Needed safe residential AOD treatment (counselling would not be effective) but could not access – had been in residential service and refused re-entry Managed in partnership with Wesley colleague	No notable change in AOD use or offending although 8 months post-referral still using but not getting into trouble Some increased awareness; less able to “manipulate system” and some insight into real world	Archived

<i>Number</i>	<i>Nature of WATCH relationship</i>	<i>Time on WATCH</i>	<i>Issues identified for care plan</i>	<i>AOD</i>	<i>WATCH activities</i>	<i>Outcomes</i>	<i>Status(link worker designation)</i>
5.	AOD counsellor referral On programme until upcoming sentencing.	Circa 12 weeks through to upcoming sentencing	Had outstanding charge had appeared for prior to coming onto WATCH AOD Anger management Employment	Assessment and counselling	AOD counselling Anger management course <i>Unclear if link worker appeared in court with client at sentencing</i>	Discharge without conviction	Archived
6.	Recommended to link worker by another WATCH client. On programme until received prison sentence.	Circa 15 weeks	AOD	AOD assessment and counselling	AOD counselling	Awaiting residential AOD bed while on remand – unavailable and client chose to go to sentence and prison (to avoid further remand time)	Archived
7.	Referred by social service while on bail. On programme until sentencing.	Circa 10 weeks	Struggling to meet bail conditions AOD Accommodation (transient) Literacy High consumer of all social services	<i>No information</i>	Tried literacy course but did not engage Supported to meet bail conditions Support in court at time of sentencing	Ordered to continue with ongoing community service from other charges and discharged without conviction	Archived
8.	Referred by Judge – On programme during 8 month stand down.	Circa 8 months – initial 2 months intensive	AOD Meeting probation requirements from prior charges Accommodation Issues related to gang affiliation Employment	AOD assessment and counselling	Support to get to AOD counselling Support to meet probation requirements from older charges	Discharged without conviction	Archived

<i>Number</i>	<i>Nature of WATCH relationship</i>	<i>Time on WATCH</i>	<i>Issues identified for care plan</i>	<i>AOD</i>	<i>WATCH activities</i>	<i>Outcomes</i>	<i>Status(link worker designation)</i>
9.	<p>Referred by police; court appearance pending for alcohol related offending.</p> <p>On programme from referral through two court re appearances in relation to these charges. Maintains contact even though the court work is complete.</p>	<p>Circa 10 months: 6 weeks stand down while attended residential dual diagnosis treatment. Ordered to continue with probation requirements. Reappearance at circa 4.5 months</p>	<p>AOD Mental health Employment</p>	<p>AOD assessment and 12-week residential treatment in facility for those with dual diagnosis</p>	<p>Support in court Dual diagnosis residential treatment Explored employment options – current management mental health issues precludes ability to undertake full time work</p> <p>Liaison with mental health services</p>	<p>Discharge without conviction at reappearance at 4.5 months post referral</p> <p>Made big changes but recent relapse with mental health issues</p> <p>Staying out of legal trouble – one incident in past 6-7 months</p>	Active
10.	<p>Self referred in court (there to support a friend) On programme from referral to date; no specific court appearances during time involved with WATCH</p>	<p>Circa 4 months</p>	<p>Meeting probation requirements post release from prison AOD Employment Accommodation</p>	<p>No [Alcohol and drug assessment had already been arranged by Probation Service]</p>	<p>Support at court appearances Meeting probation requirements including transport Assistance in seeking employment – access to newspapers, internet. transport to interviews, etc</p>	<p>In full time work</p> <p>Planning for more appropriate accommodation</p> <p>Has made decision not to drink so much as gets into too much trouble; Out of trouble for over 1 month at time of evaluation</p>	Active
11.	<p>Referred by social service</p>	<p>Unclear – up to 8 months before lost to follow-up including approximately one month upfront intensive work until employed</p>	<p>Employment</p>	<p>AOD assessment set up and counselling done before WATCH involved</p>	<p>Got job but made redundant after three months</p>	<p>Stayed out of trouble for further 4-5 months after job redundancy then reoffended – failed to appear for sentencing – at large</p>	Active

<i>Number</i>	<i>Nature of WATCH relationship</i>	<i>Time on WATCH</i>	<i>Issues identified for care plan</i>	<i>AOD</i>	<i>WATCH activities</i>	<i>Outcomes</i>	<i>Status(link worker designation)</i>
12.	Referred by lawyer. On programme from referral to sentencing (worked with client while on remand).	Circa 9 days	AOD Employment training	No AOD assessment with WATCH; had prior treatment (counselling and residential); not motivated to do further AOD treatment	Developed care plan focus on release from prison and training for employment Support in court: presented care plan at sentencing	Released from remand with community service and fine Started preferred training course	Active
13.	Recommended to link worker by another WATCH client; worked with this client who was on bail until breached bail conditions.	Unclear but minimum 2 months before bail breach	Employment AOD Lacking direction Possibly mental health	AOD assessment and counselling	AOD and psychiatric assessment Direct support of client and involvement with wider group of friends and family Started to work on employment options Accessed music tutoring	Significant changes prior to breach; improved personal and household care, slowed down drinking Prison sentence for bail breach	Active
14.	Court intercept by link worker	Did not contact after initial introduction in Court					Active
15.	GP referral	Did not contact after initial introduction in Court					Active
16.	Referred by Judge	Did not contact after initial introduction in Court					Active
17.	Referred by Judge	Did not contact after initial introduction in Court					Active

