

NSW Court Referral of Eligible Defendants into Treatment (CREDIT) pilot program: An evaluation

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Aims: To describe CREDIT's key operating characteristics and satisfaction of participants and key stakeholders.

Methods: Descriptive analyses were conducted on data held in the CREDIT database, and interviews were conducted with 122 program participants and 54 stakeholders.

Results: Over the two-year pilot period, CREDIT received 719 referrals, conducted 637 assessments and had 451 participants. Most defendants referred for treatment had their referral accepted. Almost all participants interviewed were 'satisfied' or 'very satisfied' with both the support they received from CREDIT staff and with their own progress on the program; 95.9% reported that their life had changed for the better by being on the program. Stakeholders' opinions of the pilot program were positive. Their recommendations included an extension of the program, an enhancement of relevant services, programs and transport options in the catchment areas and clarification of the relationship between CREDIT and other court-based programs.

Conclusion: The CREDIT program is strongly supported by stakeholders and participants.

Keywords: court-based intervention, re-offending, treatment, community courts

INTRODUCTION

Court Referral of Eligible Defendants into Treatment (CREDIT) is a court-based intervention program involving either voluntary or court-ordered participation by NSW adult defendants. The program was designed to contribute to the NSW Government's target of reducing 'the proportion of offenders who re-offend within 24 months of being convicted by a court ... by 10 per cent by 2016' (NSW Government, 2006, p. 29).¹ The two-year pilot program was given in-principle approval by Cabinet on 25 February 2008 and officially began operation on 24 August 2009 in two local courts in NSW – one metropolitan court (Burwood) and one non-metropolitan court (Tamworth).

In order to achieve the overall aim of reducing re-offending, CREDIT aims to encourage and assist defendants appearing at local courts to 'engage in education, treatment or rehabilitation programs and ... assist them to receive social welfare support' (NSW Crime Prevention Division, 2008, unpublished, p. 5).

This bulletin is the first of two reports evaluating the CREDIT pilot program. It describes key operating characteristics of the program (e.g. the number of CREDIT assessments and referrals) and the results of surveys designed to measure the degree of satisfaction felt by participants and key stakeholders with the CREDIT program. The second bulletin will report on the effectiveness of CREDIT in reducing the risk of re-offending.

BACKGROUND

A number of local, national and international influences converged to provide the impetus for the conceptual development of the CREDIT pilot program in NSW. A key influence was the emergence of 'problem-solving courts' in a number of countries, including Australia. Examples of such courts include drug courts and mental health courts. Problem-solving courts:

[focus] on defendants ... whose underlying medical and social problems (e.g. homelessness, mental illness, substance abuse) have contributed to recurring contacts with the justice system. The approach seeks to reduce recidivism and improve outcomes for individuals, families, and communities using methods that involve ongoing judicial leadership; the integration of treatment and/or social services with judicial case processing; close monitoring of and immediate response to behavior; multidisciplinary involvement; and collaboration with community-based and government organizations (Casey, Rottman, & Bromage, 2007, p. 4).

These courts are influenced by the principles of 'therapeutic jurisprudence', that is:

the study of the role of the law as a therapeutic agent ... [focusing] on the law's impact on emotional life and on psychological well-being (Wexler & Winnick, 1996, p. xvii).

The design of CREDIT was partially influenced by two programs which were established in Victoria during the last decade –

the Neighbourhood Justice Centre and the Court Intervention Services Program (CISP). Both of these multi-million dollar programs are based on the principles of problem-solving justice models. Like CREDIT, both Victorian programs were designed to reduce re-offending rates by intervening early to provide targeted support to defendants with multiple and complex needs, and address any underlying factors which may be contributing to their offending and re-offending. Both Victorian programs have multi-disciplinary teams who provide defendants with assessment, treatment and referral to services, such as drug treatment, alcohol treatment, mental health counselling and housing support.

Evaluations of problem-solving justice models conclude that these models and their associated programs have a number of positive outcomes. These include reduced re-offending (e.g. Aos, Miller, & Drake, 2006; Barnoski & Aos, 2003; Lind et al., 2002; Makkai & Veraar, 2003; Ross, 2009; Weatherburn, Jones, Snowball, & Hua, 2008), improved health and well-being outcomes (e.g. Freeman, 2002; O'Keefe, 2006; Ross, 2009) and improved inter-sectoral collaboration between criminal justice agencies (such as courts, corrections and law enforcement) and social service providers (e.g. Taplin, 2002; Victorian Auditor-General's Office, 2011).

THE NEED FOR INTERVENTION

The principles of problem-solving justice models and their positive evaluations coincided with local research findings which suggested that, in NSW, defendants appearing in local courts experience high levels of social and psychological disadvantage. This disadvantage is compounded by defendants' perceived barriers hindering their access to social services. Relatively recent research (Jones & Crawford, 2007) found high self-reported rates of unemployment, housing instability, financial stress, substance abuse, mental and physical health illnesses and problematic gambling behaviour among defendants. More specifically, in their interview study with 189 defendants at two local courts, Jones and Crawford (2007) found that:

- 63 per cent reported that they received social welfare benefits (e.g. unemployment payments, disability or sickness benefits, sole parent or carer's benefits);
- 24 per cent reported that their income was not enough to cover their basic needs;
- 30 per cent had not continued any education or training beyond Year 10;
- 21 per cent reported having 'difficulties reading or writing';
- 42 per cent reported moving their home address one or more times in the previous 12 months;
- 3 per cent reported being homeless or living in a boarding house or supported accommodation for most of the previous 12 months;
- 23 per cent rated their health as 'fair' and 3 per cent as 'poor';
- 56 per cent reported suffering from one or more physical health problems, particularly asthma, hepatitis infection and

low iron levels (among women);

- 54 per cent showed signs of disordered or harmful alcohol use;
- 70 per cent met the criteria for one or more measures of disordered/dependent substance use;
- 55 per cent reported suffering from one or more psychiatric disorders, particularly depression and anxiety-related disorders; and
- 15 per cent reported that they had a problem with their gambling in the previous 12 months.

Defendants identified a number of barriers to accessing relevant programs and services, including not knowing which programs were available, lack of access to transport, disability, literacy or learning difficulties, instability due to substance abuse or life style, lack of personal motivation and lack of time or money. Although these results are based on self-reported information and the sample may not be representative of all court defendants, the authors concluded that the findings suggest that comprehensive rehabilitation programs dealing with offenders' multiple psychosocial needs may be appropriate court-based crime prevention interventions (Jones & Crawford, 2007, p. 1, abstract).

REDUCING RE-OFFENDING IN NSW

The need to deal more effectively with the underlying causes of offending is underscored by the high rate of recidivism among offenders who reach court. The majority of those who are convicted in NSW criminal courts are eventually reconvicted of a further offence – 57 per cent of adult offenders and 79 per cent of juvenile offenders who had a conviction in NSW in 1994 were reconvicted within the next 15 years. For adults, reconviction was highest for those convicted of break and enter (81% reconvicted), robbery (75% reconvicted), property damage (67% reconvicted) and disorderly conduct (67% reconvicted). Most of the reconvictions occurred within a few years of the 1994 conviction, with 37 per cent of adult offenders and 62 per cent of juvenile offenders being reconvicted within three years. Furthermore, offenders who were reconvicted tended to be reconvicted for the same types of offences. For adults, this pattern was highest for those convicted of traffic and vehicle regulatory offences (39% reconvicted), assault (37% reconvicted), theft and related offences (33% reconvicted), and break and enter (30% reconvicted) (Holmes, 2011).²

Therefore, strategies to effectively reduce re-offending are a priority for governments and policy makers and there is a considerable body of international evidence showing that rates of re-offending can be reduced. Hollin and Palmer (2006, pp. 4-5) note that:

The conclusions from ... meta-analyses suggest that effective offender interventions are cognitive-behavioural in nature, take the form of structured programmes with specific aims and objectives, focus on offenders with a high-risk of re-offending, have high levels of treatment integrity, are delivered by highly trained staff, have high levels of organisational support, and have in-built monitoring and evaluation procedures.

A number of principles have been identified as underpinning interventions to effectively reduce re-offending (e.g. Andrews, 2001; Andrews & Dowden, 2005):

- basing strategies for intervention on human service, rather than on principles of retribution, restorative justice, or deterrence – the ‘human service principle’;
- intervening in the community in natural settings where the problematic behaviour occurs, such as the family;
- assessing the offenders’ level of risk of re-offending and using this as the basis for allocating services – the ‘risk principle’;
- assessing offenders’ dynamic criminogenic needs and using these as targets for interventions – the ‘need principle’. Thus, higher-risk offenders should receive more intensive and extensive services, and lower-risk offenders should receive minimal or no intervention;
- making interventions multi-modal in nature and targeting a range of criminogenic needs to reflect the fact that offending is associated with multiple risk factors;
- matching services to offenders’ learning styles, motivations and abilities – the ‘responsivity principle’; and
- adapting interventions to take account of offenders’ strengths, limitations and diversity (e.g. age, gender, ethnicity/race).

Treatment programs incorporating these principles have effectively reduced re-offending in a number of sub-groups of offenders, including female offenders (Dowden & Andrews, 1999; Gehring, Van Voorhis, & Bell, n.d.), young offenders (Lipsey, Chapman, & Landenberger, 2001; Lipsey, Wilson, & Cothorn, 2000), adult male offenders and higher-risk offenders (Bonta, Wallace-Capretta, & Rooney, 2000); and in different settings, such as community and institutional settings (Andrews et al., 1990; Friendship, Blud, Erikson, Travers, & Thornton, 2003). Evidence suggests that the most effective interventions for reducing offender recidivism target ‘dynamic risk factors’ (i.e. those factors that are malleable and therefore amenable to change) and incorporate cognitive-behavioural techniques (e.g. Dowden & Andrews, 1999, 2000; Friendship, Blud, Erikson, & Travers, 2002; Friendship, Blud, Erikson, Travers, & Thornton, 2003; Landenberger & Lipsey, 2005; Lipsey et al., 2001; Lipsey & Landenberger, 2006; Pearson, Lipton, Cleland, & Yee, 2002; Wilson, Bouffard, & Mackenzie, 2005). ‘Dynamic’ risk factors include substance misuse, mental health, education, employment and pro-criminal associations. Other risk factors (such as the offender’s age, gender, race and criminal history) may also contribute towards offending, but they are static and cannot be changed.

Cognitive-behavioural techniques attempt to change behaviour by changing the dysfunctional ways in which an individual thinks and by helping the individual to learn new, adaptive cognitive skills. These techniques include positive reinforcement, modelling, role playing and social skills training. In their comprehensive statistical review of all program evaluations conducted over a period of 40 years in the USA and other English-speaking countries, Aos,

Miller and Drake (2006) found that well-researched cognitive-behavioural treatment programs for adult offenders can reduce recidivism by, on average, 8.2 per cent.

Aos et al. (2006) also found crime reduction benefits with other types of interventions for adult offenders when compared to treatment-as-usual groups. For example, drug courts achieve, on average, a statistically significant 10.7 per cent reduction in the recidivism rates of program participants. Treatment-oriented intensive supervision programs achieve, on average, a statistically significant 21.9 per cent reduction in recidivism rates. Community-based employment training, job search and job assistance programs achieve, on average, a statistically significant 4.8 per cent reduction in recidivism rates. Programs that teach remedial educational skills when offenders are in prison achieve, on average, a statistically significant 5.1 per cent reduction. On the other hand, Aos et al. found that some interventions fail to produce reductions in recidivism. These include intensive community supervision programs where the focus is on offender monitoring and surveillance, adult boot camps, electronic monitoring of offenders in the community and restorative justice programs for lower-risk adult offenders. Similar results were found in a more recent meta-analysis (Drake, Aos, & Miller, 2009).

Some of these research findings provided the incentive for the development of the CREDIT program in NSW. To achieve its objective of reducing re-offending, the CREDIT program involves the simultaneous targeting and case management of a range of identified ‘dynamic risk factors’, such as substance abuse, other addictive behaviours, mental health, disabilities, education, employment and unstable housing. The program provides short-term assistance to defendants before sentencing, matching the level of targeted intervention to the defendants’ needs and their level of re-offending risk. In addition to reducing crime, if effective, CREDIT has the potential to achieve similar benefits to other problem-solving justice models. CREDIT could improve the health and well-being of both participants and their families, protect victims and the general community from crime, increase public confidence in the criminal justice system, reduce court administration costs and reduce imprisonment and associated costs.

