

Alice Springs Alternative to Custody Program Evaluation Report

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Prepared for the Aboriginal Justice Unit by



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Acronyms and abbreviations

AOD	Alcohol and Other Drugs
AGD	Northern Territory Department of the Attorney-General and Justice
ATC	Alternative to Custody
AJU	Aboriginal Justice Unit
CAWLS	Central Australian Women's Legal Service
CfAT	Centre for Appropriate Technology
DASA	Drug and Alcohol Services Australia
DoH	Northern Territory Department of Health
MHAODB	Mental Health, Alcohol and Other Drugs Branch
MOU	Memorandum of Understanding
NAAJA	North Australian Aboriginal Justice Agency
NT	Northern Territory
NTAJA	Northern Territory Aboriginal Justice Agreement

Acknowledgements

Pandanus Evaluation acknowledges the Traditional Owners of Country throughout the Northern Territory. We pay our respects to Elders past, present and emerging.

We thank the women participants in the Mparntwe/Alice Springs Alternative to Custody (ATC) Program for generously sharing their journey in the ATC Program and their ideas and suggestions for making the ATC Program stronger for the women coming after them. Thank you to the staff at Drug and Alcohol Services Australia (DASA) for their input to the evaluation and for their assistance coordinating the evaluation.

Pandanus Evaluation acknowledges our positioning as evaluators working at the cultural interface. Our work is informed by contemporary perspectives regarding respectful ways of working with Aboriginal and Torres Strait Islander peoples.^{1 2} We pride ourselves in working in ways that value and incorporate diverse perspectives.

Notes on terminology used in this report

We use the term 'current participants' for women currently in the ATC Program and 'past participants' for those who have completed the ATC Program or left without completing.

'Service providers' refers to representatives from services and organisations working with the ATC Program as either providers of in-house programs (as part of the rotating calendar of activities) or have an interest in supporting the ongoing wellbeing of women participants.

'ATC staff' refers to the DASA staff working on the ATC Program.

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¹ Productivity Commission. (2020). *Indigenous Evaluation Strategy*. <https://www.pc.gov.au/inquiries/completed/indigenous-evaluation/strategy/indigenous-evaluation-strategy.pdf>

² Williams, M. (2018). Ngaa-bi-nya Aboriginal and Torres Strait Islander program evaluation framework. *Evaluation Journal of Australasia*, 18(1), 6–20. <https://doi.org/10.1177/1035719X18760141>

Executive summary

The Mparntwe/Alice Springs Alternative to Custody (ATC) Program is an innovative, community-based approach to reducing Aboriginal incarceration and recidivism in the Northern Territory (NT). The ATC delivers targeted, tailored rehabilitation programs to Aboriginal women at risk of offending or reoffending who have been diverted, defected, mandated by courts, police or others or self-referred.

The Mparntwe/Alice Springs ATC Program was established in 2019 as a pilot project for 18-months. It was initially managed by the Centre for Appropriate Technology (CfAT) that owns the residential facility known as the 'Life Skills Camp' (the Camp). The Camp, located in a bush setting outside of Mparntwe/Alice Springs, provides accommodation for up to 10 Aboriginal women and their young children. In July 2020, Drug and Alcohol Services Australia (DASA) became lead agency for the ATC Program. Central Australian Aboriginal Congress (Congress) is funded to deliver psycho-therapeutic services under a separate contract with the Mental Health, Alcohol and Other Drugs Branch (MHAODB) in the NT Department of Health (DoH).

The ATC Program

DASA operates the ATC Program based on a residential therapeutic community model coupled with treatment and psycho-educational programs delivered in-house by DASA, local service providers, and through in-reach by Congress.

ATC Program participant summary

	Age range (at time of referral or assessment)	Median age (at time of referral or assessment)	Range of length of time spent at the Camp	Average length of time spent at the Camp
Women who completed	23 - 51 years	39 years	54 - 249* days	150 days
Women who did not complete	22 - 50 years	35 years	12 - 113 days	41 days
Women 'still in residence'	29 - 49 years	37 years	NA	NA

As at June 2022, 67 women had been referred to the ATC Program. Thirty-seven women were accepted and entered the Camp.³ Twenty women had completed the ATC Program. Thirteen women did not complete; nine women were required to exit for breaching ATC Program or court conditions, four women absconded. Four women were 'still in residence'.

'The women who didn't complete, they've missed out on what we've learned here'

* The ATC Program is six months (approximately 180 days), with an option to extend. Nine women did the full six months. Nine women did less than six months (between two and five months), depending on the length of their sentence. Two women stayed an extra one month and two months respectively.

³ Two women entered the Camp twice (one woman completed on her second attempt, the other did not complete on either occasion). They are counted twice in Program documentation, and so too for the purpose of this report.

The evaluation

This evaluation was conducted in August and September 2022 and focussed on the operating period April 2020 to June 2022, the time monitoring and evaluation data are available. The purpose of the evaluation was to assess the sustainability of the ATC Program, identify and validate early outcomes, particularly successes, recommend improvements regarding the performance framework and data sources, and prepare the ATC Program for an impact evaluation. The evaluation draws out lessons to inform the continued operation of the Mparntwe/Alice Springs ATC Program and provide guidance for the strategic direction and development of future ATC Programs across the NT.

The evaluation sought to answer the following key evaluation questions:

1. What are the early outcomes or indications of future outcomes suggested by the data?
2. Did the ATC Program have any unintended consequences, positive or negative? How and why did they occur?
3. How well suited is the performance framework to measuring ATC Program implementation and outcomes?
4. How well suited are the data sources for capturing the monitoring and evaluation data to inform on-going Program management and future impact evaluations?
5. What improvements are necessary to achieve the intended outcomes and sustain the changes?

The evaluation did not examine ATC Program implementation; longer term outcomes as identified in the program logic; or the performance or impact of individual programs or services

The evaluation activities were designed and conducted in ways that ensured cultural safety principles were met. The evaluation surfaced and tested assumptions that ATC staff and key stakeholders held about the ATC Program. Methods included document review, interviews with key stakeholders, service providers and current participants, and observation at the Camp.

The evaluators looked at data for the 20 women who had completed and provided their consent for personal information to be used for the evaluation. De-identified quantitative data for the 13 women who did not complete was also reviewed.

Findings

Progress towards planned outcomes

Overall, the evaluators identified positive outcomes or indications of positive outcomes for women participating in, and particularly those who complete, the ATC Program. All the short-term and some medium-term outcomes demonstrated progress towards being met or were met to some degree. There is evidence that successful completion of the ATC Program contributes to a reduction in reoffending.

This evaluation has found that ATC Program makes a positive contribution to the physical health and wellbeing of participants and should continue to be supported.

*'[The ATC Program] did change my life.
The only one who can change things is me'*

Assessment of progress towards outcomes⁴

Short-term outcomes	Findings	Progress ⁵
Increase in clients accessing necessary support services	Women increase access to services as a feature of the ATC Program design. Additional referrals are arranged on a case-by-case basis.	Indications of being met
Clients develop greater awareness of self and personal triggers that contribute to offending	<p>Women are 'better equipped to cope and are more in control of their personal triggers' due to coping mechanisms learned from therapeutic activities delivered by Congress.</p> <hr/> <p><i>'ATC taught us to be calm, not get angry that quick. Do something, like puzzles, read books. Before, we would get angrier and angrier. I would've walked out of this place [before]'</i></p> <p><i>'Take a deep breath, go for a walk. Feel the earth. Be in the moment'</i></p> <hr/>	Indications of being met
Clients with AOD issues abstain from usage during the program	No participant has been exited due to AOD use. One woman became intoxicated and sustained an injury whilst on approved leave. She chose not to return to the Camp.	Met
No reoffending by client during the program	No participant has been exited for reoffending whilst at the Camp. Of the 20 women who completed the ATC Program, three had domestic and family violence orders listed either 'for' or 'against' them while they were at the Camp. These were not considered a breach of ATC Program conditions.	Met
Medium-term outcomes	Findings	Progress
Client relationships with family and children improves	<p>Participant's relationships with family and children are improving by women with children being supported to stay together at the Camp, or through being supported to have increased contact and reengagement with children and family.</p> <hr/> <p><i>'I have more respect from my family since I'm in here. They can see I'm a changed person. I've got their trust back'</i></p> <hr/>	Indications of being met

⁴ This evaluation has found that baseline data against outcomes in the program logic is not being routinely collected at intake, and there is currently no requirement for outcome reporting. To determine progress towards outcomes, the evaluators based their assessment on some assumptions. For example, participants are assumed to have not previously accessed the range of services available in the ATC Program, so their attendance and/or referral is judged as an increase in 'accessing necessary support services'.

⁵ 'Indications of being met' is listed where an assessment of progress was limited due to insufficient outcome reporting data, or no baseline data gathered at intake.

'Unmet' is listed primarily due to broader systemic issues (i.e., housing and employment) that are beyond the influence of a 6-month residential program, as well as a lack of follow-up data.