<i>Number</i>	<i>Nature of WATCH relationship</i>	<i>Time on WATCH</i>	<i>Issues identified for care plan</i>	<i>AOD</i>	<i>WATCH activities</i>	<i>Outcomes</i>	<i>Status(link worker designation)</i>
18.	Self referred in court. On programme from referral to part way through stand down when client arrested.	10 weeks; initially to be 6-8 week stand-down but arrested during that period and sentenced 10 weeks after referral	AOD Employment training	AOD assessment and counselling; did not engage in AOD counselling and would not go to residential care	Explored various employment, training courses; no options followed through Lot work on harm minimisation, identification of using and what things are like when using	In prison as result of offending during stand down Some improvement in awareness of justice system	Ongoing
19.	Court intercept by link worker. On programme from stand-down to sentence then ongoing contact.	Circa 10.5 weeks to sentence, then ongoing to date (further 10 months approximately)	Employment Lack of direction AOD	No AOD assessment – link worker noted that AOD assessment would have impeded his progress	Gained client entry to intensive life skills course and supported to get there Supported court Assisted to strengthen links with family	Completed intensive life skills course Regained his family's belief in him In full time employment and promoted to supervisor role shortly after employed Huge personal shifts with respect to motivation and future Choice not to use cannabis and cut down on drinking Discharged without conviction	Ongoing

<i>Number</i>	<i>Nature of WATCH relationship</i>	<i>Time on WATCH</i>	<i>Issues identified for care plan</i>	<i>AOD</i>	<i>WATCH activities</i>	<i>Outcomes</i>	<i>Status(link worker designation)</i>
20.	Referral by lawyer.	Circa 3 months from referral to prison sentence for new offence	Accommodation – transient needed bail address AOD – solvent abuse and clear dependence on glue Mental health issues Very restricted contact with family	No – assessment had been done but link worker could not access – unwilling	Assisted to sort out bail address Attempted to engage in relation to AOD issues and refer to residential treatment for dual diagnosis; client unwilling	Client reappeared on same offence associated with getting solvents - chose to go to prison rather than have lawyer oppose charge – saw this as a detoxification option	Ongoing
21.	Self referred to Wesley: On programme from then through court appearance 1 week later and through 30 day stand down until sentencing.	Circa 5 weeks to sentence then ongoing contact to date (further 13 months)	AOD Accommodation (transient) Employment Relationship issues with pregnant partner; Fallen out with parental family No direction -	AOD assessment and 8 1-1 counselling sessions	Worked on all listed issues; lots of intensive input.	Most issues resolved at time of evaluation: have accommodation, had been employed but seeking new role, reunited with partner and children, further child due Discharge without conviction	Ongoing
22.	Court intercept by link worker.	Circa one week plus follow up AOD counselling; still ongoing on programme due bail conditions though no contact in meantime	AOD	AOD assessment and counselling	AOD counselling	Some apparent benefit from AOD counselling Bailed; no date for reappearance. Ordered to reappear on current charge if re-offend in any way	Ongoing

<i>Number</i>	<i>Nature of WATCH relationship</i>	<i>Time on WATCH</i>	<i>Issues identified for care plan</i>	<i>AOD</i>	<i>WATCH activities</i>	<i>Outcomes</i>	<i>Status(link worker designation)</i>
23.	Referral by lawyer. On programme from referral until client walked out of youth remand centre. All work completed in prison cells.	Two weeks to care plan (delayed as in prison) and then unknown period until lost to follow-up	Transient Motivation issues Needed bail accommodation Solvent abuse	<i>No information</i>	Bailed to stay in supported accommodation Then shifted to youth remand centre Had planned to get therapeutic farm stay before client went missing	Remanded to youth centre – walked out and lost to follow-up	Ongoing
24.	Referral by lawyer while on bail. On programme from referral to sentencing. Some later work after release from prison.	Circa 2 months to sentencing – re-involved after release from prison and maintains contact (8 months to time of evaluation)	Support – no family contact AOD Accommodation	AOD assessment and counselling	Completed required AOD paper work for court Helped find job options, get to interviews, reminded re interviews; Helped with finding direction - someone to talk to; helped with gang-related issues; Helped with finding accommodation although client found own	Received prison sentence for charges. Link worker contacted again after prison; Slowed down on drinking since prison release	Ongoing
25.	Referral by lawyer. On programme from referral to sentencing.	Circa 9 weeks	AOD Education was attending a education course run by Laurie O'Reilly, used by Black Power	AOD assessment and counselling	Fulfilled requirement to attend restorative justice meeting with victim	Discharge without conviction Keeping out of trouble	Ongoing