THE CREDIT PILOT PROGRAM

The key objectives of the CREDIT pilot program are:

1. to reduce re-offending by encouraging and assisting defendants appearing at local courts to engage in education, treatment or rehabilitation programs and by assisting them to receive social welfare support; and
2. to contribute to the quality of decision-making in the local court by helping ensure that information on defendants’ needs and rehabilitation efforts are put before the court.

The pilot program operates at two local courts in NSW – one metropolitan court (Burwood) and one non-metropolitan court (Tamworth). Defendants can participate in the program

irrespective of their risk of re-offending. However, they must meet a number of criteria in order to be eligible for the program:

- the defendant must be an adult, aged 18 years or more;
- the defendant must have an identifiable problem related to his/her offending behaviour, for example, substance abuse, other addictions, mental health problems, unstable housing, poor employment history/prospects;
- the defendant must be motivated to address the problems related to his/her offending behaviour; and
- the defendant must reside within areas where he/she is able to participate in treatment and other services.

The defendant is *ineligible* if he/she is subject to management by Department of Corrective Services or is on remand. The defendant is also ineligible if convicted of a sex offence in the previous five years or if the current charge is a sex offence.

Figure 1 broadly illustrates how the CREDIT program operates. As Figure 1 shows, a defendant can be referred to the CREDIT program either before or after entering a plea. Pre-plea referrals can be made by magistrates, solicitors, police officers and staff of other court-based programs (such as Forum Sentencing, Magistrates Early Referral into Treatment or MERIT, and Mental Health Court Liaison Service).³ A defendant may also self-refer. However, once a plea has been entered, only a magistrate can refer a defendant to CREDIT.

The assessment process has two stages: an initial eligibility assessment and then a more comprehensive needs assessment to determine the defendant's suitability for the program and to identify goals for the intervention plan. At the initial eligibility assessment, the CREDIT staff member gives the defendant an overview of the program, determines whether the defendant meets the eligibility criteria and explains what is expected of him/her. This meeting, which takes approximately 30 minutes, also provides the CREDIT staff with an opportunity to determine whether the defendant is interested in participating in the program. An appointment is made for a detailed assessment to be conducted within a week of the initial meeting and the defendant's court date is listed at least two weeks into the future to allow time for this assessment to occur.

Prior to undertaking the more detailed assessment, the NSW Police Force is asked to provide the defendant's GRAM score. This assists in determining the level of case management which the defendant requires while participating in CREDIT.

The more detailed assessment is conducted face-to-face by a CREDIT staff member using a semi-structured tool which was developed specifically for the program. The CREDIT assessment tool was informed by existing assessment tools in a number of different fields, including criminal justice, housing, disability, mental health, substance addiction and gambling addiction. It was developed in consultation with a range of stakeholders, field tested by CREDIT staff and then modified. The tool is intended as a guide to promote discussion between CREDIT staff and the

GRAM (Group Risk Assessment Model) scores are indicative of a defendant's risk of being convicted for an offence committed within two years of the finalisation of their current court matter. A specific model was developed for the CREDIT program utilising variables available to NSW Police Force. A similar model using court data is presented in Smith and Jones (2008a, 2008b). The GRAM score is calculated on the basis of a defendant's age at the time of the current court appearance, gender, Indigenous status and the number of charges (proven or unproven) in the five years prior to the current court appearance. For example, a GRAM score of 10 indicates that a defendant's predicted risk of re-offending is in the highest 10 per cent of all convicted offenders in 2005 and his/her predicted probability of re-offending within two years is between 57.6 and 100.0 per cent. Conversely, a GRAM score of 1 indicates that a defendant's predicted risk of re-offending is in the lowest 10 per cent of all convicted offenders in 2005 and his/her predicted probability of re-offending within two years is between 0.0 and 6.5 per cent.

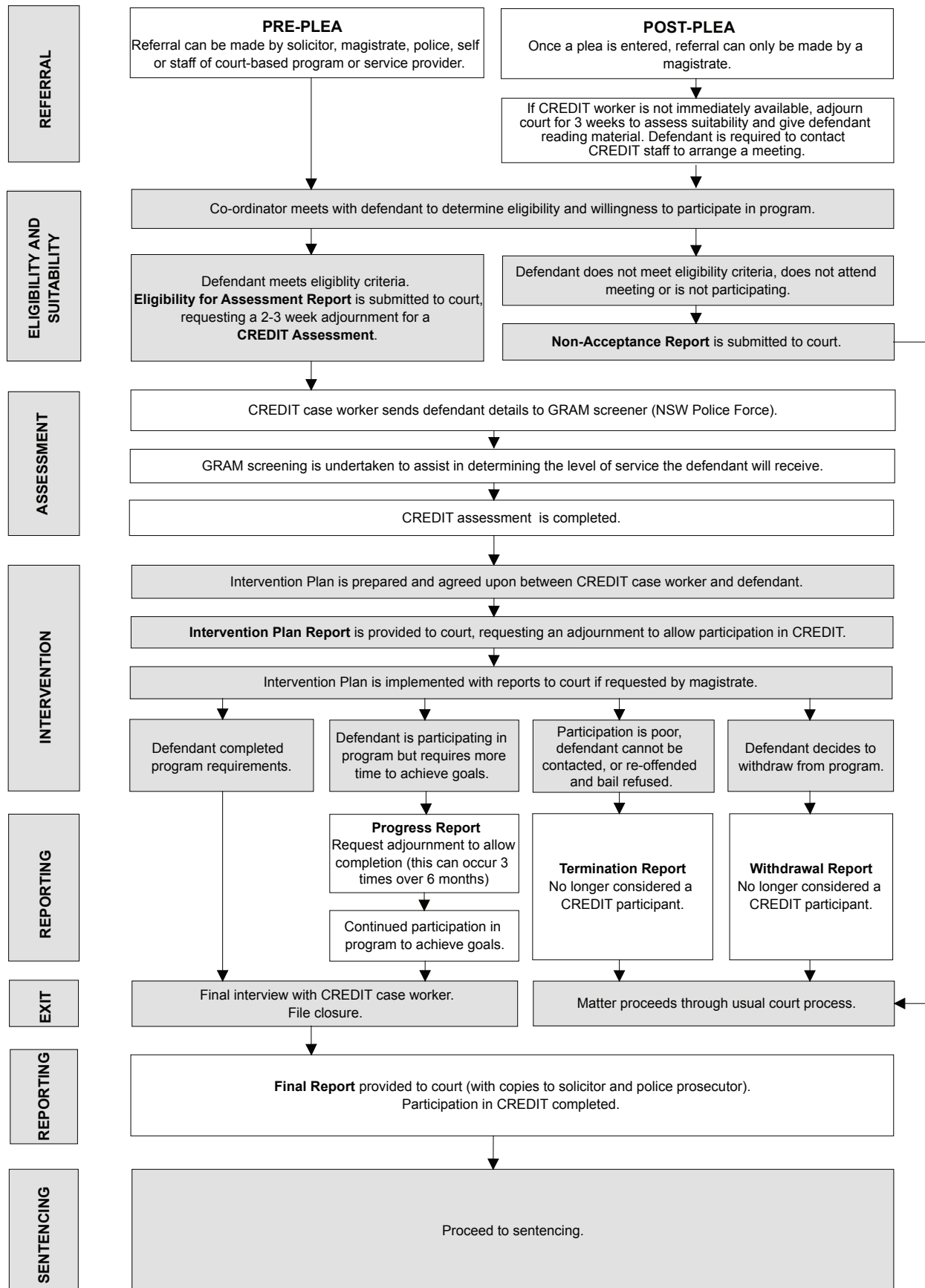
defendant. The defendant's assessment typically takes between 45 minutes and an hour and it generally occurs prior to the defendant's first appearance before a magistrate and therefore before a plea is entered. However, although CREDIT was designed as a pre-plea model, in some cases, the magistrate refers the defendant to the program *after* he/she has already entered a plea.

The detailed assessment is designed to identify the key factors which may be contributing to the offending behaviour and which will be addressed in an individualised intervention plan. These factors could include:

- the nature and extent of the defendant's offending-related problems (e.g. mental health, disability, unemployment, literacy, readiness to work, housing stress, gambling or other addictive behaviours);
- the degree to which the identified problems can be treated or changed;
- the attempts which have been made to deal with these problems; and
- the capacity and willingness of the defendant to participate in intervention services.

The assessment tool covers a number of areas, including the defendant's current contact with existing services (e.g. Centrelink; Housing NSW; Ageing, Disability and Home Care), the defendant's current living arrangements (e.g. sleeping arrangements, financial situation), disability issues, physical health condition and prescribed medications, mental health condition and management, previous and current addictions (alcohol, substance/drug use, gambling) and their treatment, significant relationships, current employment, educational history and social activities. The case worker and defendant together identify the priority issues which could be addressed in the defendant's intervention plan.

Figure 1. An overview of the operation of the CREDIT program [adapted from NSW Department of Attorney General and Justice, 2011, p.7]



At the end of this assessment, the defendant enters into a written agreement related to the CREDIT program. Approximately three weeks later and, generally at the defendant's first appearance before a magistrate, the defendant enters a plea; he/she can advise the magistrate of his/her involvement in CREDIT and present a report of the intervention plan to the magistrate. The magistrate adjourns the matter to allow the defendant time to complete his/her intervention plan. This plan lasts between two and six months.

The CREDIT case worker then refers the defendant to existing and appropriate specialist service provider(s) or other court-based programs which can undertake more in-depth assessments. To be effective, CREDIT depends on ongoing collaboration between justice agencies, service providers and treatment agencies. During the initial program implementation phase, working relationships were established between CREDIT staff and relevant service providers (e.g. mental health services, disability services, accommodation services). In the Tamworth area, the service system is well-established, structured and closely knit, with regular meetings between provider networks. CREDIT staff were, therefore, able to utilise these networks. However, since the service system is based mainly in the Tamworth town centre, defendants living in the surrounding towns must travel long distances to access appropriate services. In the Burwood pilot site, challenges arose because defendants who appear in Burwood Local Court do not necessarily reside in the Burwood area. Since CREDIT staff attempt to refer defendants to services close to where they reside, staff must establish links with a much larger number of service providers over a broader geographical area.

Defendants receive ongoing support and supervision from CREDIT staff while they are on the program. Depending on their underlying needs and their assessed risk of re-offending, CREDIT staff assign defendants to one of three levels of case management service. These levels determine the intensity, frequency and type of interaction between the defendant and the CREDIT staff, the length of their participation in the program and the maximum amount of brokerage funds available to them.⁴ Case management service level 1 applies to defendants with a GRAM group score of 6 or less, who are considered at low risk of re-offending and who require basic case management and support which is provided for up to two months. Case management service level 2 applies to defendants with a GRAM group score of 7 to 8, who are considered at medium risk of re-offending and who require complex case management and support which is provided for up to four months. Case management service level 3 applies to defendants with a GRAM group score of 9 to 10, who are considered at high risk of re-offending and who require intensive case management and support which is provided for up to six months. Various factors could result in an increase or decrease in a defendant's frequency of contact or length of participation in the program. For example, frequency of contact or support could decrease if the defendant is employed; conversely, contact or support could increase if the defendant is homeless or is currently mentally unwell.

While defendants are on the program, CREDIT staff may submit progress reports to court requesting adjournments. In addition to stating the progress achieved, these reports may include information such as difficulties defendants may be experiencing in accessing services due to lengthy waiting lists or a lack of suitable services.

On completion of the intervention plan and in preparation for the defendant's sentencing, the case worker prepares a final compliance and progress report for submission to court. The representing solicitor and police prosecutor also receive a copy of this report. Information for this report is drawn from the defendant's case file and interviews with the defendant. The case worker may also interview the relevant service providers and members of the defendant's family. The case worker's final report provides information on:

- the defendant's background and current circumstances (e.g. the defendant's age, current accommodation, marital status, family background, income, debts, education, employment history, current and past problems with drug and alcohol use, disabilities, support received for these disabilities);
- the agreed-upon goals on entry into the program;
- the implementation and outcome of the intervention plan (including the referrals made, for what purpose, the length and outcome of each referral, the progress achieved, any significant change that the defendant has undergone as a result of his/her involvement in the service/program, and the observed impact on the defendant's life);
- the post-CREDIT plan (i.e. the defendant's future long-term goals following his/her exit from the program, continuing engagement with service providers, if relevant); and
- a summary of the defendant's participation in CREDIT. This includes the case worker's appraisal of the defendant's performance on the program as well as information on whether he/she attended all the scheduled appointments with CREDIT staff and the services to which he/she was referred, reasons for missed appointments, participation in the services to which he/she was referred, whether the defendant acknowledged that his/her behaviour required changing, and any measures taken to assist the defendant not to re-offend (e.g. altered living arrangements, family support).