Client knowledge of legal rights and responsibilities improves	<p>Knowledge of legal rights and responsibilities are improving through weekly legal education sessions delivered by the local women's legal service.</p> <hr/> <p><i>'[The women's legal service] is telling us the hard words'</i></p> <hr/>	Indications of being met
Client compliance with post-sentence conditions improves	Of the 20 women who completed the ATC Program, 16 women completed their order with no breaches and have not returned to custody.	Met
Client access to housing improves	Eighty three percent of all past participants were assessed as requiring 'housing support'. Of the 20 women who completed the ATC Program, four were reported as being in stable housing post-exit.	Unmet
Client employability ⁶ improves	Of the 20 women who completed the ATC Program, four were reported as having undertaken educational courses or formal study.	Indications of being met
Client access to employment improves	Ninety seven percent of all past participants were assessed as presenting with 'financial stress/unemployment'. Of the 20 women who completed the ATC Program, five were reported as having gained employment post-exit. All current participants interviewed (n= 5) said they had not been able to access employment while at the ATC Program. However, ATC staff noted that employment was not a goal of most women entering the ATC Program.	Unmet
Client achieves goals set out in individualised plan	Of the 20 women who completed the ATC Program, 15 had goals reported. Of these women, 11 had met or partially met their individual goals.	Indications of being met
Clients with AOD issues abstain from usage for six months + post Program exit	Of the 20 women who completed the ATC Program, three were taken into protective custody post-exit. Of the 13 women who did not complete the ATC Program, six have had contact with the Justice system for AOD post-exit.	Indications of being met
No re-offending or reduced reoffending by client six months + post exiting the program	Women who complete the ATC Program are less likely to reoffend and generally show a reduction in their offending. Most women who did not complete the ATC Program have reoffended (10 out of 13).	Met
Client experiences improved physical and mental health	<p>ATC staff reported participants left the ATC Program 'with improved health and wellbeing' due to routine and structure as well as access to therapeutic support, health services, life skills training and exercise programs.</p> <hr/> <p><i>'[The women] have reported that family have commented that they look stronger. They also say they feel more relaxed and less stressed after exercising' (service provider)</i></p> <hr/>	Indications of being met

⁶ The ATC Program currently has no set indicators for measuring 'employability', such whether women acquire the necessary knowledge and skills to gain employment in their place of residence.

Unintended consequences

The evaluators identified several positive and negative unintended consequences resulting from the ATC Program. Positive unintended consequences are identified as key success factors that may contribute to women being able to successfully complete the ATC program. It is recommended that these are explored and strengthened for the next phase of program delivery. Negative unintended consequences are identified alongside recommendations to strengthen the ATC Program.

Positive unintended consequences	Findings
Learning new things	<p>Current participants stated that they have a desire to learn and are motivated to change their lives. Women reported feeling empowered with their new knowledge.</p> <hr/> <p><i>'I've been learning about [alcohol] and how to keep kids safe. Self-reflecting. I didn't know I was doing all those [bad] things before'</i></p> <hr/>
The Life Skills Camp as a place for healing and learning	<p>Women reported the environment around the Camp promotes feelings of safety, peace and connection. The women felt the natural environment around them at the Camp was a space where they could grow.</p> <p>Women also spoke of the 'diversity' at the camp and the value of this to their healing journey.</p> <hr/> <p><i>'I don't feel there's any racism here. We have diversity. There's staff from Tonga, Samoa, Cook Island, Germany. [The women here] are all from different tribes. We can learn a little bit [from each other] about other Aboriginal cultures'</i></p> <hr/>
Feelings of connectedness amongst the women	<p>Current participants spoke of the benefit of supportive inter-relational dynamics from being part of a cohort of Aboriginal women who have connections and responsibilities to each other outside of the ATC Program. Service providers celebrated the fact that the cohort of women came from similar communities, creating a connection between community, context, and language.</p>
Benefit of having young children at the Camp	<p>ATC staff reported that having young children at the Camp provides benefits for all participants as well as for the individual mothers. Having young children present changed 'the whole dynamic of the [Camp] in a good way'.</p>

Negative unintended consequences	Findings	Recommendations
Unrealistic expectations of what service providers can offer and deliver	The evaluation found several examples where current participants had expectations that ATC staff could provide access to certain services beyond the control of the ATC Program, particularly housing.	<p>Review what outcomes are achievable by the ATC Program within a six-month timeframe. Reflect this in a revised program logic and communicate with participants and service providers.</p> <p>Map services available in the community and how well they can match to the objectives of the ATC Program and the individual needs of the women.</p>
The trauma of repeating personal stories	<p>Several service providers reported women saying they were ‘sick of talking about our trauma all the time’ throughout the ATC Program.</p> <hr/> <p><i>‘It could be traumatising or do harm with the over delivery of services screening women’s stories’ (service provider)</i></p> <hr/>	Establish processes for sharing relevant information and collaborating on case management among all service providers, including throughcare, so the women do not need to repeat their story each time.
Lack of a shared understanding of ATC Program design	Most participants and service providers are unclear about the aims and objectives of the ATC Program, and the rationale for the selection of activities for the rotating calendar. The evaluation found that there was not a clear link between the therapeutic needs and goals of participants and the ATC Program activities. The lead agency and key service providers had not seen the program logic and there was no program design document that clearly linked the ATC Program with the research and theory underpinning the therapeutic approaches.	<p>Include the women more in the decision making about ATC Program activities.</p> <p>Review the intake process to ensure that women’s specific needs and requirements are clearly identified and are achievable within the context of the ATC program.</p> <p>Identify programs women have already participated in.</p> <p>Tailor ATC Program activities to better meet the women’s individual social, cultural, educational and employment needs.</p> <p>Link the ATC Program design with the research and theory underpinning therapeutic approaches.</p> <p>Collaboratively develop and share the program logic with key service providers.</p> <p>Ensure there is clear communication with service providers and participants around the ATC Program aims, objectives and therapeutic models.</p>

Negative unintended consequences	Findings	Recommendations
Lack of shared understanding about therapeutic and client centred approaches	Most service providers said they took a client-centred approach, where participants drive their own healing journey, and referenced concepts such as cultural safety and trauma-informed care. MOUs mention collaborative case management. However, it was found that these concepts were not clearly defined or with a shared understanding.	Ensure there are agreed definitions for terms relevant to the ATC Program including client-centred care, cultural safety, therapeutic community model, trauma informed care and collaborative case management. Develop these collaboratively and share among key service providers and participants.
Rates of attrition from the ATC Program	<p>The ATC Program currently has a 55 percent completion rate. While the literature suggests this is at the high end for completion in a therapeutic community setting, several service providers were of the opinion that this was a high rate of attrition.</p> <p>Of the 13 women who did not complete, four of the five youngest women (aged 25 – 30 years) spent between 19 and 53 days at the Camp before absconding. One of these women was a self-referral. The youngest woman (22 years) and an older woman (45 years) were exited for refusing to pay board and lodgings.</p>	<p>Explore and document the reasons why women do not complete the ATC Program.</p> <p>Better match participants based on their characteristics (e.g., age, parenting status), their offence history, and an assessment of their readiness and ability to engage with behaviour change programs.</p>
Both an identified outcome and an unintended negative consequence	Findings	
Returning to communities as a changed woman	<p>When women return to their communities with a new understanding of themselves and what led to their offending, woman can be out of step with family and their peers. This can cause tensions when wanting to be accepted back into the community while honouring cultural obligations that may cause women to reoffend.</p> <p>_____</p> <p><i>'Exit interviews need the right people to ask the right questions. What support will [the woman] need after she leaves?' (service provider)</i></p> <p>_____</p>	<p>Identify and include critical support networks in the women's case management and healing journey.</p> <p>Communicate with key community members, including Elders and key service providers, about the aims and objectives of the ATC Program and discuss ways they can support women when they return to the community.</p>

Suitability of the performance framework

The performance framework is considered suitable for capturing most of the statistical monitoring data required for day-to-day management and accountability of the ATC Program. The performance framework is currently not suitable for capturing outcomes as there are no performance measures to capture these data. The data sources available are suitable for capturing most of the monitoring data required for on-going ATC Program management. The ATC Program does not currently have the monitoring systems required to enable reporting of progress against many of the outcomes in the program logic.

Improvements

The evaluators identified improvements that will strengthen the ATC Program’s ability to achieve the intended outcomes and sustain the changes. This evaluation did not look at implementation specifically, however implementation issues were identified which could impact upon the ATC Program’s ability to achieve the intended outcomes.⁷ Improvements have been identified in the areas of ‘Program design and development of operational guidelines’; and ‘Program delivery and review’.

Improvement area	Recommendation	Suggested actions
Program design and development of operational guidelines	Refine the ATC Program design	Bring together key stakeholders, including AJU, DoH, DASA, Congress and CfAT as well as the ATC governance group, ATC referral committee, and identified service providers (particularly throughcare providers) to draw on the learnings from the trial period, the previous process evaluation and this evaluation to refine the program design and review the governance structures and terms of reference. The design document will form the basis for the operational guidelines.
	Review and revise the Monitoring, Evaluation and Learning (MEL) framework	Revise the Monitoring, Evaluation and Learning (MEL) framework to guide the systematic collection, storage and reporting of monitoring and outcome data. The MEL will establish systems for regular review of data by key stakeholders and ways to internally evaluate program delivery, such as criteria for measuring collaboration amongst service providers. It will outline processes to bring together key stakeholders to reflect on program successes and challenges and to revise ATC Program delivery to incorporate learnings.
	Update MOUs and service agreements	Update MOUs and service agreements to reflect the revised ATC Program plan. Include joint planning, services to be delivered, ways of working, quality assurance mechanisms, monitoring, evaluating (particularly around outcomes) and reporting requirements, data sharing and mechanisms for resolving issues.
Program delivery and review	Define, operationalise, and communicate key concepts	Key concepts to define, operationalise, and communicate to both service providers and participants include: client-centred care; cultural safety; trauma informed; therapeutic community; collaborative case management
	Strengthen throughcare and exit processes	Ensure throughcare and follow-up is built into each participant’s case management and exit plan.
	Establish mechanisms for collaborative ATC Program review and planning	Initiate monthly learning meetings for service providers to review and reflect on participants progress towards outcomes, share learnings and challenges, and develop strategies for improvement. Establish processes for key stakeholders to examine the data periodically (e.g., once a year) to reflect on implementation, track progress towards outcomes, identify successes and strategic issues that may need to be addressed to strengthen delivery.

⁷ The evaluators provided AJU with a separate document containing identified implementation issues.

Introduction

*'[The ATC Program] did change my life.
The only one who can change things is me'*

The Mparntwe/Alice Springs Alternative to Custody Program (hereafter referred to as the ATC Program) is an innovative, community-based approach to reducing Aboriginal incarceration and recidivism in the Northern Territory (NT). The Aboriginal Justice Unit (AJU) under the Department of Attorney-General and Justice (AGD) established and oversees the program. AJU established the ATC Program Mparntwe/Alice Springs in 2019 as a pilot project for 18-months.

The ATC Program is a six-month residential program for Aboriginal women at risk of offending or reoffending who have been diverted, defected, mandated by Courts, Police or others, or self-referred. The ATC Program aims to provide women access a suite of professional programs and assistance based upon their identified needs and goals, embedded within a culturally competent framework. The purpose is to ensure that participants are equipped with the skills to minimise the risk of having further contact with the criminal justice system as an offender. The ATC Program can also provide assistance to family members, including having young children stay at the Camp, to support the women's successful rehabilitation.

This evaluation report documents the development of the Mparntwe/Alice Springs ATC Program and describes the current operation and successes to date. It identifies findings relating to short-medium term outcomes, assesses the suitability of the performance framework and data sources to inform on-going program management and a future impact evaluation, and makes recommendations to strengthen the program moving forward. The primary audience for this evaluation is the AJU, the lead agency DASA, and ultimately the AJA Governance Committee before submission to the NT Attorney-General and Minister for Justice. Findings from this evaluation will also be of interest to key stakeholders and other service providers working to reduce incarceration and recidivism among Aboriginal women in the NT.

Background to the ATC Program

The ATC Program is an initiative under the Northern Territory Aboriginal Justice Agreement (NTAJA) 2021-2027. The NTAJA is a seven-year commitment by the NT Government under the Department of Attorney-General and Justice (AGD) to reduce reoffending and imprisonment among Aboriginal people in the NT. The NTAJA provides the policy framework for action. It outlines how the NT Government and service providers will work collaboratively to improve justice outcomes for Aboriginal Territorians.

NTAJA consultations conducted by the Aboriginal Justice Unit (AJU) in 2017-2019 informed the ATC Program design. It is a deliverable under Aim 1.1 of the NTAJA to 'establish and offer alternatives to custody'. The consultations identified a need to provide the police, courts, correctional services, the community and individuals with an alternative to imprisonment for eligible Aboriginal offenders, and those identified as at risk of offending or reoffending. Women were identified as a priority, given that Aboriginal women are imprisoned in the NT at '14 times the rate of non-Aboriginal women'.⁸

⁸ Australian Bureau of Statistics, in The Northern Territory Aboriginal Justice Agreement 2021-2027. (2021). Department of the Attorney-General and Justice. The Northern Territory of Australia. p.13

The ATC Program was initially managed by the Centre for Appropriate Technology (CfAT) that own the residential facility known as the 'Life Skills Camp' (hereafter referred to as the Camp). The Camp, located in a bush setting outside of Mparntwe/Alice Springs, provides accommodation for up to 10 Aboriginal women and their young children. AJU provided CfAT with funding for a program coordinator and 24/7 support staff, along with an ATC operational manual and a policies and procedures manual.

The ATC Program concept was that, during their time at the Camp, participants would be linked into various services based on the development of their Individual Support Plan (ISP). The ISP was to be developed with a social worker employed by Central Australian Aboriginal Congress (Congress). The social worker position was funded under a separate contract with the Mental Health, Alcohol and Other Drugs Branch (MHAODB) in the NT Department of Health (DoH). The Congress contract with DoH describes the ATC Program as a collaborative partnership between Congress, CfAT, AGD and DoH, to 'showcase the importance of combining assets and skills in order to promote and improve client outcomes'.

Within the trial period, in July 2020, AJU approached Drug and Alcohol Services Australia (DASA) to become the lead agency for the ATC Program and operate the Camp as a 24/7 residential program. DASA took up the CfAT contract for the remainder of the trial period, until July 2021, on a six-monthly 'variable term grant funding agreement'. DASA was later contracted for an additional 12 months, for the period 1 January 2022 to December 2022. Congress received ongoing funding from DoH for the contracted period of July 2021 to June 2024 to deliver the 'Alternatives to Custody and Alcohol and Other Drugs In-Reach Program'. The contract allocates funding for a 0.6 clinical psychologist to provide psychosocial assessment and individual and group therapeutic sessions, as well as link participants in with relevant support services and educational and vocational social and cultural supports.^{9 10}

The ATC Program Monitoring and Evaluation Plan

When the ATC Program was established, it included the development of a Monitoring and Evaluation Plan (M&E Plan). The M&E Plan recommended a process evaluation be conducted at the end of the trial period to assess ATC Program implementation and outcomes achieved in the short term (up to 12 months). Findings from the process evaluation would inform any decision on the continuation, termination or expansion of the trial.

AJU conducted an internal process evaluation in February and March 2021. It was based upon a review of how the ATC Program trial had been implemented, including referral pathways, service partnerships, service policies and procedures, as well as reviewing governance arrangements of the Project Control Group and Working Group. The process evaluation identified that further work was required to clarify the outcomes desired from the ATC Program and that these be reflected within the program logic. The process evaluation also informed the development of the current performance framework and reporting mechanisms for the ATC Program.¹¹

⁹ See Appendix 1: Chronology.

¹⁰ See Appendix 2: Program Description Matrix for detailed description of the three key services delivering the ATC Program

¹¹ See Appendix 3: Program Logic and Recommendations from Process Evaluation

The current ATC Program

Figure 1. shows the relationships among the key stakeholders for ATC Program delivery, and the two funding streams (AGD and DoH).

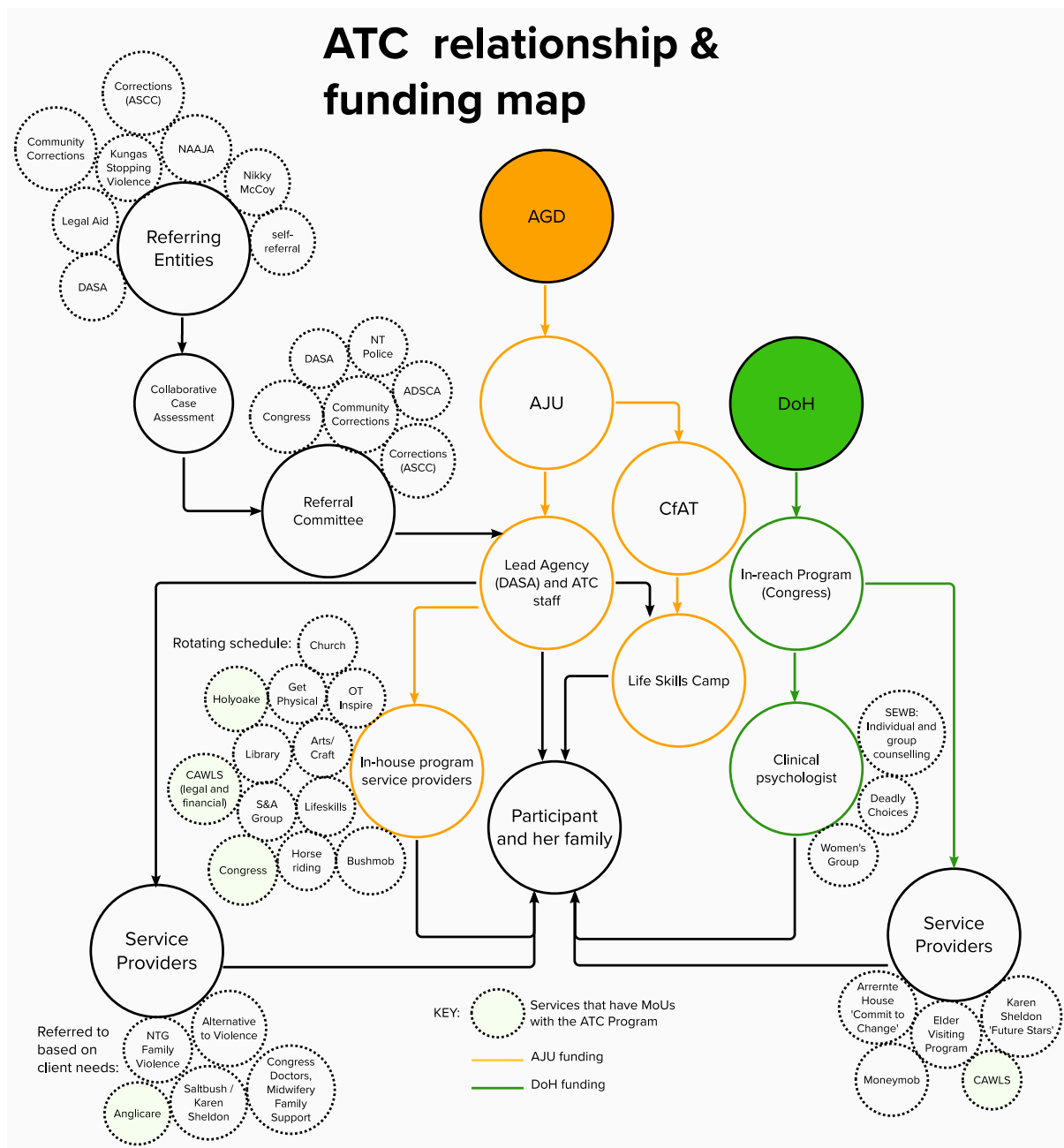


Figure 1: ATC Program relationship and funding map

DASA manages and operates the ATC Program based on a residential therapeutic community model coupled with treatment and psycho-educational programs delivered in-house by DASA, local service providers, and through in-reach by Congress.¹² Participants are referred to the ATC Program through the Courts, Police, Corrections, legal agencies, other Non-Government Organisations (NGOs), and self-referral. Referrals are received by DASA and collaboratively assessed for suitability by the ATC case manager, a corrections officer and Congress' clinical psychologist. All referrals are then

¹² In a therapeutic community model, the treatment community (the participants and the staff) are the primary agents of client change. Refer to Appendix 2: Program Description Matrix for more detail and <https://atca.com.au/>

assessed by a referral committee comprised of representatives of police, Community Corrections, Alice Springs Correctional Centre, DoH, and Congress.