The defendant's participation in the CREDIT program formally ends when the magistrate sentences him/her. However, depending on both the person's needs and on the capacity of the service providers, he/she may continue to receive services/treatment after his/her legal case has been completed. Case workers also submit final reports to the court if the length of time for which support can be provided has been reached but the intervention plan has not been completed. In these cases, the defendant has been actively addressing the agreed-upon goals, but has not completed them.

As Figure 1 shows, a defendant can be terminated from the program if he/she fails to complete aspects of his/her intervention plan or re-offends while on the CREDIT program and this results

in bail being refused. In these cases, CREDIT staff submit a 'termination' report to court. A defendant may also choose to withdraw from the program. In this case, a 'withdrawal' report is prepared for submission to court. In each of these cases, the matter proceeds through court in the usual way and the defendant is sentenced. However, there are no sanctions for either withdrawing or being terminated from the program.

CHANGES IN THE CREDIT PROGRAM

A number of operational changes have occurred in the CREDIT pilot program since it officially began in August 2009. The first change was a widening of the use of brokerage funds. Brokerage funds are available only for one-off payments, not for ongoing assistance. These funds are available only when all other avenues for meeting the expense (including payment by the participant) have been canvassed and dismissed as neither appropriate nor available. In the initial stages of program implementation, brokerage funds were made available for a defendant's immediate needs, such as accommodation or transport to attend appointments with service providers. However, it became apparent that defendants required funds for other purposes, including material needs (e.g. groceries, phone credit to allow case workers to maintain contact with defendants, petrol vouchers to travel to services in rural areas); to obtain specialist counselling services; to pay admission fees for some services (e.g. residential rehabilitation and detoxification programs, Traffic Offender Programs); to obtain neuro-psychological assessments for disabilities, such as acquired brain injuries or to obtain a diagnosis of cognitive impairment (services cannot be accessed without a current diagnosis).

The second change to the original program was the creation of an additional category of case management service response, known as 'immediate response'. This response targeted defendants who were referred to the CREDIT program because they had immediate needs or were in a crisis situation but who turned out to be ineligible for the program. The 'immediate response' category resulted in these defendants being given assistance by CREDIT staff for up to one week. During this time, staff attempt to link the defendants to appropriate services, such as crisis accommodation. Brokerage funds are not available to defendants in this situation.

The third change was an expansion of the program to a small court on the Tamworth court circuit. In August 2010, 12 months after the program began, and in response to a request from the sitting magistrate, defendants appearing at Quirindi Local Court had the opportunity of being referred to CREDIT.

The fourth change clarified and broadened the program's exclusion criterion dealing with defendants currently on a Department of Corrective Services (DCS) supervision order. The change came into effect in November 2009. It was in response to the identification of a service gap for two groups of defendants: those who were completing a Community Service Order (and who were therefore not entitled to receive case management support from Probation and Parole), and those who were

still under a supervision order but who had completed all the requirements of their intervention plan with Probation and Parole. Both groups became eligible for the CREDIT program. This change was discussed with, and agreed to by, DCS.

A number of procedural and administrative changes were also made to the program. The program database was enhanced in order to capture additional information, particularly about the defendants' referral to different service types. Service level agreements were developed between the CREDIT program and the service providers to which defendants are referred.

CURRENT STUDY

The current study had five aims:

1. To describe the number of referrals to CREDIT and the number of CREDIT assessments conducted.
2. To describe the number of CREDIT referrals to service providers accepted for treatment/support.
3. To describe the types of treatment/support to which participants were referred.
4. To determine the degree of satisfaction of CREDIT participants with the program.
5. To determine the degree of satisfaction of key stakeholders with the implementation of the program and their recommendations, if any, for modifications.

METHOD

Data for the first three aims were drawn from the CREDIT database which is maintained by program staff. These data cover the two-year period of the pilot program's operation (24 August 2009 – 23 August 2011). Data on participant and stakeholder satisfaction were obtained through surveys of CREDIT participants and key stakeholders.

SURVEY OF CREDIT PARTICIPANTS

CREDIT participants were invited to participate in a telephone interview⁵ at the end of their final meeting with their case worker at the courthouse. This meeting generally occurs approximately a fortnight prior to their sentence hearing which represents the formal ending of their involvement with the program. Telephone interviews were held between May 2010 and August 2011. All CREDIT participants who had a final meeting with program staff during this period were invited to participate in the survey.

Interview schedule

A short, structured interview schedule was developed, consisting of both closed and open-ended questions. Interview questions addressed the following areas: CREDIT referral source; the defendant's plea; whether the defendant was legally represented, and type of legal representation; the defendant's main expectations of the CREDIT program on entry to the program; whether the defendant was referred by CREDIT staff to the following treatment programs or services: alcohol treatment, drug treatment, mental health service, housing or

accommodation service, employment program, counselling service, other services or programs (and which ones). These services or programs were selected because an analysis of the data entered into the CREDIT database showed that defendants were most commonly referred to them. For each service or program to which the defendant was referred, he/she was asked two follow-up questions: the stage he/she had reached in the program (completed the service/program, still receiving the service/program, on waiting list, did not get into the service/program), and whether or not the defendant was satisfied with the service/program (if not satisfied, why not). The defendant was asked to rate his/her satisfaction with: the support received from the CREDIT case worker and the progress he/she made on the program; both of these were measured on separate five-point Likert scales ranging from 'very dissatisfied' to 'very satisfied'. Two separate open-ended questions dealt with the best and worst parts of being on the CREDIT program. The defendant was asked whether he/she would recommend the program to someone in a similar situation and, if not, why not; whether he/she had committed any crimes while on the program and how many crimes he/she committed; whether anything in the defendant's life changed by being on the program and, if so, what changed (open-ended question). Several questions dealt with socio-demographic characteristics (gender, age, Aboriginality, country of birth, mother's country of birth, father's country of birth, highest level of education, current employment status and disability type, if any). The interview took approximately ten minutes to administer.

Interview procedure

The CREDIT co-ordinators and case workers in each pilot site acted as the intermediaries by explaining the survey to each participant. If the participant spoke a language other than English or was hearing impaired, CREDIT program staff arranged for the services of a qualified interpreter. They then advised Bureau staff of the time and date of each final interview, arranged for the phone interview to be conducted in a private room, generally within the courthouse; and gave the participant a copy of the questionnaire so he/she could follow the sequence of the questions during the interview and select the relevant answers from those provided for the closed questions.

The interviews were conducted by a Bureau staff member. At the beginning of the interview, each participant was informed that the Bureau had been commissioned to find out how well the CREDIT program is working and what participants think of it. Participants were asked to answer the questions honestly and fully; they were informed that their responses would be kept confidential and that only the researchers would know their responses. At the end of the interview, the relevant case worker, as the Bureau's intermediary, gave the participant a \$25 supermarket gift voucher as reimbursement. Throughout the data collection period, Bureau staff maintained regular contact with the case workers.

A total of 122 program participants were interviewed by phone between May 2010 and August 2011. An additional 13 defendants had been invited to participate in the survey. Of

these, only two defendants stated that they were not interested in being interviewed. The reasons why the remaining 11 defendants were not interviewed were: too distressed ($n = 2$), failed to attend the appointment ($n = 2$), could not be contacted ($n = 2$), interviewer was on leave at the time of the case worker's meeting with the defendant ($n = 5$). Therefore, the response rate was 90.4 per cent.

SURVEY OF KEY STAKEHOLDERS

Key stakeholders were interviewed to determine their degree of satisfaction with the implementation of the pilot program and their recommendations, if any, for modifications. Semi-structured interviews were conducted with CREDIT program staff, magistrates, registrars, solicitors, police prosecutors, probation and parole officers, staff of relevant court-based programs (Magistrates Early Referral into Treatment or MERIT and Mental Health Court Liaison Service) and various service and treatment providers. Interviews were conducted between November and December 2010.

The questions in the stakeholder survey reflected the differing roles of the stakeholders in the operation of the program. Court-related staff and program staff were asked their perceptions of the effectiveness of the program in achieving its objective of contributing to the quality of the court's decision-making; the program's eligibility criteria; and the impact of the defendants' performance on the program on the magistrates' sentencing decisions. Service providers were asked their perceptions of the appropriateness of the referrals received from CREDIT, the adequacy of the information provided by CREDIT staff, their working relationship with CREDIT staff and the types of difficulties experienced with CREDIT clients. All stakeholders interviewed were asked their perceptions of the positive and negative features of the program and the advice they would give to the Department of Attorney-General and Justice and, more broadly, to the State Government about the pilot program. They were then given the opportunity to raise any other issues regarding the program.

RESULTS

REFERRALS, ASSESSMENTS, TREATMENT

This section reports the number of referrals to the CREDIT program, the number of assessments conducted, the number of CREDIT referrals to service providers accepted for treatment/support and the types of treatment/support to which defendants were referred for the two-year period of the program's operation (24 August 2009 – 23 August 2011).

Referrals to CREDIT, assessments

Table 1 shows, for each of the two pilot sites, the number of referrals to the CREDIT program and the number of assessments conducted by CREDIT staff. The characteristics of the CREDIT program participants are also described. As Table 1 shows, a total of 719 referrals were made to the CREDIT

Table 1: Characteristics of CREDIT program participants by pilot site (24 August 2009 – 23 August 2011)

| | | Burwood | | Tamworth | | TOTAL | |
|--|--|---------|------------|----------|------------|-------|-------------------|
| | | N | % of total | N | % of total | N | % of total |
| Referrals to CREDIT | | 295 | 41.0 | 424 | 59.0 | 719 | 100.0 |
| Assessments conducted | | 283 | 44.4 | 354 | 55.6 | 637 | 100.0 |
| Number of times defendant entered program | 1 | 171 | 93.4 | 249 | 92.9 | 420 | 93.1 |
| | 2 | 11 | 6.0 | 19 | 7.1 | 30 | 6.7 |
| | 3 | 1 | 0.5 | - | - | 1 | 0.2 |
| CREDIT participants (person-based) | | 183 | 40.6 | 268 | 59.4 | 451 | 100.0 |
| Gender ^a | Female | 53 | 29.0 | 70 | 26.1 | 123 | 27.3 |
| | Male | 130 | 71.0 | 198 | 73.9 | 328 | 72.7 |
| Born in Australia | | 122 | 66.7 | 265 | 98.9 | 387 | 85.8 |
| Indigenous | | 19 | 10.4 | 121 | 45.2 | 140 | 31.0 |
| Age at time of assessment (years) Mean = 32.4 SD = 10.7 Range = 18 – 70 | 18 - 24 | 51 | 28.0 | 84 | 31.7 | 135 | 30.2 ^b |
| | 25 - 34 | 56 | 30.8 | 73 | 27.6 | 129 | 28.9 |
| | 35 - 44 | 43 | 23.6 | 83 | 31.3 | 126 | 28.2 |
| | 45 - 54 | 21 | 11.5 | 22 | 8.3 | 43 | 9.6 |
| | 55+ | 11 | 6.0 | 3 | 1.1 | 14 | 3.1 |
| GRAM score | ≤ 6 (low risk of re-offending) | 51 | 26.0 | 67 | 23.3 | 118 | 24.4 |
| | 7 – 8 (medium risk of re-offending) | 39 | 19.9 | 73 | 25.4 | 112 | 23.2 |
| | 9 – 10 (high risk of re-offending) | 106 | 54.1 | 147 | 51.2 | 253 | 52.4 |
| Case management level of service ^c | Level 1 (low level of service) | 47 | 24.0 | 53 | 18.5 | 100 | 20.7 |
| | Level 2 (medium level of service) | 53 | 27.0 | 89 | 31.0 | 142 | 29.4 |
| | Level 3 (high level of service) | 96 | 49.0 | 145 | 50.5 | 241 | 49.9 |
| Diagnosed disability | | 111 | 56.6 | 113 | 39.4 | 224 | 46.4 |
| | Psychiatric disability | 82 | 73.9 | 68 | 60.2 | 150 | 67.0 ^e |
| | Intellectual disability | 12 | 10.8 | 15 | 13.3 | 27 | 12.0 |
| | Acquired brain injury/other cognitive disabilities | 12 | 10.8 | 17 | 15.0 | 29 | 12.9 |
| | Chronic medical condition ^d | 4 | 3.6 | 12 | 10.6 | 16 | 7.1 |
| | Hearing impairment | - | - | 1 | 0.9 | 1 | 0.4 |
| | Physical disability | 1 | 0.9 | - | - | 1 | 0.4 |
| Offenders previously dismissed under mental health legislation | | 15 | 7.6 | 9 | 3.1 | 24 | 5.0 |
| Legal representation | | 176 | 89.8 | 272 | 94.8 | 448 | 92.7 |
| | Legal Aid solicitor | 125 | 71.0 | 94 | 34.6 | 219 | 48.9 ^f |
| | Aboriginal Legal Service | 7 | 4.0 | 103 | 37.9 | 110 | 24.6 |
| | Private solicitor | 40 | 22.7 | 75 | 27.6 | 115 | 25.7 |
| | Community legal centre | 4 | 2.3 | - | - | 4 | 0.9 |
| Source of referral to CREDIT | Magistrate | 74 | 37.8 | 57 | 19.9 | 131 | 27.1 |
| | Legal Aid solicitor | 66 | 33.7 | 63 | 21.9 | 129 | 26.7 |
| | Aboriginal Legal Service | 3 | 1.5 | 71 | 24.7 | 74 | 15.3 |
| | Private solicitor | 19 | 9.7 | 55 | 19.2 | 74 | 15.3 |
| | Other court-based programs | 15 | 7.6 | 14 | 4.9 | 29 | 6.0 |
| | Self-referred | 8 | 4.1 | 10 | 3.5 | 18 | 3.7 |
| | Police | 8 | 4.1 | 6 | 2.1 | 14 | 2.9 |
| | Other ^g | 3 | 1.5 | 11 | 3.8 | 14 | 2.9 |
| Client program status | Active client | 23 | 11.7 | 30 | 10.4 | 53 | 11.0 |
| | Completed program | 94 | 48.0 | 154 | 53.7 | 248 | 51.3 |
| | Terminated from program | 50 | 25.5 | 57 | 19.9 | 107 | 22.1 |
| | Withdrawn from program | 25 | 12.8 | 20 | 7.0 | 45 | 9.3 |
| | Referred to other court-based programs | 4 | 2.0 | 21 | 7.3 | 25 | 5.2 |
| | Other | - | - | 5 | 1.7 | 5 | 1.0 |