Figure 2. shows the journey that participants take from intake to exit from the ATC Program. An individualised case management plan is intended to be collaboratively developed by DASA, Congress and Corrections. DASA is responsible for completing an exit and transition plan for each client. Referrals to continuing care services is the responsibility of Congress, as per their contract with DoH.

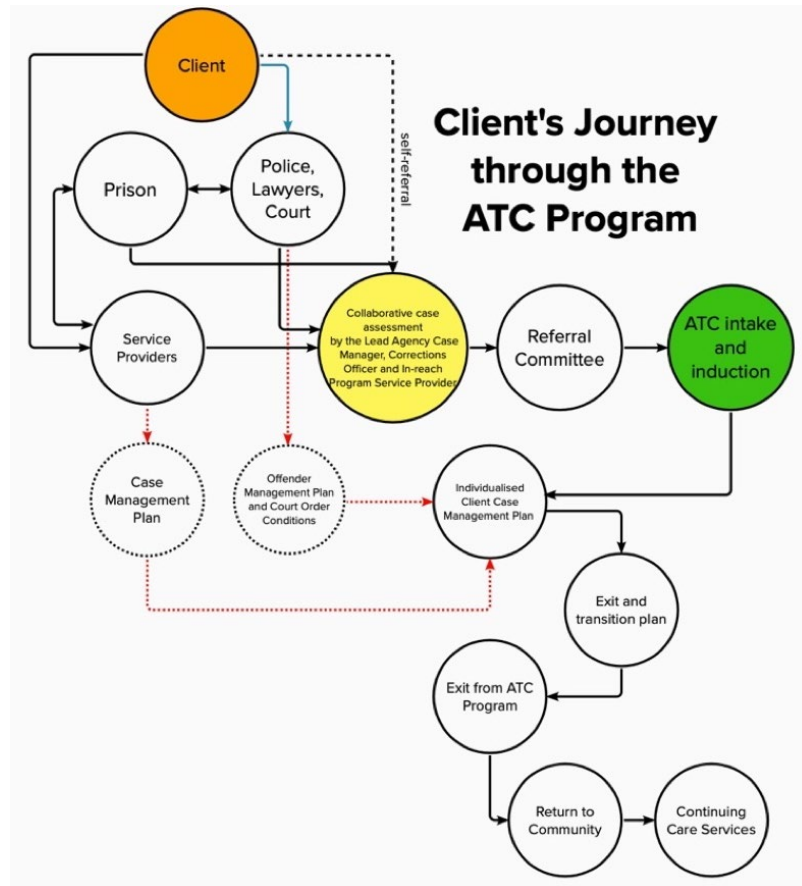


Figure 2: Client's journey through the ATC Program

ATC Program participant summary

Between April 2020 and June 2022, 67 women were referred to the ATC Program. Thirty-seven women were accepted and entered the Camp.¹³ Twenty women had completed the ATC Program. Thirteen women did not complete the program; nine women were required to exit for breaching ATC Program or court conditions, four women absconded. Four women were 'still in residence'. Age ranges for women who completed the ATC Program were 23 and 51 years (median 39 years). Length of time spent at the Camp was 54 - 249* days (average 150 days). Women who did not complete were between 22 and 50 years (median 35 years). Length of time spent at the Camp was between 12 and 113 days (average 41 days). Women 'still in residence' were between 29 and 49 years of age (median 37 years).

¹³ Two women entered the Camp twice (one woman completed on her second attempt, the other did not complete on either occasion). They are counted twice in Program documentation, and so too for the purpose of this report.

* The ATC Program is six months (approximately 180 days), with an option to extend. Nine women did the full six months. Nine women did less than six months (between two and five months), depending on the length of their sentence. Two women stayed an extra one month and two months respectively.

Introduction to the evaluation

The purpose of this outcome evaluation was to assess the sustainability of the ATC Program, identify and validate early outcomes, particularly successes, recommend ATC Program improvements regarding the performance framework and data sources, and prepare the ATC Program for an impact evaluation. It draws out lessons across the ATC Program that will inform the continued operation of the Mparntwe/Alice Springs ATC Program and provide guidance for the strategic direction and development of future ATC Programs across the NT.

The evaluation was conducted in August and September 2022, two years after ATC Program inception and one year after the process evaluation. The evaluation focussed on the operating period 2020-2022 for which ATC Program and participant data were available.

The evaluation sought to answer the following key evaluation questions:

1. What are the early outcomes or indications of future outcomes suggested by the data?
2. Did the ATC Program have any unintended consequences, positive or negative? How and why did they occur?
3. How well suited is the performance framework to measuring ATC Program implementation and outcomes?
4. How well suited are the data sources for capturing the monitoring and evaluation data to inform on-going Program management and future impact evaluations?
5. What improvements are necessary to achieve the intended outcomes and sustain the changes?

The evaluation did not examine ATC Program implementation; longer term outcomes as identified in the program logic; or the performance or impact of individual programs or services.

Principles guiding the evaluation

Adherence to ethical guidelines

The evaluation activities were designed and conducted in ways that ensured cultural safety principles were met, particularly those underpinning the AJA.¹⁴ The evaluators ensured that the participants engaged throughout the evaluation process were respected and protected by adhering to the relevant ethical guidelines. Evaluators received informed consent from respondents, either written or verbal. All responses were de-identified to protect the identity of participants. The evaluation was conducted in accordance with the [Australasian Evaluation Society Guidelines for the Ethical Conduct of Evaluations \(2013\)](#), the National Health and Medical Research Council's [Ethical guidelines for research with Aboriginal and Torres Strait Islander Peoples](#), and the Australian Institute of Aboriginal and Torres Strait Islander Studies [Guidelines for Ethical Research in Australian Indigenous Studies](#).

Utilisation-focussed and theory-based

The evaluation was utilisation-focussed. It placed emphasis on the usefulness of both the evaluation process and findings to key stakeholders. It was theory-based, using the program logic model and performance measures from the AJU's Request for Tender document as the basis for the inquiry. It surfaced and tested assumptions that ATC staff and key stakeholders held about the ATC Program.

¹⁴ The Northern Territory Aboriginal Justice Agreement 2021-2027. (2021). Department of the Attorney-General and Justice. The Northern Territory of Australia.

Evaluation methodology

The evaluators met with the evaluation commissioners at the AJU in August 2022 to plan the evaluation. Data collection and analysis occurred in September 2022. The AJU and DASA provided the evaluators with key program documents for review and identified key stakeholders for the evaluation. The evaluators spent three weeks in Mparntwe/Alice Springs interviewing program stakeholders and visiting the Camp.¹⁵

The evaluators looked at data for the 20 women who had completed and provided their consent for personal information to be used for the evaluation. De-identified quantitative data for the 13 women who did not complete was also reviewed. There were six women residing at the Camp at the time of evaluation; five women provided consent to be interviewed. Quantitative data about past participants was derived from ATC Program reports and Justice records (provided by AJU), as well as qualitative reports (both verbal and written) by ATC staff and service providers.

Evaluation Methods

Table 1 gives an overview of the range of evaluation methods undertaken.

Table 1. Evaluation methods

Method	Number
Document Review	32 ATC Program documents from DASA and AJU ¹⁶
Interviews	17 individual interviews; 4 focussed-group interviews ¹⁷
Observation	4 daytime visits to the Camp; 6 evening visits

Limitations

Evaluators were not able to include any interviews with past participants to provide case stories of progress towards outcomes from the women's perspective. The ATC case manager asked several past participants to speak to the evaluators, but the women either chose not to participate in the evaluation or were unable to be contacted. Evaluators were not provided with a cohesive design document containing a description of the theory underpinning the ATC Program based on research into residential treatment for offenders, or documentation of the ATC Program's cultural safety framework. There was also no requirement for the lead agency to report against outcomes in the performance framework. Evaluators found gaps in data collection and reporting. The lead agency and referral committee had not seen the program logic or been involved in its development. Evaluators were unable to easily access key documents such as the individual client case file. The reporting requirements for DASA changed over the course of the trial and no longer allowed for capturing of narrative 'good news stories' from which outcomes could be drawn.

¹⁵ See Appendix 4: Methodology for more detail on data collection methods.

¹⁶ See Appendix 5: List of Documents Reviewed.