^a Details regarding gender, Indigenous status and Australian-born are person-based (n = 183 for Burwood, n = 268 for Tamworth, n = 451 total).

Subsequent details are based on records, not on persons, because these details could differ on each occasion that a defendant enters the program (n = 196 for Burwood, n = 287 for Tamworth, n = 483 total).

^b Percentage of those for whom date of birth and date of assessment was recorded (n = 182 for Burwood, n = 265 for Tamworth, n = 447 total).^c In an additional 60 cases (n = 39 for Burwood, n = 21 for Tamworth), defendants received immediate crisis intervention. These defendants, when assessed, were found to be ineligible for CREDIT; however, they had immediate needs for which CREDIT staff provided assistance for a period of up to one week.^d For example, hepatitis C, liver condition, pancreatitis.^e Percentage of those with a disability (n = 111 for Burwood, n = 113 for Tamworth, n = 224 total).^f Percentage of those with legal representation (n = 176 for Burwood, n = 272 for Tamworth, n = 448 total).^g Other includes support worker, court staff.

program over the two-year period; about two in five (41.0%) of these referrals were made at the Burwood pilot site, and about three in five (59.0%) were made at the Tamworth pilot site. As Table 1 also shows, 637 assessments were conducted, that is, 88.6 per cent of the referrals made to the program resulted in an assessment; the remaining 11.4 per cent of the referrals did not present to CREDIT staff to be assessed. A total of 451 defendants participated in the program. Of these defendants, the majority ($n = 420$, 93.1%) participated in the program only once; however, 30 (6.7%) defendants participated twice and one defendant participated three times.

Over both pilot sites, the majority of defendants were male (72.7%), aged less than 45 years (87.2%) and Australian-born (85.8%). However, the proportion who were Australian-born differed from one pilot site to the other. While almost all (98.9%) of the Tamworth program participants were born locally, this was true of only about two in three (66.7%) of the Burwood participants. Other countries of birth represented among participants included New Zealand (10 defendants), Lebanon (5 defendants), China (4 defendants) and Sudan (4 defendants). Some of the other non-English speaking countries of birth were Croatia, Fiji, Iraq, Tonga and Vietnam, with three defendants born in each of these countries. Overall, about three in ten (31.0%) defendants were of Aboriginal or Torres Strait Islander origin. However, this differed by pilot site, 45.2 per cent of the Tamworth participants and 10.4 per cent of the Burwood participants were Indigenous.

Of the 483 program entries (counting both those who participated once and those who participated two or three times):

- Two in five (40.6% or 196) participated at the Burwood pilot site and three in five (59.4% or 287) at the Tamworth site. This reflects the referral pattern.
- More than half (52.4%) had a GRAM score of 9 or 10, indicating that they are in the highest risk group of re-offending.
- Half (49.9%) of the participants received the highest level of case management service (Level 3). Equivalent proportions of participants received this level of service at the two pilot sites.
- About half (46.4%) of the participants had a diagnosed disability. This applied to 56.6 per cent of those in Burwood and to 39.4 per cent of those in Tamworth. Of those with a disability, about two in three (67.0%) had a psychiatric disability and one in four had either an intellectual disability (12.0%) or an acquired brain injury/cognitive disability (12.9%).
- Very few (5.0%) participants had previously had matters dealt with under either section 32 or section 33 of the *Mental Health (Forensic Provisions) Act 1990*.⁶
- Magistrates referred 27.1 per cent of the participants to the program. However, about three in five (57.3%) of the participants were referred by solicitors (26.7% by Legal Aid solicitors, 15.3% by the Aboriginal Legal Service and 15.3% by private solicitors).
- At the time of analysis, about one in nine (11.0%) participants were still active clients of the program, 51.3 per cent had

completed the program, 22.1 per cent had been terminated from the program, and 14.5 per cent had either withdrawn from the program (9.3%) or had been referred to another court-based program (5.2%).

Over the two pilot sites, the average length of the program for the 248 program completions was 107.6 days or 3.6 months ($SD = 41.76$). This ranged from seven days to 228 days (or 7.6 months).

CREDIT referrals to services

Table 2 shows, for each pilot site, the number of referrals to services per CREDIT participant, the number of different types of services to which participants were referred, and the number of referrals which were accepted.

Burwood pilot site

As Table 2 shows, only one in ten ($n = 20$, 10.2%) participants at the Burwood pilot site were not referred to a service. Of this

Table 2: Number of referrals to services, number of different types of referrals and number of referrals accepted, by pilot site
(24 August 2009 – 23 August 2011)

| | Burwood | | Tamworth | |
|-------------------------------------|-----------|----------------|-----------|----------------|
| No. of referrals | N | % ^a | N | % ^a |
| 0 | 20 | 10.2 | 14 | 4.9 |
| 1 | 34 | 17.4 | 86 | 30.0 |
| 2 | 46 | 23.5 | 78 | 27.2 |
| 3 or more | 96 | 49.0 | 109 | 38.0 |
| Total | 196 | 100.0 | 287 | 100.0 |
| Mean (SD) | 3.2 (2.9) | | 2.4 (1.8) | |
| Minimum | 0 | | 0 | |
| Maximum | 20 | | 19 | |
| No. of different types of referrals | N | % ^a | N | % ^a |
| 0 | 20 | 10.2 | 14 | 4.9 |
| 1 | 70 | 35.7 | 95 | 33.1 |
| 2 | 64 | 32.7 | 92 | 32.1 |
| 3 or more | 42 | 21.4 | 86 | 30.0 |
| Mean (SD) | 1.7 (1.1) | | 2.0 (1.2) | |
| Minimum | 0 | | 0 | |
| Maximum | 6 | | 7 | |
| No. of referrals accepted | N | % ^b | N | % ^b |
| 0 | 7 | 4.0 | 20 | 7.3 |
| 1 | 58 | 33.0 | 101 | 37.0 |
| 2 | 47 | 26.7 | 77 | 28.2 |
| 3 or more | 64 | 36.4 | 75 | 27.5 |
| Mean (SD) | 2.2 (1.4) | | 2.0 (1.5) | |
| Minimum | 0 | | 0 | |
| Maximum | 8 | | 13 | |

^a Percentage of program entries ($n = 196$ for Burwood; $n = 287$ for Tamworth).

^b Percentage of program entries referred to services ($n = 176$ for Burwood; $n = 273$ for Tamworth).

group, seven participants withdrew from the program, 11 were terminated and two completed the program. Some of the reasons why no referrals were made by CREDIT staff included: the defendant was attending services prior to entering CREDIT and continued with these services; the defendant failed to attend appointments with CREDIT staff which would have led to referrals being made; or the defendant changed his/her mind about participating in the program. Table 2 shows that the remaining 176 participants had between one and 20 referrals; the average number of referrals per participant was 3.2 (SD = 2.9). Approximately half of the participants (n = 96, 49.0%) had three or more referrals. These referrals could be to either the same type of treatment/service or different types. Examples of service types include accommodation, alcohol treatment, drug treatment and mental health treatment. About two in five participants received either one (n = 34, 17.4%) or two referrals (n = 46, 23.5%).

The majority of participants (n = 134, 76.1%) were referred to either one (n = 70, 35.7%) or two (n = 64, 32.7%) *different* types of services. For the 176 Burwood participants who had at least one referral, between 0 and 8 of these referrals were accepted (mean = 2.2, SD = 1.4). Very few defendants (n = 7, 4.0%) had no referrals accepted.

Tamworth pilot site

Table 2 shows that, at the Tamworth pilot site, less than five per cent (n = 14, 4.9%) of the participants were not referred to a service. Of this group, five participants withdrew from the program, five were terminated, three completed the program and one was still an active client at the time of the analysis. The remaining 273 participants received between one and 19 referrals to services; the average number of referrals per participant was 2.4 (SD = 1.8). About three in five of the participants (n = 164, 57.1%) received either one (n = 86, 30.0%) or two referrals (n = 78, 27.2%). At Tamworth, similar numbers of participants were referred to either one (n = 95, 33.1%), two (n = 92, 32.1%) or three or more *different* types of services (n = 86, 30.0%). For the 273 CREDIT participants who had at least one referral, between 0 and 13 were accepted by that service (mean = 2.0, SD = 1.5). Only 20 (7.3%) of these participants had no referrals accepted. For 37.0 per cent (n = 101) of defendants, only one service referral was accepted.

Types of services

Tables 3 and 4 show the types of services to which the CREDIT participants were referred while they were on the program and the proportion of these referrals which were accepted. Of central interest is the proportion of *defendants* who were referred for a specific form of treatment/support whose referral was accepted. Often, multiple referrals were necessary before a referral was accepted.

Table 3: Service types to which Burwood's CREDIT participants were referred: number of defendants referred and accepted, number of referrals made and accepted (24 August 2009 – 23 August 2011)

| TYPE OF SERVICE | By defendant | | | | | | By referral | | |
|---------------------------|--|----------------|---|---|-------|-----------|---------------------------------|----|------|
| | Defendants with at least one referral to that service type | | Maximum number of referrals per defendant | Defendants with at least one referral accepted by that service type | | Referrals | Accepted referrals ^c | N | % |
| | N | % ^a | | N | % | | | | |
| Accommodation | 40 | 22.7 | 20 | 30 | 75.0 | 146 | 23.2 | 50 | 34.2 |
| Alcohol treatment | 31 | 17.6 | 6 | 29 | 93.6 | 62 | 9.9 | 45 | 72.6 |
| Anger management | 11 | 6.3 | 6 | 11 | 100.0 | 21 | 3.3 | 12 | 57.1 |
| Court-based program | 38 | 21.6 | 3 | 35 | 92.1 | 42 | 6.7 | 37 | 88.1 |
| Disability service | 15 | 8.5 | 4 | 14 | 93.3 | 24 | 3.8 | 19 | 79.2 |
| Domestic violence support | 2 | 1.1 | 1 | 1 | 50.0 | 2 | 0.3 | 1 | 50.0 |
| Drug treatment | 35 | 19.9 | 6 | 29 | 82.9 | 79 | 12.6 | 45 | 57.0 |
| Education | 14 | 8.0 | 3 | 9 | 64.3 | 20 | 3.2 | 9 | 45.0 |
| Employment | 7 | 4.0 | 6 | 6 | 85.7 | 15 | 2.4 | 9 | 60.0 |
| Family support | 22 | 12.5 | 4 | 15 | 68.2 | 32 | 5.1 | 18 | 56.3 |
| Financial | 24 | 13.6 | 5 | 19 | 79.2 | 32 | 5.1 | 24 | 75.0 |
| Gambling | 3 | 1.7 | 4 | 3 | 100.0 | 6 | 1.0 | 3 | 50.0 |
| Health | 8 | 4.6 | 2 | 6 | 75.0 | 10 | 1.6 | 7 | 70.0 |
| Legal | 28 | 15.9 | 2 | 26 | 92.9 | 36 | 5.7 | 32 | 88.9 |
| Mental health service | 54 | 30.7 | 6 | 51 | 94.4 | 88 | 14.0 | 77 | 87.5 |
| Other | 10 | 5.7 | 2 | 6 | 60.0 | 13 | 2.1 | 7 | 53.8 |

^a Percentage of those referred to services (n = 176).