¹⁷ See Appendix 6: Evaluation Informants and Appendix 7: Information Sheet and Consent Forms.

Evaluation findings

1. Progress towards planned outcomes

This section answers Question 1: What are the early outcomes or indications of future outcomes suggested by the data? Short-term outcomes are covered first, followed by medium-term outcomes. All the short-term and some medium-term outcomes demonstrated progress towards being met or were met to some degree. There is evidence that successful completion of the ATC Program contributes to a reduction in reoffending and makes a positive contribution to the physical health and wellbeing of participants.

Short term outcome 1: Increase in clients accessing necessary support services

Women increase access to services as a feature of the ATC Program design, where women are expected to attend all activities delivered as part of the in-house rotating calendar (see Figure 1). Some of these activities are delivered by services assessed as being required by all women (such as the legal sessions, psychological services, AOD treatment, and Life Skills). Additional referrals are arranged on a case-by-case basis.

De-identified client data shows the number of referrals to support services for all past participants (n= 37) of the ATC Program (see Appendix 8: Referrals to support services). The quarterly evaluation reports document the range of rehabilitation activities offered to the women and notes high engagement with these programs. Early ATC Program progress reports contain qualitative evidence of women with children staying with them at the Camp receiving additional support from Congress, as well as a woman with a complex health condition receiving support to manage her medical needs.

This evaluation has found that the calendar of activities is pre-determined and is not co-ordinated based on the participants' unfolding needs as identified in individual case plans. There are no data from service providers to show whether women have taken up the referrals or what outcomes have resulted. There is currently no way to show an 'increase' in access to support services as there is no baseline of participant's previous level of contact prior to the ATC Program. This data would be available from service providers or from the women themselves at intake.

Short term outcome 2: Clients develop greater awareness of self and personal triggers that contribute to offending

Women felt better equipped to meet the challenges they face upon leaving the ATC Program due to coping mechanisms learned from therapeutic activities. All current participants interviewed (n= 5) reported that they felt 'better equipped to cope and are more in control of their personal triggers (i.e., greater impulse control).' This outcome was confirmed by the clinical psychologist from Congress who stated that all past participants 'would have increased awareness of personal triggers, though [Congress] have not included a question or questionnaire to measure this objectively'.

Case story: Strategies for staying out of trouble

[Current participant] speaks to her family on video calls but feels uncomfortable when they show her grog and marijuana. 'Don't show me that', she says, 'It's poison'. She says that was the reason she got in trouble with the law. 'I've been doing that before, but I don't want to do it now.' She is sad that she has missed out on watching her grandkids grow up because she has spent so many years in prison.

She does not want to return to her hometown for two years after she finishes the ATC Program. She has decided she wants to stay in Alice Springs until her parole period ends to get herself 'back on track' before returning to her community

A current participant interviewed reported:

'ATC taught us to be calm, not get angry that quick. Do something, like puzzles, read books. Before, we would get angrier and angrier. I would've walked out of this place [before]'

'Take a deep breath, go for a walk. Feel the earth. Be in the moment'

Four out of five current participants interviewed reported an improvement in their communication skills and ability to resolve conflict.

'Leaving here there is a challenge waiting for us. We have tools [now], to say no, to create this space at home'

'Women are happier to talk and make their own choices. It may seem something small, but to stand up and say, 'I don't like that' is significant' (service provider)

Short term outcome 3: Clients with AOD issues abstain from usage during the program

It is a requirement of completing the ATC Program that participants do not use AOD. No participant has been exited due to AOD use. Participants undergo random drug tests and breath tests when returning from town trips. If AOD use occurs, women are required to exit the ATC Program.

The progress reports provide data on one past participant who tested positive for marijuana use whilst staying at the Camp. This woman later absconded. Another participant was reported as becoming intoxicated when she absconded whilst on approved leave, however she returned to the Camp and was able to complete the ATC Program.

Four out of five current participants interviewed said they had reduced their personal AOD use while in the ATC Program. One woman said it was not applicable as she did not have an issue with AOD.

Short term outcome 4: No reoffending by client during the program

It is a requirement of completing the ATC Program that participants do not reoffend. No participant has been exited for reoffending whilst at the Camp.

Justice data shows that, of the 13 women who did not complete the ATC Program, none had offences listed against them while they were at the Camp. Of the 20 women who completed the ATC Program, three had domestic and family violence orders listed either 'for' or 'against' them while they were at the Camp. These were not considered a breach of ATC Program conditions.

Medium term outcome 1: Client relationships with family and children improves

De-identified client data shows that all past participants have domestic and family violence as a presenting issue. Nine women were assessed with child protection matters. There is no information regarding the quality of relationships with family and children and follow up data to show an improvement.

Of the 20 women who completed the ATC Program, 14 were reported as having children. An assessment of client case files and ATC program reports show that seven women were supported to have their children stay with them at the Camp. One resident joined the ATC Program seven days postpartum with her newborn. She was supported by her sister, who was also a participant, as well as ATC staff to care for her newborn while she recovered from the birth. Another woman was supported to stay at the Camp with her 4-week-old child. Re-engagement with her two older children, who had been removed from her and her partner by Territory Families, was facilitated through Zoom conferences coordinated collaboratively between the ATC case manager, the woman's partner's case manager, and Territory Families.

Four out of five current participants interviewed reported they have more access to their children who are in kinship or foster care, primarily via telephone and video link. Two women reported being supported to reengage with their children. One woman is having fortnightly visits with her child (supported by Territory Families) and the ATC case manager is holding discussions with Territory Families around bringing the other two children to visit the Camp on weekends or holidays.

Of the 20 women who completed the ATC Program, four had family members explicitly engaged while they were at the Camp. This is documented in the client case files and the ATC Program reports. One participant was able to reengage with her partner and learn some healthy relationship strategies around her offending against him. Another participant and her partner were supported to attend early natal appointments together. Current participants spoke of the benefit of seeing family while they are undergoing treatment at the Camp.

'I have more respect from my family since I'm in here. They can see I'm a changed person. I've got their trust back'

Several service providers felt that more could be done to include certain family members, identified as the woman's 'critical support network', in the women's healing journey. Many women only had three hours on the weekend for family visits. Three out of five current participants interviewed said they had not experienced an improvement in their connection and place within family, community and culture through participation in the ATC Program.

'Criminogenic behaviours will come from lack of connections. If you're not addressing that at ATC, holding family conferences, [then the women are] not doing the healing' (service provider)

'We can't appreciate the big issues the ladies are facing. We need to support the people who support the women. We need to do outreach where family more broadly is supported or involved in the program' (service provider)

Medium term outcome 2: Client knowledge of legal rights and responsibilities improves

A feature of the ATC Program is that women participate in weekly financial and legal sessions delivered by the local women's legal service. The service provider said they tested the women's knowledge in mock court proceedings, however had not been requested to record any improvements in level of knowledge of legal rights and responsibilities. Several past participants have approached the women's legal service independently since leaving the ATC Program. Some women have since referred some of their own family members for advice.

Four out of five current participants interviewed reported an improved understanding of legal rights and responsibilities. The women said they were more confident in their understanding of legal terminology such as adjournment and suspended sentencing because of their weekly sessions.

'[The women's legal service] is telling us the hard words'

Medium term outcome 3: Client compliance with post-sentence conditions improves

Of the 20 women who completed the ATC Program, 16 completed their order with no breaches and have not returned to custody.

Medium term outcome 4: Client access to housing improves

Eighty three percent of all past participants were assessed as requiring 'housing support'. Of the 20 women who completed the ATC Program, four were reported as being in stable housing post-exit. This housing was provided through an MOU with Anglicare which allocates two units for ATC Program participants and can be occupied for up to two years. Two of the women were still in the Anglicare housing at the time of evaluation. The ATC case manager reported that the remaining women who completed the ATC Program have returned to their respective communities and are assumed to be living with family.

There is no follow up data on whether any past participants, other than the two currently in Anglicare housing, have had improved access to housing. ATC staff and service providers expressed their concerns that many women were being released from the ATC Program back into the community with no accommodation security.

'Housing was sought through [providers] unfortunately none of these were achievable while she was with us, she is currently on all the wait lists' (ATC staff)

Medium term outcome 5: Client employability improves

Ninety seven percent of all past participants were assessed as presenting with 'financial stress/unemployment'. Of the 20 women who completed the ATC Program, four were reported as having undertaken educational courses or formal study, including study with Bachelor Institute, Future Stars and drink driver education training.¹⁸ Six women volunteered with Foodbank. Two of the six women currently at the Camp also completed training with Future Stars.

¹⁸ Future Stars was an Indigenous Employment Program delivered by Saltbush Employment Services. It is no longer being run due to being defunded.

There is no outcome reporting data collected to show whether employability has improved because of these activities or set indicators for measuring ‘employability’, such whether women acquire the necessary knowledge and skills to gain employment in their place of residence.

Medium term outcome 6: Client access to employment improves

Of the 20 women who completed the ATC Program, five were reported as having gained employment post-exit. There is no follow up data to show whether this employment has been sustained. All current participants interviewed said they had not been able to access employment while at the ATC Program. ATC Program reports show that one past participant had started training to become an Aboriginal health practitioner before entering the ATC Program and that ‘while at ATC this training was reengaged [and the woman] was able to obtain employment back on community in the health clinic.’ Two past participants commenced employment whilst in the ATC Program. This included catering at the Parrtjima Light Festival and working at a local laundry service. ATC staff noted that employment was not a goal of most women entering the ATC Program.