^b Percentage of all referrals to all services (n = 628).

^c The outcome of each referral to a service type was classified into one of two categories: 'accepted' or not; the latter category includes 'not eligible/suitable', 'referred on', 'on waiting list', 'other'. This was based on the data entered onto the CREDIT database.

Burwood pilot site

As Table 3 shows, of the 176 CREDIT participants at the Burwood pilot site who had at least one referral to a service, about three in ten were referred to mental health services (30.7%); and about one in five were referred to accommodation-related services (22.7%), other court-based programs (21.6%) or drug treatment services (19.9%). Up to 20 referrals were made to a specific service type per defendant; in this case, to accommodation-related services.

Most defendants referred for some form of treatment or support had their referral accepted. In some cases, the percentages were very high (see the 4th column of figures). For example, more than 90 per cent (n = 51, 94.4%) of the defendants referred to mental health services were accepted for some form of mental health treatment. Similar results were obtained in relation to alcohol treatment programs (n = 29, 93.6%), disability services (n = 14, 93.3%), legal services (n = 26, 92.9%) and court-based programs (n = 35, 92.1%).

One of the lowest accepted referral rates was for accommodation (last column). Almost one-quarter (23.2%, n = 146) of all referrals at Burwood were made to an accommodation-related service. However, of the defendants with at least one referral to an accommodation service, only three in four (75.0%) were accepted.

Tamworth pilot site

As Table 4 shows, of the 273 CREDIT participants at the Tamworth pilot site who had at least one referral to a service, about two in five were referred to mental health services (43.6%) or alcohol treatment services (35.5%); and about one in five were referred to court-based programs (22.3%).

Comparable to the situation at the Burwood site, most CREDIT defendants in Tamworth who were referred for some form of treatment or support were accepted. For example, 93.8 per cent (n = 91) of the defendants referred to alcohol treatment services were accepted into alcohol treatment. Similar results were obtained for mental health services (90.8%, n = 108), drug treatment programs (90.3%, n = 28) and financial services (87.2%, n = 34).

About two in five (39.5%) of all referrals at the Tamworth site were made to either a mental health service (22.2%, n = 153) or to an alcohol treatment service (17.3%, n = 119). The majority of referrals to these service types were accepted; 85.6 per cent and 89.1 per cent, respectively. Again, similar to the situation at the Burwood site, accommodation-related services had one of the lowest accepted referral rates at the Tamworth site. About one in ten (9.2%, n = 63) of all referrals were made to an accommodation-related service. However, of the defendants with at least one referral to an accommodation service, only three in five (60.4%) were accepted.

Table 4: Service types to which Tamworth's CREDIT participants were referred: number of defendants referred and accepted, number of referrals made and accepted (24 August 2009 – 23 August 2011)

| TYPE OF SERVICE | By defendant | | | | | | By referral | | | |
|---------------------------|--|----------------|---|---|-------|--|-------------|----------------|---------------------------------|-------|
| | Defendants with at least one referral to that service type | | Maximum number of referrals per defendant | Defendants with at least one referral accepted by that service type | | | Referrals | | Accepted referrals ^c | |
| | N | % ^a | | N | % | | N | % ^b | N | % |
| Accommodation | 53 | 19.4 | 3 | 32 | 60.4 | | 63 | 9.2 | 36 | 57.1 |
| Alcohol treatment | 97 | 35.5 | 4 | 91 | 93.8 | | 119 | 17.3 | 106 | 89.1 |
| Anger management | 36 | 13.2 | 2 | 24 | 66.7 | | 37 | 5.4 | 24 | 64.9 |
| Court-based program | 61 | 22.3 | 2 | 49 | 80.3 | | 62 | 9.0 | 49 | 79.0 |
| Disability service | 6 | 2.2 | 7 | 4 | 66.7 | | 12 | 1.7 | 6 | 50.0 |
| Domestic violence support | 12 | 4.4 | 2 | 8 | 66.7 | | 13 | 1.9 | 8 | 61.5 |
| Drug treatment | 31 | 11.4 | 2 | 28 | 90.3 | | 36 | 5.2 | 29 | 80.6 |
| Education | 29 | 10.6 | 2 | 21 | 72.4 | | 32 | 4.6 | 23 | 71.9 |
| Employment | 12 | 4.4 | 4 | 8 | 66.7 | | 15 | 2.2 | 9 | 60.0 |
| Family support | 30 | 11.0 | 3 | 22 | 73.3 | | 37 | 5.4 | 25 | 67.6 |
| Financial | 39 | 14.3 | 3 | 34 | 87.2 | | 45 | 6.5 | 40 | 88.9 |
| Gambling | 3 | 1.1 | 1 | 3 | 100.0 | | 3 | 0.4 | 3 | 100.0 |
| Health | 36 | 13.2 | 3 | 27 | 75.0 | | 39 | 5.7 | 28 | 71.8 |
| Legal | 7 | 2.6 | 1 | 6 | 85.7 | | 7 | 1.0 | 6 | 85.7 |
| Mental health service | 119 | 43.6 | 5 | 108 | 90.8 | | 153 | 22.2 | 131 | 85.6 |
| Other | 14 | 5.1 | 2 | 13 | 92.9 | | 15 | 2.2 | 14 | 93.3 |

^a Percentage of those referred to services (n = 273).

^b Percentage of all referrals to all services (n = 688).

^c The outcome of each referral to a service type was classified into one of two categories: 'accepted' or not; the latter category includes 'not eligible/suitable', 'referred on', 'on waiting list', 'other'. This was based on the data entered onto the CREDIT database.

Table 5: Program participants surveyed: Socio-demographic and court-related characteristics, and program expectations, by pilot site

| | | Burwood | | Tamworth | | TOTAL | |
|---|--|---------|------------|----------|------------|-------|-------------------|
| | | N | % of total | N | % of total | N | % of total |
| Gender | | 30 | 24.6 | 92 | 75.4 | 122 | 100.0 |
| | Female | 11 | 36.7 | 27 | 29.3 | 38 | 31.1 |
| | Male | 19 | 63.3 | 65 | 70.7 | 84 | 68.9 |
| Born in Australia | | 21 | 70.0 | 87 | 94.6 | 108 | 88.5 |
| Indigenous | | 4 | 13.3 | 31 | 33.7 | 35 | 28.7 |
| Age (years) Mean = 33.4 SD = 11.4 Range = 18 – 65 | 18 - 24 | 9 | 30.0 | 26 | 28.3 | 35 | 28.7 |
| | 25 - 34 | 8 | 26.7 | 26 | 28.3 | 34 | 27.9 |
| | 35 - 44 | 5 | 16.7 | 26 | 28.3 | 31 | 25.4 |
| | 45 - 54 | 5 | 16.7 | 12 | 13.0 | 17 | 13.9 |
| | 55+ | 3 | 10.0 | 2 | 2.2 | 5 | 4.1 |
| | | | | | | | |
| Education level | Secondary [no certificate] | 12 | 40.0 | 34 | 37.0 | 46 | 37.7 |
| | Year 10 certificate | 9 | 30.0 | 38 | 41.3 | 47 | 38.5 |
| | Year 12 certificate | 4 | 13.3 | 8 | 8.7 | 12 | 9.8 |
| | Bachelor degree | 2 | 6.7 | - | - | 2 | 1.6 |
| | TAFE/business college certificate | 2 | 6.7 | 10 | 10.9 | 12 | 9.8 |
| | Other ^a | 1 | 3.3 | 2 | 2.2 | 3 | 2.5 |
| Employment status | Employed/self-employed | 11 | 36.7 | 41 | 44.6 | 52 | 42.6 |
| | Not employed but looking for work | 10 | 33.3 | 19 | 20.6 | 29 | 23.8 |
| | Not employed, not looking for work | 5 | 16.7 | 3 | 3.3 | 8 | 6.6 |
| | Welfare benefits | 1 | 3.3 | 13 | 14.1 | 14 | 11.5 |
| | Student | 1 | 3.3 | 6 | 6.5 | 7 | 5.7 |
| | Other ^b | 2 | 6.7 | 10 | 10.9 | 12 | 9.8 |
| Disability expected to last >6 months | | 7 | 23.3 | 21 | 22.8 | 28 | 23.0 |
| | Psychiatric disability | 3 | 42.9 | 4 | 19.0 | 7 | 25.0 ^h |
| | Intellectual disability | 1 | 14.3 | 1 | 4.8 | 2 | 7.1 |
| | Acquired brain injury/other cognitive disabilities | 1 | 14.3 | 3 | 14.3 | 4 | 14.3 |
| | Chronic medical condition ^c | - | - | 3 | 14.3 | 3 | 10.7 |
| | Hearing impairment | - | - | 1 | 4.8 | 1 | 3.6 |
| | Physical disability | - | - | 2 | 9.5 | 2 | 7.1 |
| | Multiple disabilities ^d | 2 | 28.6 | 7 | 33.3 | 9 | 32.1 |
| Source of referral to CREDIT | Magistrate | 9 | 30.0 | 20 | 21.7 | 29 | 23.8 |
| | Legal Aid solicitor | 13 | 43.3 | 36 | 39.1 | 49 | 40.2 |
| | Private solicitor | 3 | 10.0 | 24 | 26.1 | 27 | 22.1 |
| | Police officer/police prosecutor | 2 | 6.7 | 1 | 1.1 | 3 | 2.5 |
| | Self-referred | 1 | 3.3 | 4 | 4.3 | 5 | 4.1 |
| | Other court-based programs ^e | 1 | 3.3 | 2 | 2.2 | 3 | 2.5 |
| | Other ^f | 1 | 3.3 | 5 | 5.4 | 6 | 4.9 |
| Legal representation | | 27 | 90.0 | 90 | 97.8 | 117 | 95.9 |
| | Legal Aid solicitor | 19 | 70.4 | 60 | 66.7 | 79 | 67.5 ⁱ |
| | Private solicitor | 6 | 22.2 | 30 | 33.3 | 36 | 30.8 |
| | Community legal centre | 2 | 7.4 | - | - | 2 | 1.7 |
| Plea | Guilty of all/some charges | 28 | 93.3 | 84 | 91.3 | 112 | 91.8 |
| | Not guilty of some/any charges | - | - | 4 | 4.3 | 4 | 3.3 |
| | No plea entered/don't remember | 2 | 6.7 | 4 | 4.3 | 6 | 4.9 |
| Expectations of CREDIT on program entry | Treatment for alcohol problems | 10 | 33.3 | 46 | 50.0 | 56 | 45.9 ^j |
| | To reduce re-offending | 14 | 46.7 | 37 | 40.2 | 51 | 41.8 |
| | Treatment for mental health problems | 6 | 20.0 | 30 | 32.6 | 36 | 29.5 |
| | A lighter sentence for offences | 8 | 26.7 | 27 | 29.3 | 35 | 28.7 |
| | Treatment for drug problems | 11 | 36.7 | 16 | 17.4 | 27 | 22.1 |
| | Education or training programs | 6 | 20.0 | 13 | 14.1 | 19 | 15.6 |
| | Help to find work | 4 | 13.3 | 15 | 16.3 | 19 | 15.6 |
| | Help with housing issues | 8 | 26.7 | 11 | 12.0 | 19 | 15.6 |
| | Anger/aggression management | - | - | 7 | 7.6 | 7 | 5.7 |
| | Support to get disability services | 3 | 10.0 | 3 | 3.3 | 6 | 4.9 |
| | Other ^g | 6 | 20.0 | 15 | 16.3 | 21 | 17.2 |

- ^a Other includes primary education, incomplete Bachelor degree.
- ^b Other includes not employed and not looking for work because: currently in residential rehabilitation, full-time parent/carer, due to begin a course, inability to work due to a medical problem.
- ^c For example, acute emphysema, hepatitis C.
- ^d Examples include physical disability, mental health disability, cognitive disabilities and chronic medical condition; hearing impairment, vision impairment, intellectual disability and mental health disability.
- ^e For example, Forum Sentencing, Mental Health Court Liaison Service.
- ^f Other includes drug and alcohol counsellor, friend, court staff, employment agency.
- ^g Other includes advice about the court process, support for domestic violence, help with emotional issues, help for gambling addiction, grief counselling, treatment for health problems, life re-direction, to improve self-esteem, had no expectations.
- ^h Percentage of those participants who reported having a disability which was expected to last more than 6 months (n = 7 in Burwood, n = 21 in Tamworth, n = 28 total).
- ⁱ Percentage of those participants who reported having legal representation (n = 27 in Burwood, n = 90 in Tamworth, n = 117 total).
- ^j Percentages do not add to 100.0 because of multiple responses in many cases (i.e. participants had multiple expectations on program entry). Percentages are based on the number of participants interviewed per site (n = 30 in Burwood, n = 92 in Tamworth, n = 122 total).