Medium term outcome 7: Client achieves goals set out in individualised plan

Of the 20 women who completed the ATC Program, 15 had goals reported in the de-identified client data file. Some women had more than one goal. It is unclear whether there are goals listed in the client’s individualised case plan that are in addition to those captured in the de-identified client data file, such as goals set with the clinical psychologist. A review of ATC Program documents shows that of those 15 women, 11 had met or partially met their individual goals (see Table 2). Where goals are listed as ‘unmet’ it is often due to a lack of follow up data. There is no direct reporting on progress towards client goals.

Table 2. Participant goals

Participant’s goal	Number of women with this goal	Number of women whose goals were met	Number of women whose goals were unmet
Return to community	8	5	3
Housing	4	3	1
Employment	4	1	3
Break from alcohol	1	1	-
Complete the Program	2	2	-
Resume care of children	3	-	3
Continue AOD treatment	1	-	1
Continue study	1	1	-
Reengage with family	4	1	3

Medium term outcome 8: Clients with AOD issues abstain from usage for six months + post Program exit

There is currently no systematic way to follow up with participants post ATC Program exit to inquire about AOD use. Opportunistic follow up was reported. For example, one past participant has been seen several times by ATC staff since completing the ATC Program. The ATC case manager said ‘[she] is always happy to stop and talk, she has appeared clean, tidy, and sober.’

There is quantitative data available if a woman comes into contact with authorities. For example, Justice data shows that three of the 20 women who completed the ATC Program were taken into protective custody post-exit. DASA’s records show that two women presented at the Sobering Up Shelter post-exit. It is unknown whether they were the same women.

Of the 13 women who did not complete the ATC Program, six have had contact with the Justice system for AOD post-exit. Justice data shows that three women were taken into protective custody, two women received an illicit drug infringement, and one woman was arrested for driving over the 'prescribed content of alcohol or other substance limit'.

To assess progress more accurately towards this outcome, follow up data needs to be collected either from the woman herself, or from family and friends.

Medium term outcome 9: No re-offending or reduced reoffending by client six months + post exiting the program

Justice data (to July 2022) shows that sixteen of the 20 women who completed the ATC Program have not reoffended. Of the four that have reoffended, three women show a reduction in their offending. One woman has not shown a reduction in her offending, although the seriousness of offences has reduced (see Appendix 9: Offending history of past participant). Most women who did not complete the ATC Program have reoffended (10 out of 13). Of these ten, six show a reduction in the number of offences.

Medium term outcome 10: Client experiences improved physical and mental health

Thirty two percent of all past participants were assessed as having physical health concerns. ATC staff reported participants left the ATC Program 'with improved health and wellbeing'. This was attributed to routine and structure as well as access to therapeutic support, health services, life skills training and exercise programs. For example, one woman was able to get specialist support to help manage her diabetes while in the ATC Program.

As part of the rotating calendar of activities, the women go on morning walks and access weekly gym sessions. A service provider said that because of the gym sessions the women 'feel stronger, they are sleeping better and can get up out of bed and chairs more easily.'

[The women] have reported that family have commented that they look stronger. They also say they feel more relaxed and less stressed after exercising' (service provider)

ATC staff and service providers reported that women are shy and apprehensive when they first enter the ATC Program. Women, particularly those who have experienced complex trauma, are reported as being hyper vigilant and distrusting. Service providers said they had witnessed changes in the women as they settled into the ATC Program. Psychological safety, along with time, consistency, and routine helped the women 'open up', develop a sense of community, and build their confidence to 'use their voice to speak up'.

There is currently no requirement for outcome reporting to be shared with the lead agency on the level of physical and mental health at intake and exit from the ATC Program. Therefore, there is no way to assess the level of improvement in physical and mental health as a result of participation in the ATC Program.

Case story: Watching women grow in confidence

[Current participant] had been in prison for five years prior to entering the ATC Program. When she first arrived at the Camp and went on outings around town she felt 'scared' and was always looking over her shoulder. She always walked with the other ladies from her hometown. Now she feels 'confident' to walk by herself.

2. Unintended consequences

This section answers Question 2. Did the Program have any unintended consequences, positive or negative? How and why did they occur? The evaluators identified several positive and negative unintended consequences resulting from the ATC Program. Positive unintended consequences are identified by the evaluators as key success factors that may contribute to women being able to successfully complete the ATC program. It is recommended that these are explored and strengthened for the next phase of program delivery. Negative unintended consequences are identified by the evaluators as opportunities to strengthen the ATC Program and are presented along with recommendations for improvement.

Positive unintended consequences

Learning new things

One of the ATC Program assumptions is that 'Clients entering the ATC Program are willing to engage in the process of behaviour change.' The evaluation found that current participants have a desire to learn and are motivated to change their lives. Several current participants spoke of the renewed energy they felt through learning 'new things'. Women reported feeling empowered with their new knowledge.

'I've been learning about [alcohol] and how to keep kids safe. Self-reflecting. I didn't know I was doing all those [bad] things before'

'I've learned how to calm myself down, breathing, learning all those big words we didn't know before, like 'distress tolerance'

Participants are given the opportunity to learn about a wide range of subjects. The Camp environment and structure of ATC Program activities create an environment in which women can take the time to reflect on what these learnings mean to their relationships and lives. For example, the women said they enjoyed learning the 'difference between acceptance and approval' and that this was one of the most useful concepts they gained during their time at the Camp. One woman spoke of wanting to 'slow' herself down and 'think' about what she wanted to 'do next'. Several current participants said the ATC Program was either the first time they had accessed psychological treatment or the first time they had taken on board the learnings from therapeutic sessions. One woman spoke about 'not being ready to listen' before she came to the ATC Program because her mind had been 'full of noise'.

The Life Skills Camp as a place for healing and learning

There is evidence that, for First Nations' people, being on country 'positively impacts client's health and wellbeing'.¹⁹ While the Camp provides basic accommodation and meeting space, it is the environment around the Camp that current participants reported as promoting feelings of safety, peace and connection. Current participants spoke of the freedom they felt at the Camp, describing it as a 'peaceful place' where women have time to slow down and reconnect with themselves and the natural environment. The women expressed the contrast between the ATC Program and prison. One woman described what it was like being in prison where everything was 'grey' and they felt 'numb', like it had put their mind into 'darkness'. The women felt the natural environment around them at the Camp was a space where they could grow.

¹⁹ Munro, A., Allan, J., Shakeshaft, A., & Breen, C. (2017). 'I just feel comfortable out here, there's something about the place': staff and client perceptions of a remote Australian Aboriginal drug and alcohol rehabilitation service. *Substance abuse treatment, prevention, and policy*, 12(1), 1-14.

*'Here it is open. Heart is open.
You can see the trees, the birds,
All the colours, tastes, and smells.
This is a peaceful place -
You're reborn again out here.
It brings you back to that place you want to be, your spirit,
Connecting to your life.
Feels like home, on community,
Away from town, noise.
To the life you missed being in prison.
Connections. Freedom.
It opens your eyes'²⁰*

Women also spoke of the 'diversity' at the camp and the value of this to their healing journey.

'I don't feel there's any racism here. We have diversity. There's staff from Tonga, Samoa, Cook Island, Germany. [The women here] are all from different tribes. We can learn a little bit [from each other] about other Aboriginal cultures'

Feelings of connectedness amongst the women

A strength of the ATC Program was reported as the women themselves and the community they form. In the therapeutic community model, the participants and the staff create the community together - they are 'the team'. Current participants spoke of the benefit of supportive inter-relational dynamics from being part of a cohort of Aboriginal women who have connections and responsibilities to each other outside of the ATC Program. Service providers celebrated the fact that the cohort of women came from similar communities, creating a connection between community, context, and language.

The women spoke of knowing either other women who had participated in the ATC Program, or their family members including aunties and grandmothers. Often these connections were formed during their time in prison. Several women came from the same town or had kinship connections. The women reported feeling stronger through their connection to each other. Women who have been in the ATC Program for a longer time are able to support women new to the Camp by explaining how the ATC Program works and translating for women with limited English language skills. Several of the women felt they would be able to continue supporting each other when they completed the ATC Program.

Benefit of having young children at the Camp

It was reported that having young children at the Camp provided benefits for all participants as well as for the individual mothers. For example, an ATC Program report states that 'one resident had her 3-year-old daughter with chronic health concerns join her at the [Camp]. The resident is extremely pleased with this as she is able to personally be involved in her daughter's health care and development.' Another woman was supported to have her 1-year-old daughter with her at the Camp. Having young children present changed 'the whole dynamic of the [Camp] in a good way'.

Negative unintended consequences

Unrealistic expectations of what service providers can offer and deliver

The evaluation found several examples where current participants had expectations that ATC staff could provide access to certain services beyond the control of the ATC Program. There is an

²⁰ As the women were describing the difference between their lives past and present, the evaluator structured their words into a descriptive poem. See Appendix 10: Group poem created with participants

assumption that participation in the ATC Program will lead to improvements in women's housing and employment when these opportunities are dependent on broader systemic changes.

For example, the ATC case manager fills out an application for women requiring access to housing as soon as they arrive at the Camp. This has led women to believe there will be housing available for them when they finish the ATC Program. When no housing is available it can be a source of anxiety for both participants and ATC staff. The chronic shortage of accommodation in the regional centres managed by social housing providers and a long wait list for Territory Housing makes accessing housing unlikely in most cases. Service providers spoke of getting the women to a 'point where they're feeling confident' and then 'letting them go' often to unknown housing situations or unsafe environments including domestic and family violence.