PROGRAM SATISFACTION

SURVEY OF CREDIT PARTICIPANTS

A total of 122 program participants were interviewed by phone between May 2010 and August 2011.

Characteristics of participants

Table 5 describes the participants' socio-demographic characteristics, the source of their referral to the program, their plea and the type of legal representation. Table 5 also shows the participants' main expectations of CREDIT when they entered the program. This information is presented by pilot site.

As Table 5 shows, the Tamworth pilot site accounted for 75.4 per cent of the participants interviewed. Of all interviewees, most were male (68.9%), aged less than 45 years (82.0%) and with secondary education (86.1%). While almost three in ten (28.7%) of the participants were of Aboriginal or Torres Strait Islander origin, the proportions differed between the pilot sites. In Tamworth, one in three (33.7%) participants were Indigenous, while in Burwood this applied to only 13.3 per cent. Overall, the majority (88.5%) of participants interviewed were born in Australia. However, again the proportions differed by pilot site. In Tamworth, 94.6 per cent were Australian-born, compared with 70.0 per cent in Burwood.⁷ About two in five (42.6%) were either employed or self-employed and a further 23.8 per cent were seeking work. Almost one-quarter (23.0%) reported having a disability which they expected to last more than six months. The main types of disabilities reported were psychiatric (affecting 25.0% of those who reported a disability) and multiple disabilities (32.1%).

A comparison of Tables 1 and 5 shows that the program participants who were interviewed were representative of all program participants in terms of socio-demographic characteristics such as gender, age, Indigenous status and being Australia-born.

Referral sources

The majority (62.3%) of interviewees reported that they were referred to the program by their solicitor (40.2% by Legal Aid

solicitors and 22.1% by private solicitors). Another 23.8 per cent were referred by magistrates. The vast majority (95.9%) were legally represented; about two in three (67.5%) of these were represented by Legal Aid solicitors. Nine in ten (91.8%) reported that they entered a guilty plea for either all or some of the charges.

Participants' program expectations

As Table 5 shows, participants' most common expectations of CREDIT when they entered the program were treatment for alcohol problems (reported by 45.9% of those interviewed), to reduce re-offending (41.8%), treatment for mental health problems (29.5%) and a lighter sentence for their offences (28.7%). In most cases, participants had multiple expectations on program entry.

Types of services

Table 6 shows the types of services and programs to which the CREDIT participants reported being referred by CREDIT staff; the stage they reached with the service/program; and, of those who completed the service/program or were still receiving it, the proportion who were satisfied with the service provided.

As Table 6 shows, the programs to which interviewees were most commonly referred were mental health treatment (43.4% of interviewees), alcohol treatment (38.5% of interviewees) and counselling (31.1% of interviewees). Consistent with the purpose and structure of the CREDIT program, generally interviewees were simultaneously referred to several services or programs in order to deal with multiple issues. Of those who reported that they had completed the specific treatment program or were still receiving the treatment, almost all reported that they were satisfied with the service/program provided.

Participants' satisfaction with CREDIT

Table 7 summarises interviewees' degree of satisfaction with the support they received from CREDIT staff, their degree of satisfaction with their own progress on the program, whether they would recommend the program to anyone in a situation similar to their own, whether they committed crimes while they were on the program and whether their life changed by being on the program.

Table 6: Service types to which interviewees were referred: stage reached in service and proportion satisfied

| TYPE OF SERVICE/ PROGRAM | Referred | | Stage reached in service/program | | | | Satisfied | |
|-----------------------------|-----------------|----------------|----------------------------------|----------------|-----------------|----------------|-----------|----------------|
| | | | Completed | | Still receiving | | | |
| | N | % ^b | N | % ^h | N | % ^h | N | % ⁱ |
| Alcohol treatment | 47 ^c | 38.5 | 23 | 48.9 | 20 | 42.6 | 42 | 97.7 |
| Drug treatment | 25 ^d | 20.5 | 8 | 32.0 | 13 | 52.0 | 21 | 100.0 |
| Mental health service | 53 ^e | 43.4 | 10 | 18.9 | 34 | 64.1 | 41 | 93.2 |
| Accommodation | 25 | 20.5 | 8 | 32.0 | 6 | 24.0 | 14 | 100.0 |
| Employment | 9 ^f | 7.4 | 3 | 33.3 | 4 | 44.4 | 7 | 100.0 |
| Counselling | 38 ^g | 31.1 | 14 | 36.8 | 18 | 47.4 | 32 | 100.0 |
| Other | | | | | | | | |
| • Anger management | 7 | 5.7 | 3 | 42.9 | 3 | 42.9 | 6 | 100.0 |
| • Education/training | 4 | 3.3 | - | - | 1 | 25.0 | 1 | 100.0 |
| • Financial counselling | 6 | 4.9 | - | - | 1 | 16.7 | 1 | 100.0 |
| • General practitioner | 7 | 5.7 | 1 | 14.3 | 3 | 42.9 | 4 | 100.0 |
| • Traffic Offender Program | 13 | 10.7 | 8 | 61.5 | 3 | 23.1 | 11 | 100.0 |
| • Other ^a | 25 | 20.5 | 8 | 32.0 | 8 | 32.0 | 16 | 100.0 |

^a Other includes bankruptcy assistance, carers' support program, dental health, disability case management, domestic violence support, family relationships program, gambling program, pain management, parenting program.

^b Percentage of those interviewed (n = 122).

^c Of these, 17 received treatment for several issues, one of which was alcohol. An additional 19 participants reported that they were receiving treatment prior to entering CREDIT and they continued with this treatment.

^d Of these, 13 received treatment for several issues, one of which was drugs. An additional 7 participants reported that they were receiving treatment prior to entering CREDIT and they continued with this treatment.

^e Of these, 6 received treatment for several issues, one of which was mental health. An additional 7 participants reported that they were receiving treatment prior to entering CREDIT and they continued with this treatment.

^f Of these, 2 participants reported that they were receiving assistance from an employment program/agency prior to entering CREDIT, but CREDIT case workers provided further assistance.

^g Of these, 3 received treatment for several issues, one of which was counselling. An additional 10 participants reported that they were receiving treatment prior to entering CREDIT and they continued with this treatment.

^h Percentage of those referred to service/program.

ⁱ Percentage of those who completed the service/program or are still receiving the service/program.

Table 7: Indicators of interviewees' overall satisfaction with CREDIT

| | Burwood | | Tamworth | | TOTAL | |
|--|---------|------------|----------|------------|-------|------------|
| | N | % of total | N | % of total | N | % of total |
| Satisfaction with support from CREDIT staff | | | | | | |
| Satisfied | 7 | 23.3 | 15 | 16.3 | 22 | 18.0 |
| Very satisfied | 23 | 76.7 | 77 | 83.7 | 100 | 82.0 |
| Satisfaction with own progress on CREDIT | | | | | | |
| Satisfied | 13 | 43.3 | 35 | 38.0 | 48 | 39.3 |
| Very satisfied | 17 | 56.7 | 56 | 60.9 | 73 | 59.8 |
| Would recommend CREDIT | 30 | 100.0 | 91 | 98.9 | 121 | 99.2 |
| Committed crimes while on CREDIT | 1 | 3.3 | 8 | 8.7 | 9 | 7.4 |
| Life has changed due to CREDIT | 28 | 93.3 | 89 | 96.7 | 117 | 95.9 |

All of those interviewed reported that they were either 'satisfied' (18.0%) or 'very satisfied' (82.0%) with the support that they received from the program staff. All but one person reported being either 'satisfied' (39.3%) or 'very satisfied' (59.8%) with the progress that he/she made on the program. No respondent reported being either 'very dissatisfied' or 'dissatisfied' with the support received from program staff or their own progress.⁸ Few (n = 9, 7.4%) respondents reported that they had committed any crimes while being on the program and all but one person would recommend the program to someone in a similar situation.

Life changes

The vast majority (95.9%) reported that their life had changed by being on the CREDIT program. The most common responses to the open-ended question '*what changed in your life by being on the CREDIT program?*' related to improved physical or mental health, a more positive outlook, improved relationships or increased confidence; 187 such comments were made (interviewees could make as many comments as they wished).

Comments included:

- CREDIT has changed my whole life.
- My life has turned around. I'm just frustrated that I wasted a lot of time.
- My life has absolutely, definitely, incredibly changed.
- Everything has changed for the better – my family life, relationships with my children and my partner.
- I'm re-engaged for the first time in three years.
- I feel better and others have noticed and commented.
- I'm calmer. I sleep. I no longer suffer from depression. I have a positive outlook on myself. I am more confident. I am more honest with myself.
- I'm learning to think for myself more and what I'd like to achieve – to be healthy, to stop gambling.
- I'm not so uptight anymore, I don't get angry or frustrated with situations like I used to.
- I'm now positive and happy, less angry and sad.
- My mental health status has changed for the better because of the counselling.
- I'm happy with myself. It's been a long time since I've been able to say that.
- My personality has changed. Now I know that I can do things. I look at things completely differently.
- Everything has improved – my speech, my appearance.
- Before I didn't bother looking after myself, now I take care of myself.
- I was in a violent relationship and always down. I was scared to leave him; now I'm better.
- I have extra motivation and confidence.
- I've become more assertive. I realised that lots of people were using me, staying at my place when they were drunk. Now I tell them to bugger off. I'm getting the strength to stand up for myself.
- I've re-assessed some of my friends – some were bringing me down, so I don't see them anymore.
- My relationship with my wife is a lot better.
- I've made everyone happy – my mum, my sisters, my family, my girlfriend.
- I now talk to my foster mother. I didn't used to.
- I'm no longer neglecting my kids.
- My social life has improved.
- I'm becoming a better mother to my son because I'm not drinking.

The second most common category of life changes related to achieving positive outcomes or getting treatment and dealing with issues (such as drinking, drug-taking, depression, anger). A total of 101 comments were made on these matters, including:

- I've stopped stealing.
- I've stopped drinking as much.
- Reversing my whole life.
- I've controlled my anger.
- Talking to the psychologist about unresolved issues and resolving them.
- Counselling has changed my behaviour.
- I used to drink, now I don't. I used to take drugs, now I don't.
- The program has kept me focused because I go to weekly counselling sessions.

- If it wasn't for CREDIT, I wouldn't have gone to counselling, I'd be drinking instead.
- I've stopped using drugs, so I have more money in my wallet.

Thirty comments related to recognising the consequences of their actions or becoming more responsible individuals because of the program, for example:

- Treatment has opened my eyes to the effects of binge drinking.
- It's made me aware that all my behaviour has repercussions.
- I used to just act, now I think of the consequences.
- The program has helped me find me again.
- I now have a sense of personal responsibility.
- I realised what I did was wrong.

Nineteen comments related to managing problems or situations more constructively, for example:

- I've learned the strategies that I need to deal with anger and with alcohol. Before I'd keep my anger in; then with alcohol, I'd let it out.
- The way I react to problems has changed.
- I've learned how to deal with my problems – anger, depression, alcohol.
- I sold my car so I won't be tempted to drive [my offence was drink-driving].
- Now, instead of drinking, when I'm angry, I take a walk.
- The anger management course has taught me how to resolve situations.

Fifteen comments related to having new options opened as a result of being on the program, for example:

- I'm doing a chef's apprenticeship because of my extra motivation and confidence.
- It's opened up options for me. I'm starting a course soon on aged care at TAFE.
- I finished my certificate in land management because [CREDIT staff member] encouraged me to.
- I'm playing sports, doing a TAFE course in health support which is a pathway to nursing.

Nine comments related to becoming aware of the services or the resources available, for example:

- I now know what services exist, I didn't know that until I was on CREDIT.
- CREDIT opened my eyes to the resources available.
- I know there's help out there if I need it.

Best features of CREDIT

With one exception, all interviewees made multiple positive comments in response to the open-ended question '*what were the best parts of being on the CREDIT program?*'. The most frequently stated comment about the program's best features related to the program staff's support, encouragement, understanding, professionalism, flexibility, availability and non-judgemental attitude (170 comments). Comments included:

- CREDIT staff member was the best thing. She's very patient, very understanding, very personable, very helpful.
- [CREDIT staff member] is fantastic, she made things easier for me.
- CREDIT staff have been incredible, invaluable.

- Having a case worker who's not judgemental.
- CREDIT staff are really flexible [I work full-time], very accommodating, answered all my questions. I felt secure and confident talking to them.
- [CREDIT staff member] has been great. She knows I have a bad memory so she rings me every time I'm due for an appointment.
- One-to-one appointments with [CREDIT staff member].
- CREDIT staff talked me through every step and what would happen.
- [CREDIT staff member] is friendly, helpful. She answered all my questions, if she didn't know the answers, she found out.
- [CREDIT staff member] rings me once a week. She shows that she really cares, it isn't just a job.
- [CREDIT staff member] is direct. I always know I'll hear the truth from her.
- Having ongoing support and help from CREDIT staff.
- Knowing that I could contact [CREDIT staff member] at any time, knowing that I could rely on her.

The second most frequent comments related to the service providers – their helpfulness, being referred to the services that participants needed and being educated about the services available (79 comments). Comments included:

- Because of CREDIT I was referred to a psychologist. I would not have known how to go about getting that. I needed the push to go and CREDIT did that.
- Being given information about places to go to deal with my problems.
- The best part was being referred to an anger management course. CREDIT made me motivated to go. If it had been left to me, I probably would not have gone.
- Opening my eyes to what's available.
- Having someone tell me that I need to go to a counsellor.
- Getting access to other services.
- The actual help I received – seeing a doctor, having a sleep apnoea test.
- The DV support service that run's through the women's refuge will include a course to boost self-esteem, and that will help with the registered nurse course.
- I'll be getting help for my kids about early intervention.

Interviewees made 67 comments related to CREDIT giving their life structure, direction and reassurance, for example:

- I need guidelines and direction in my life and CREDIT has helped me with that.
- CREDIT has re-directed my life.
- The meetings helped me get back on track.
- Being on a path to repair.
- This has given me a wake-up call, made me realise that things had to change.
- Working towards goals. For me, the goals were to limit my drinking, control my anger, get full-time work.
- Setting goals and timelines so I didn't sit around doing nothing.
- I wouldn't have done any of these things without CREDIT.
- Knowing that I had appointments and not wanting to relapse, I kept the appointments.
- If not for CREDIT, I would have been locked up ages ago or at the bottom of a bottle.
- Getting me to be happy with me.

Interviewees made 49 comments related to achieving positive outcomes, for example, reducing negative behaviours (such as drinking, drug-taking), finding work and resolving accommodation issues. Comments included:

- I've stopped drinking.
- Getting clean from cannabis and alcohol.
- Getting my debts and housing sorted out.
- Getting help with my drug problem, housing, budgeting money.
- Dealing with my alcohol issues, the loss of my father and my son, the problems with my ex-wife.
- Helped me with lots of things – relationships, children, future, alcohol.

Fourteen comments regarding life changes related to learning to replace destructive habits or behaviours with constructive and harmless habits and activities. For example:

- The counsellor encouraged me to play football and to go fishing rather than drinking.
- Learning different ways of expressing myself rather than through anger, mainly in my relationship with my wife.
- [CREDIT staff member] has taught me a different way of handling things, she's taught me a different way of life.
- It's helped me realise there are choices other than drinking.

Fifteen comments related to understanding the consequences of their actions or having these consequences explained to them, for example:

- The Traffic Offender Program has been a very big eye opener. It's made me more aware of the consequences and dangers of alcohol.
- I realised what I did was wrong
- I want to go overseas. [CREDIT staff member] explained the consequences of having a criminal record.

Worst features of CREDIT

In response to the open-ended question '*what were the worst parts of being on the CREDIT program?*', 62.3 per cent of those interviewed stated 'there were none'. Of those who reported negative features of the program, the most frequent comment related to practical difficulties with transport or finding parking when attending appointments with either the service providers or CREDIT program staff (this was a particular concern among Tamworth respondents). Other comments related to: (1) the difficulty of arranging appointments with service providers or CREDIT program staff while burdened with other responsibilities, such as work or child-care (12 comments); (2) re-living painful memories during counselling sessions (6 comments); (3) not knowing what to expect initially (4 comments); and (4) the unavailability of some services, such as housing or gambling and financial counsellors (2 comments).

SURVEY OF KEY STAKEHOLDERS

Interviews were conducted with 54 stakeholders, with approximately equal numbers from the two pilot sites. The majority of interviews were conducted by telephone and all respondents provided informed consent.

Effectiveness of the program

Court-related stakeholders (magistrates, registrars, solicitors, police prosecutors and program staff) were asked how effectively CREDIT is achieving the program objective:

to contribute to the quality of decision-making in the local court by helping ensure that information on defendants' needs and rehabilitation efforts are put before the court.

The majority of court-related stakeholders believed that this objective was being achieved very effectively. Comments included:

- The quality of information CREDIT staff put before the court leads to effective decision-making by the magistrate.
- Reports assist solicitors in preparing the matter, clarifying the issues prior to the date of sentencing.
- Reports are incredibly valuable. They provide information to the court that would otherwise be impossible to get either because of restrictions or lack of resources.
- Reports are concise, comprehensive; succinctly identifying what is required and making recommendations.
- Reports are detailed, providing insight into the offender, their needs and circumstances.
- Reports are very, very good; they have substance. It is clear that the authors of the reports have had a lot of contact with the defendant on an ongoing basis.
- Reports are invaluable. They provide a rounded, complete picture of what the person is going through over a period of time.

Stakeholders were asked whether the quality of the information could be improved. While the majority believed that no improvements were required, others identified some problems, including the fact that the source of the information is the defendant and some of the assertions are difficult to verify; while reports are concise, some lack specificity regarding the type of assistance received and how success is measured. An associated problem for some stakeholders was either not receiving copies of the reports at all or receiving information regarding the defendant at sentencing.

Eligibility criteria

As indicated earlier, to be eligible for the CREDIT program, defendants must meet a number of criteria, namely, to have identifiable problems related to offending, to be motivated to address those problems, not be on a current supervision order with the Department of Corrective Services or on remand, and not be currently charged with a sex offence or have had a conviction for sex offence(s) in the last five years.

Court-related stakeholders were asked whether any changes were required to these program eligibility criteria. Approximately half of the relevant stakeholders believed that changes were required to the criteria. Their suggestions included eliminating the exclusion criteria regarding defendants on supervision orders and those charged with sex offences, allowing all offences to be eligible, and more stringently evaluating the defendant's motivation to address his/her problems related to offending.

Impact of defendant's performance on sentencing decisions

The majority of court-related stakeholders believed that the defendant's performance on the program had an impact on the magistrate's sentencing decision for that defendant. Comments included:

- It has a significant impact. It's highly beneficial when it comes to sentencing if one can demonstrate willingness, or compliance, or that one is trying really hard to change one's behaviour or direction, or that one considers taking up offers and carrying them out.
- Rehabilitation is part of the sentencing procedure. It makes logical sense and sentencing sense to take into account a defendant's work to help their own rehabilitation.
- One is more likely to leave someone in the community to continue the good work they've commenced.
- Positive progress for several months on CREDIT shows commitment to the program.
- If the report is positive and one has a stronger chance of rehabilitation, the penalty is substantially lower.
- The magistrate comments on achievements and takes it into account.

CREDIT referrals and information

Service providers were asked: *How appropriate are the referrals your agency receives from CREDIT staff?* and *How adequate is the information you receive from CREDIT staff regarding the clients they refer to your agency?*

Some service providers had not received CREDIT referrals. The remaining providers responded that the CREDIT referrals were appropriate and that the information provided by CREDIT staff was adequate. Comments included:

- Can't fault the information provided.
- It's fantastic.
- [agencies] have worked together collaboratively very, very effectively on the client's issues.
- Fabulous. We receive a structured written report from CREDIT.
- Information sharing is great. We can get additional information, if required.

Working relationship with CREDIT

Service providers, solicitors, police prosecutors and probation and parole officers were asked to describe their working relationship with CREDIT, the impact of the CREDIT program on the agency's workload and the adequacy of not having written agreements with the program. Of the service provider agencies that had received referrals from CREDIT, all reported a positive working relationship with CREDIT staff. Comments included:

- Very good. Comfortable, positive, good communication, no obstacles.
- Very, very good. My staff see that things are being done with, and for, the clients.
- Excellent. Staff are fantastic. Their attitude to clients is very, very positive. We have a close working relationship.
- Very good, co-operative.

- I believe it's working really well. The staff are great, proactive, happy to ask questions, find out if they're using the right avenues.

Similarly, with the exception of those officers who had no contact or only limited contact with CREDIT staff, all police prosecutors, solicitors and probation and parole officers who were interviewed reported positive working relationships with CREDIT staff.

Comments included:

- Excellent. There is an open and free-flowing exchange of information.
- It's a pleasure working with CREDIT; the relationship and communication with me is particularly good. I know that the person that I deal with will try her best to assist and keep me informed of progress.
- My dealings with CREDIT are always great. I can always contact them, they can always contact me. They always consult me about issues or concerns. I've raised issues with them and they've assisted me.
- Brilliant, absolutely glowing. Everyone in my office has positive relationships with CREDIT staff.
- We're doing pretty well. I wasn't convinced at the beginning. I was prepared to give them a go because it is the country and anything helps, but it's going pretty well. We understand the difficulty, we send them difficult people. We are using them more and more in the area of intellectual disability and find they try to assist those who fall between the cracks.

Excluding those service providers that have had no referrals or only very few referrals from CREDIT, the majority of providers and solicitors reported that the CREDIT program has eased their workload. Comments included:

- CREDIT has reduced the number of different referral sources. It's more centralised. Otherwise, the clients would be referred via solicitors or Probation and Parole.
- CREDIT has made life much easier for our agency, eased our load and it's very satisfying to see CREDIT being able to achieve what we've been trying to achieve for two years. Their approach is co-ordinated, intense, on the spot, they can chase things up, so it has meant success.
- Eased our workload a little because they're doing what we would have been doing with the clients, for example, referral to other services. CREDIT has certainly not increased our workload at all, if anything, it's decreased it.
- It's a very useful service for me. I have some patients that I don't know what I can do with, especially those with developmental delay, intellectual impairment and brain injury. I have no expertise in those areas and very limited referral pathways for those offenders. I can refer them to CREDIT. It's another option available to me which makes life easier.
- It has equipped us to be able to make better submissions on sentence. It has equipped us with more in-depth information about our clients that allows us to get to know them better. It brings to our notice any issues that we may have missed, such as mental health, family background, trauma in the past. It allows us to provide a better service to our clients who are engaging in the program.

The CREDIT program has increased the workload of some service providers which are responsible for supporting clients with complex needs. This is because the CREDIT participants fit directly into their target groups. While some police prosecutors reported that the CREDIT program had no impact on their

workload, others noted that since matters are before the court for longer periods, they are required to attend more court appearances.

At the time the stakeholder interviews were conducted, there were no written protocols or service level agreements between the CREDIT program and any service providers or other agencies. While all solicitors and most service providers reported that this situation was adequate, others noted that, if the program was extended to more courts, formal agreements may be required. Police prosecutors and probation and parole officers had mixed opinions about the current situation. Some comments included:

- An agreement provides a safety net. A document clarifying roles, responsibilities, limits of interaction would be beneficial.
- We should have firm instructions about CREDIT.

Difficulties with CREDIT clients

Service providers were asked: *What difficulties, if any, do you and your colleagues have with this client group?* The majority reported experiencing difficulties with some CREDIT clients, such as, clients not keeping appointments without giving an explanation, not having the necessary documentation, not paying for the service, being illiterate, having difficulty in sustaining the effort required, lacking focus, lacking understanding of counselling, having low self-esteem, or having low motivation to travel to the agency.