'I'm hoping they can find me a place to stay [when I finish the ATC Program]. The case workers [fill out my housing applications]. If they can't find something, I'll maybe ask Mission Australia. I want to stay with my two sons'

'They should be doing their jobs properly to help us'

Recommendations:

Review what outcomes are achievable by the ATC Program within a 6-month timeframe. Reflect this in a revised program logic and communicate with participants and service providers.

Map services available in the community and how well they can match to the objectives of the ATC Program and the individual needs of the women.

The trauma of repeating personal stories

When participants enter the ATC Program, they are assessed independently by both the lead agency and the clinical psychologist. Consequently, the woman must repeat her story to each one. Several service providers reported women saying they were 'sick of talking about our trauma all the time' throughout the ATC Program.

'It could be traumatising or do harm with the over delivery of services screening women's stories' (service provider)

Table 3 provides an overview of assessment tools used by both Congress and the ATC Program. It is not known what tools other service providers are using to also assess the women.

Table 3: Tools used to assess participants social and emotional wellbeing

Tool	Who collects	When the tool is used
Depression Anxiety Stress Scale	DASA	At intake
Trauma Screening Questionnaire	DASA	At intake
Suicide risk screener	DASA	At intake
Here And Now Aboriginal Assessment	DASA	At intake
Growth and Empowerment Measure (GEM)	Congress	At intake and throughout the ATC Program
Kessler Psychological Distress Scale	Congress	At intake and throughout the ATC Program
Comprehensive assessment	Congress	At intake

Women also share their stories with service providers prior to entering the ATC Program. For example, three of the five women currently at the Camp are clients of Kungas Stopping Violence, a throughcare program for women who are alleged violent offenders and have been incarcerated at the Alice Springs Correctional Centre.²¹ As part of this program, women develop a comprehensive 'Grief and Loss History Map' along with a 'Stay Strong Plan'.

Recommendation:

Establish processes for sharing relevant information and collaborating on case management among all service providers, including throughcare, so the women do not need to repeat their story each time.

²¹ Throughcare aims to support the successful reintegration of offenders returning to the community at the end of their sentence. Good throughcare 'starts in custody well before walking out of the prison gate', and provides hands on, intensive support, especially at the moment of release. [Council of Australian Governments, in Australian Law Reform Commission. (2022). *The provision of throughcare*. Accessed at: <https://www.alrc.gov.au/publication/incarceration-rates-of-aboriginal-and-torres-strait-islander-peoples-dp-84/5-prison-programs-parole-and-unsupervised-release/the-provision-of-throughcare/>]

Lack of a shared understanding of ATC Program design

This evaluation has found that most participants and service providers are unclear about the aims and objectives of the ATC Program, and the rationale for the selection of activities for the rotating calendar. It also found that there was not a clear link between the therapeutic needs and goals of participants and the ATC Program activities. The lead agency and key service providers had not seen the program logic and there was no program design document that clearly linked the ATC Program with the research and theory underpinning the therapeutic approaches.

Several service providers expressed the view that the ATC Program calendar was so full that it did not allow enough time and space for women to process therapeutic learnings.

'The women need some down time. They need time to process their learnings. There's no time to test their awareness of triggers' (service provider)

Several current participants interviewed said they liked keeping busy, however, did not want to do some of the activities set in the calendar, such as horse riding and gym sessions. One participant reported that she had completed some of the same, or similar programs offered through the ATC Program while in gaol. Examples included: 'Family Violence, Kungas Stopping Violence, AOD, Sober Strong and Safe, food handling, counselling, bible study and Quick Smarts'.

All women are required to attend the in-house ATC Program activities however this evaluation has found that these activities are not always tailored to the individual needs of the clients. Service providers reported receiving feedback from several past participants that the ATC Program was not responsive to their needs as the calendar of activities was pre-determined. Several participants reported feeling disempowered from participating in their own decision-making, a feature of a client-centred approach.

'[ATC staff] tell us things we can't do without an explanation. I asked, 'can we go to the library?' They just said 'No.' We see events on in town we want to go to, but they choose things for us. We have no options. They decide whether we like it or not. Like the gym, I didn't want to go. But they said they'd already paid for it'

Recommendations:

Include the women more in the decision making about ATC Program activities.

Review the intake process to ensure that women's specific needs and requirements are clearly identified and are achievable within the context of the ATC program.

Identify programs women have already participated in.

Tailor ATC Program activities to better meet the women's individual social, cultural, educational and employment needs.

Link the ATC Program design with the research and theory underpinning therapeutic approaches.

Collaboratively develop and share the program logic with key service providers.

Ensure there is clear communication with service providers and participants around the ATC Program aims, objectives and therapeutic models.

Lack of shared understanding about therapeutic and client centred approaches

Most service providers said they took a client-centred approach, where participants drive their own healing journey, and referenced concepts such as cultural safety and trauma-informed care. MOUs mention collaborative case management. However, it was found that these concepts were not clearly defined or with a shared understanding. There was confusion amongst participants as to why some women were perceived as getting 'special treatment', particularly around things such as day leave and phone privileges, and why women were expected to participate in all the activities set in the rotating calendar. One service provider recommended the ATC Program be clear about the language being used and find common definitions.

'Behaviour change is not healing and therapeutic supports' (service provider)

Recommendation:

Ensure there are agreed definitions for terms relevant to the ATC Program including client-centred care, cultural safety, therapeutic community model, trauma informed care and collaborative case management. Develop these collaboratively and share among key service providers and participants.

Rates of attrition from the ATC Program

The ATC Program currently has a 55 percent completion rate. This is at the high end of what has been reported in the literature for therapeutic community residential treatment for AOD (which ranges from a 9 to 56 percent completion rate). Completion of a therapeutic community program is the strongest predictor of positive long-term outcomes.²² Given the complex nature of the factors underpinning Aboriginal women's criminal behaviour, and to continue meeting the needs of the target group, several service providers recommended looking into the reasons behind what they consider a high rate of attrition for women participating in the ATC Program.

'Women think they're going to get more freedom, see their children more, have more access. But they get disenchanted' (service provider)

'Older women can handle it a bit more. Younger women find it very difficult. They get bored easily... There's not enough for the women to do. They run away' (service provider)

Several current participants interviewed spoke of women who were not able to complete the ATC Program due to either being discharged early or absconding. It is not being communicated to women what the value of attending the ATC Program is. 'People in prison think ATC is too much money, you can't smoke'. The women saw this as a lost opportunity for learning. 'The women who didn't complete, they've missed out on what we've learned here.'

Recommendations:

Explore the reasons why women do not complete the ATC Program.

Better match participants based on their characteristics (e.g., age, parenting status), their offence history, and an assessment of their readiness and ability to engage with behaviour change programs.

²² Harley, M., Pit, S.W., Rees, T. et al. Completion rates and psychosocial intervention effectiveness in an Australian substance use therapeutic community. *Subst Abuse Treat Prev Policy* 13, 33 (2018). <https://doi.org/10.1186/s13011-018-0170-5>

Both an identified outcome and an unintended negative consequence

Returning to communities as a changed woman

It is an assumption of ATC Program that 'Clients are able to transfer skills learned in the ATC [Program] to their community setting'. This evaluation has identified another assumption underpinning the ATC Program's program logic. This is that clients will be supported by family and their community to remain law-abiding.

While most current participants interviewed reported positive outcomes such as gaining knowledge, skills and confidence in their decision making, these changes can result in a woman being out of step with family and their peers. Through participation in the ATC Program, the women have changed. Service providers confirmed that women face significant family and cultural pressures upon returning to their community and kinship obligations. If women are to remain 'on track' once they exit the ATC Program, relationships may need to be re-negotiated.

Several service providers reported that certain family members are integral to the woman's healing journey. They referred to these family members as the women's 'critical support network'. In their view, there is a need for this support network to be more explicitly involved with the woman's healing journey whilst they are in the ATC Program, particularly during case management meetings and at exit. Including critical support networks in the ATC Program should reduce some of the risk to women of returning to environments where their support network may not understand or appreciate the changes the woman has experienced.

'Exit interviews need the right people to ask the right questions. What support will [the woman] need after she leaves?' (service provider)

Case story: Returning to an 'at risk' environment

[Current participant] will leave the ATC Program at the start of 2023. She will be on parole until 2025. 'I'm a changed person now. I want to show my family, but I don't want to stay with them in the town camp, drinking'. She feels that if she goes home before her parole period ends, she might find it hard to remove herself from people under the influence of grog and marijuana, and she may become at risk of reoffending.

Recommendations:

Identify and include critical support networks in the women's case management and healing journey.

Communicate with key community members, including Elders and key service providers, about the aims and objectives of the ATC Program and discuss ways they can support women when they return to the community.

4. Suitability of the performance framework for measuring implementation and outcomes

This section answers Question 3: How well suited is the performance framework to measuring ATC Program implementation and outcomes?

The performance framework is considered suitable for capturing most of the statistical monitoring data required for day-to-day management of the ATC Program, however it can be improved by including additional data to monitor the implementation of the ATC Program. The performance framework is currently not suitable for capturing outcomes as there are no performance measures to capture these data.