Positive and negative features of CREDIT

All stakeholders were asked: *What aspects of the program are working well or are positive features?* and *What aspects of the program are not working well or are negative features?*

Positive features

Stakeholders identified a number of positive features of the CREDIT program, for example:

- staff's professionalism, flexibility, co-operative attitude, availability, capacity to develop rapport and trust very quickly with clients, effective communication and working relationships with service providers and stakeholders;
- staff providing relevant stakeholders with in-depth information about the clients thus facilitating more accurate submissions on sentence;
- the program's high level of case management;
- the program's broad eligibility criteria;
- the program's co-ordinated, multi-faceted and flexible nature;
- the program's visible support from magistrates;
- physical location of CREDIT staff in the courthouse, ensuring visibility to solicitors, magistrates, police prosecutors, service providers; and ensuring their access to court staff and magistrates;
- providing some funding for clients to access community transport, programs, necessary testing; and
- positive outcomes for clients.

Negative features

Some stakeholders reported that the program had no negative features. Others noted the following aspects as negative:

- short duration of the program, with some clients exiting the program before completing their treatment;
- lack of referrals to some service providers;
- ill-defined interface between CREDIT and MERIT (Magistrates Early Referral into Treatment).⁹
- discontinuity of management of clients who migrate from the pre-plea, pre-sentence support provided by CREDIT administered by one government agency (Department of Attorney-General and Justice) to the post-sentence supervision provided by Probation and Parole Service administered by another government agency (Department of Corrective Service);
- lack of specificity in some CREDIT court reports;
- inflexibility of some services regarding intake procedures or hours of operation (which has an impact on clients who are employed);
- lack of suitable services, e.g. housing stock, treatment options for domestic violence perpetrators;
- insufficient transport options, particularly in rural areas;
- negative impact on victims since the court outcome is delayed;
- insufficient CREDIT staff for the demand; and
- lack of formal structure for clinical supervision of CREDIT staff.

Stakeholders were asked: *What advice would you give the Department of Attorney-General and Justice and, more broadly, the government about the pilot program?* The most common advice was to extend the program, ideally state-wide. Some improvements were also suggested, including:

- prior to program implementation: consult with the key stakeholders; establish the necessary relationships; clearly delineate the respective roles, responsibilities and interface between CREDIT and other court-based programs, such as MERIT and Mental Health Court Liaison Service;
- establish services, or negotiate for the establishment and adequate resourcing of services which are currently lacking or are inadequate, e.g. programs for perpetrators of domestic violence, a range of services for drug and alcohol abuse, anger management programs, programs for defendants with comorbidities, general medical practices, the number of free annual mental health sessions to which clients are entitled, housing stock and culturally appropriate services;
- provide both initial and ongoing training and education regarding CREDIT to key stakeholders and service providers;
- encourage general duty police officers to refer defendants to CREDIT;
- more stringently evaluate the program eligibility criterion regarding the defendant's motivation to address his/her problems related to offending;

- provide payment for some services (e.g. counselling) and support services (e.g. community transport);
- encourage service providers to give CREDIT clients priority access to services, particularly housing and disability support services;
- develop a viable model for ongoing case management of clients with multiple needs following their exit from the CREDIT program in order to maintain the progress achieved;
- improve the interface between CREDIT and Probation and Parole to ensure continuity for those sentenced to supervision;
- acknowledge that, even if re-offending occurs, the program may have led to an improvement in the quality of life of not only the defendant but also his/her family;
- extend the program to young offenders, aged 16 years or more;
- ensure the program has adequate staffing resources to meet the demand for the program;
- offer CREDIT staff clinical support, supervision and advice for managing difficult clients;
- provide CREDIT staff with ongoing education on issues such as how to deal with people with mental health issues, or drug and alcohol issues; and how to identify intellectual disabilities;
- provide new staff with training on issues such as how the local court system works, motivational interviewing and first aid; and
- recruit staff who reflect the socio-demographic characteristics of the local area.

SUMMARY OF RESULTS

Over the two-year pilot period (24 August 2009 – 23 August 2011), the CREDIT program received 719 referrals and conducted 637 assessments. A total of 451 defendants participated in the program. The majority ($n = 420$, 93.1%) of these defendants participated in the program only once; however, 30 (6.7%) defendants participated twice and one defendant participated three times. The average number of referrals to services per participant was 3.2 at the Burwood site and 2.4 at the Tamworth site. More importantly, most defendants who were referred for some form of treatment or support were accepted. In some cases, the percentages were very high. For example, in both sites, more than 90 per cent of the defendants referred to mental health services and alcohol treatment programs were accepted by those services. One of the greatest difficulties in each site was for accommodation-related services. This service type had one of the lowest referral success rates and gives some indication of the difficulties faced by CREDIT staff in securing appropriate accommodation for this client group. Housing was also an issue for clients in the Victorian Court Integrated Services Program. In his evaluation, Ross (2009), found that the very limited availability of long-term housing, emergency and temporary housing in the community was one of the key issues constraining client engagement with services.

The results of the interviews in this study show very clearly that there were high levels of satisfaction among both stakeholders and program participants. For both categories of respondents, one of the most noteworthy aspects of the program was the CREDIT staff – their professionalism, enthusiasm, dedication, flexibility, ability to engage with both program participants and stakeholders, and their availability to both program participants and stakeholders. While the over-riding opinion of the program was positive and stakeholders suggested that it be implemented on a state-wide basis, they nonetheless recommended some improvements designed to facilitate beneficial outcomes for both program participants and the broader community. These improvements include the establishment or further enhancement of relevant services, programs and transport options in the catchment areas; clarification of the boundaries of, and intersection with, relevant court-based programs and other government agencies to ensure that defendants are effectively managed; and adequate resourcing of the program.

DISCUSSION

The CREDIT program was established in response to the State Government's objective of reducing re-offending. It is based on recognised principles of effective intervention in criminal justice programs and responds to the multiple psychosocial needs of NSW's defendants and the demand for services that were identified by Jones and Crawford (2007). The program encompasses many of the elements and principles of a problem-solving justice model, focusing on chronic behaviours of defendants and using treatment with the intention of addressing the underlying causes of the criminal behaviour and ultimately reducing re-offending rates.

Consistent with other problem-solving justice interventions, CREDIT emphasises individualised treatment and collaboration between, and engagement with, local stakeholders. The program operates on high-quality information about both the context of the crime and the defendant's psychosocial situation and treatment needs; information which has been obtained by an experienced case worker using evidence-based risk and needs assessment instruments to conduct a thorough intake interview and assessment process. This information is then utilised to develop individualised plans to ensure defendants receive an appropriate level of case management and services from relevant practitioners in areas such as drug treatment, mental health counselling, housing and employment and training programs. The responses given by the court-related stakeholders interviewed, particularly the magistrates, clearly indicate that the timely, high-quality reports prepared by the program staff contribute to effective decision-making and sentencing by magistrates.

Another key principle of problem-solving justice models which is encompassed by the CREDIT program is the collaboration between different service sectors with the objective of addressing

underlying problems. The program encourages co-operation and facilitates partnerships between various criminal justice stakeholders (magistrates, solicitors, police prosecutors, case workers) and service providers in diverse fields. The key stakeholders interviewed in this study endorsed the program's co-ordinated, multi-faceted nature. The majority reported excellent working relationships with CREDIT staff and some reported lighter workloads as a result of the program.

Participants overwhelmingly endorsed the program. All but one participant who was interviewed would recommend the program to someone in a situation similar to their own. Participants reported that participation in the program had improved their physical and mental health, given them a more positive outlook on life, increased their confidence and given their lives structure and direction. The program had taught them different strategies for managing problems. It also taught them to replace destructive behaviours with constructive activities. In addition to being beneficial to themselves, participants believed that the program had concomitant benefits for their families. They reported that their participation in the program had improved their relationships with partners, children and other family members. Furthermore, as a result of the program, defendants had become informed about the types of services available and how to negotiate these services. Thus, if the need arises in the future, either for themselves or a member of their family, they are better equipped to seek treatment or assistance at an earlier stage.

In addition to these qualitative benefits for CREDIT participants and their families, if the program is effective in reducing the rate of re-offending and/or the rate and length of imprisonment, it has the potential to save money by reducing the direct costs of crime (e.g. property damage and theft), and the costs associated with charging, prosecuting, sentencing and imprisoning offenders (e.g. police time, court administration costs and imprisonment costs).

An indication of the potential economic benefits of CREDIT is provided by the economic evaluation undertaken of the Victorian Government's Court Integrated Services Program (Price Waterhouse Coopers, 2009). This economic evaluation found that defendants who had completed CISP spent, on average, 32.6 days less in prison compared to a control group; took longer to re-offend; and, when they did re-offend, the crime was less serious than their initial crime. Based on the finding of a statistically significant 10 per cent reduction in re-offending by CISP participants nearly two years after program completion compared to a control group (Ross, 2009), the benefit cost analysis of CISP concluded that:

If the reduced recidivism rate amongst CISP participants is maintained for a period of two years, the benefits of CISP will have exceeded the costs. After three years, if the CISP program continues to have a lasting impact on its participants, resulting in a reduced recidivism rate, annual benefits to society will continue to accrue. The longer the impact of CISP lasts, the greater the benefits to society [Price Waterhouse Coopers, 2009, p. iv].

STUDY STRENGTHS AND LIMITATIONS

One of the strengths of this study is the high response rate in the survey of CREDIT participants; 122 defendants were interviewed. Only two defendants stated that they were not interested in providing feedback regarding the program. Being distressed, failing to keep their appointment, not being able to be contacted and the interviewer being on leave explain why the remaining 11 defendants who were invited to participate in the survey were not interviewed. This would suggest that the survey responses obtained are fairly representative of the defendants who had reached the final stages of the program. However, insights into how the program could be modified and perhaps improved could be provided by those defendants who withdrew from the program. As Table 1 shows, this applies to approximately one in 11 defendants. If these defendants could be contacted, future research could investigate the reasons why they withdrew from the program.

Another strength of the study is the diverse range of stakeholders who were interviewed, representing different services and elements of the criminal justice system.

FUTURE RESEARCH

The Bureau's second evaluation report dealing with the CREDIT program will focus on the effectiveness of the program in reducing the risk of re-offending. The Bureau will observe the re-offending rate of approximately 300 program participants and relevant control groups over a minimum period of 12 months.

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NOTES

1. The target in the current State Plan (Goal 17) is 'to reduce juvenile and adult re-offending by 5% by 2016' (NSW Government, 2011, p. 35).
2. Although reconviction rates are a standard measure of re-offending, they are only a proxy for actual re-offending rates. Reconviction rates under-estimate actual offending because they reflect only the offences which have been detected by, or come to the attention of, the police. In addition, reconviction rates are affected by changes in policing and prosecution practices and do not account for changes in the severity or frequency of subsequent offending.
3. Forum Sentencing operates in a number of local courts in NSW. It brings together at a 'Forum' an offender, victim(s) and other people affected by a crime. The aim is to help repair harm to the victim and the community, and reduce the offender's likelihood of re-offending. It also gives an offender the opportunity to learn about the impact of his/her behaviour on victim(s) and other people. (Source: <http://www.lawlink.nsw.gov.au/forumsentencing>)
- MERIT is a program based in local courts which provides the opportunity for adult defendants with substance abuse problems to work, on a voluntary basis, towards rehabilitation as part of the bail process. (Source: <http://www.lawlink.nsw.gov.au/merit>)
- The Mental Health Court Liaison Service is a court-based diversion program which targets individuals with mental health problems who appear in local courts charged with non-indictable offences. The service provides mental health assessments and reports to the court to assist magistrates in making decisions about these individuals.
4. Brokerage funds are designated funds for purchasing services or goods to address a participant's specific needs and to assist in his/her engagement with the program.
5. Early in the program's implementation, attempts had been made to obtain the required information by asking participants to self-complete a short, structured written questionnaire which was subsequently returned by mail. However, this method proved unsuccessful as some participants failed to fully complete key questions. Thus the survey method was changed to telephone interviews.
6. Sections 32 and 33 of the *Mental Health (Forensic Provisions) Act 1990* enable magistrates to arrange for the care and treatment of persons suffering from mental health problems. Section 32 applies to an accused person who suffers from a mental deficiency but is not mentally ill within the terms of the *Mental Health Act 2007*. Section 33 applies to an accused person who is mentally ill within the terms of the *Mental Health Act*.
7. Other countries of birth included the United Kingdom, the Netherlands, China, South Africa, Lebanon, Serbia and Tonga.
8. One person reported being 'neither satisfied nor dissatisfied' with the progress made on the program.
9. Some stakeholders perceived MERIT as a sub-set of CREDIT. However, the two programs differ in a number of ways, including the target group: MERIT only targets defendants with substance misuse problems whereas CREDIT targets defendants with multiple offending-related problems. Depending on their assessed needs, defendants could be referred from CREDIT to MERIT and vice versa.

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