Table 4 shows the performance framework measures alongside an assessment of the suitability for measuring ATC program implementation and outcomes. Some recommended measures for capturing implementation or outcome data are also included.²³

Table 4: Suitability of performance framework for measuring implementation and outcomes²⁴

Performance measure	Assessment of suitability	Recommended measures to add into performance framework
Develop, manage and maintain a referral process to the ATC, including undertaking risk management of individuals referred to the Program.	The reporting is sufficient to measure implementation. The recommended additional indicators are already being reported on. There are no outcome indicators required.	Number of participants that entered the Camp Number of participants that were accepted but did not enter the Camp, by reason Number of participants that entered the Camp but did not complete, by reason
Develop a personalised plan for each client entering the ATC to address their particular offending behaviours, according to their needs and circumstances.	The performance framework is not sufficient to measure implementation or outcomes. The performance framework is not sufficient to measure outcomes.	Implementation: Number of times a client accessed support services linked to offending behaviour prior to entering the ATC Number of referrals taken up Number of case management meetings held Outcomes: Progress towards individual client goals.
Work with appropriate service providers to deliver group education sessions with a focus on understanding and dealing with offending behaviours.	The performance framework is sufficient to measure implementation. The performance framework is not sufficient to measure outcomes.	Outcomes: Number of clients that report a change in their awareness of self and personal triggers Number of clients that report learning strategies to change their response to personal triggers
Work with appropriate service providers to deliver drug and alcohol education programs.	The performance framework is sufficient to measure implementation. The performance framework is not sufficient to measure outcomes.	Outcomes: Number of clients who have an intention to reduce AOD use Number of clients who report a change in their knowledge about AOD

²³ When suggesting additional measures, the evaluators are cognisant of the cost to organisations to collect and report on data. Any additional reporting measures need to be carefully thought through and negotiated with the lead agency and other service providers to ensure they will be useful and used.

²⁴ See Appendix 11: Suitability of Performance Framework Matrix for detailed analysis.

Performance measure	Assessment of suitability	Recommended measures to add into performance framework
		 Number of clients who report learning new strategies to change their AOD use Progress towards goals around AOD
Work with appropriate psychological services to provide group and one-on-one mentoring, counselling and support.	<p>The performance framework is sufficient to measure implementation.</p> <p>The performance framework is not sufficient to measure outcomes.</p>	<p>Outcomes: Number of clients who report a change in their circumstances and relationships, Progress towards goals regarding choices, decisions and plans for the future.</p>
Offer ongoing linkage to service providers (AOD, housing, education, etc.).	<p>The performance framework is not sufficient to measure implementation.</p> <p>The performance framework is not sufficient to measure outcomes.</p>	<p>Implementation: Number of clients who take up referrals Number of exit plans completed Number and type of continuing care services referred to</p> <p>Outcomes: Level of change in clients because of that referral</p>
Conduct group sessions and activities focusing on developing individual, social and life skills.	<p>The performance framework is not sufficient to measure implementation.</p> <p>The performance framework is not sufficient to measure outcomes.</p>	<p>Implementation: Number of women who enter requiring a driver's license Number of women who exit with a driver's license</p> <p>Outcomes: Number of women who report increased employability as a result of having a driver's licence Number of women who report a reduction in offending due to having a licence</p>

5. Suitability of data sources for going program management and future impact evaluation

This section answers Question 4: How well suited are the data sources for capturing the monitoring and evaluation data to inform on-going Program management and future impact evaluations?

This evaluation has found that the monitoring data collection and reporting mechanisms need to be strengthened to effectively track progress towards outcomes and show impact in the longer-term. Table 5 shows the data sources alongside an assessment of the suitability for capturing the monitoring and evaluation data necessary to inform on-going ATC Program management and future impact evaluations.

Table 5: Suitability of data sources for capturing monitoring and evaluation data

Data Source	Assessment of suitability	Rationale
De-identified client data file	<p>This data source is suitable for capturing monitoring data.</p> <p>This data source is not suitable for capturing evaluation data to measure outcomes.</p>	<p>This data source is compiled from the monthly statistical report from the lead agency.</p> <p>This data source is accessible and gives a good overview of referral information and the monitoring data required for ongoing ATC Program management. There were some suggested additions (see Table 6) which would further strengthen ongoing ATC Program management.</p> <p>It does not contain information from service providers whether referrals have been taken up, what progress has occurred towards identified goals, and what changes have occurred to offending behaviour. This would be required for future impact evaluations.</p>
Justice data (IJIS/IOMS)	<p>This data source is not designed to capture monitoring data for ATC Program management purposes.</p> <p>This data source is suitable for capturing evaluation data to measure outcomes around reoffending.</p>	<p>This data source is not easily cross-referenced with the de-identified client data file, but it is possible. This data source captures offending history of participants and can be used to measure recidivism in the longer-term.</p>
Quarterly report	<p>This data source is suitable for capturing monitoring data.</p> <p>This data source is not suitable for capturing evaluation data to measure outcomes.</p>	<p>This data source is accessible however does not contain mechanism to report on some implementation measures (see Table 4).</p> <p>This information is currently being captured by some service providers but there is no requirement to report this information to the lead agency.</p>
Client case file	<p>This data source was not easily accessible. This data source was not assessed for suitability for capturing monitoring or evaluation data to measure outcomes.</p>	<p>There has been no requirements for data to be systematically recorded against outcomes as set in the program logic.</p>

Summary of suitability of data sources

The data sources provided (the monthly and quarterly reports and the de-identified client data file) are suitable for capturing most of the monitoring data required for on-going ATC Program management. The data sources from AGD are suitable for looking at offending history of participants, pre and post-treatment at the ATC Program, and can be cross-referenced with the de-identified client data.

The client file was not easily accessible, and the intake forms for the ATC Program do not provide a way to follow up with women in the longer term. For example, if a woman does not come into contact with the police or the Sobering up Shelter, there is currently no way to follow up with her post-exit to assess changes in AOD use in the longer term.

To prepare the ATC Program for a future impact evaluation, there needs to be significant improvements to outcome data collection and reporting, both from the lead agency and from service providers. There is currently no requirement for outcome reporting from any service providers working on the ATC Program. Some may be collecting this information, but it is not shared with the lead agency. For example, Congress collect data around pre and post-treatment mental health scores using standard psycho-social measurement tools. Congress' reporting requirements do not include indicators around ATC Program outcomes such as 'increased awareness of self and personal triggers that contribute to offending', or 'improved physical and mental health'. There is currently no requirement for Congress to share data or report to DASA on client outcomes.

Service providers could provide their perspectives on client progress towards outcomes through reporting requirements in MOUs. There needs to be a strategy around collecting outcome data across the program. If outcome data is reported to the lead agency, it would show changes to women's behaviour and knowledge that could be attributed to the ATC Program. Capturing clear causal mechanisms that can link participant outcomes with the activities accessed throughout the ATC Program will be essential for a future impact evaluation. This would demonstrate the contribution the ATC Program has made to changes in offending behaviour.

Collecting outcome data and reviewing it collaboratively with key service involved in the women's treatment will also support on-going Program management and improvement by helping to better target the ATC Program to meet women's needs. This could occur as part of the women's case management meetings, attended by all parties involved in the women's healing journey.

6. Improvements necessary to achieve the intended outcomes and sustain the changes

This section answers Question 5: What improvements are necessary to achieve the intended outcomes and sustain the changes?

The evaluators identified improvements that strengthen the ATC Program's ability to achieve the intended outcomes and support the sustainability of the program.

This evaluation did not look at implementation specifically, however implementation issues were identified which could impact upon the ATC Program's ability to achieve the intended outcomes. These were particularly evident around a shared understanding of the ATC Program and the rationale for therapeutic approaches; a stronger intake process to identify women's specific needs and requirements; better alignment of ATC Program activities with program outcomes and the women's individual social, cultural, educational and employment needs; guidelines for how the ATC Program is delivered by all partners and service providers to ensure cultural safety; and a need for better data collection and reporting requirements.

Improvements have been identified in two key areas:

1. Program design and development of operational guidelines; and
2. Program delivery and review.

1. Program design and development of operational guidelines

During the ATC Program trial period, significant changes occurred in program management and governance. This evaluation has found that the ATC Program needs to be clearly defined and articulated in a design document, with the program activities developed to meet the definition. This evaluation provides an opportunity for key stakeholders to work together to co-design a strong collaborative ATC Program plan and theory of change to guide the next phase of ATC Program delivery and support future replication of the ATC Program in other locations around the NT.

Refine the ATC Program design

It is recommended that key stakeholders (AJU, DoH, DASA, Congress and CfAT) as well as the ATC governance group, ATC referral committee, and identified service providers (particularly throughcare providers), work together to draw on the learnings from the trial period, the previous process evaluation and this evaluation to refine the program design, and review the governance structures and terms of reference. The design document will form the basis for the operational guidelines.

The ATC Program design document will outline:

- Context and need for the ATC Program
- Policy frameworks guiding the ATC Program
- Principles and theoretical frameworks underpinning all practice within the ATC Program ²⁵
- ATC Program purpose and scope
- ATC Program goals and outcomes sought ²⁶
- Roles and responsibilities of service providers and key stakeholders in supporting achievement of the outcomes and contractual obligations
- Processes for follow up data collection from service providers and the women themselves post-exiting the ATC Program
- Strategies for increasing ATC Program success and achieving outcomes

Review and revise the Monitoring, Evaluation and Learning (MEL) framework

It is recommended that key stakeholders collaboratively develop a Monitoring, Evaluation and Learning (MEL) framework to guide the systematic collection, storage and reporting of monitoring and outcome data. It will establish systems for regular review of data by key stakeholders and ways to internally evaluate program delivery, such as criteria for measuring collaboration amongst service providers. It will outline processes to bring together key stakeholders to reflect on program successes and challenges and to revise ATC Program delivery to incorporate learnings.

²⁵ Link the ATC Program with the research and theory underpinning therapeutic approaches.

²⁶ Ensure outcomes are achievable within a six-month residential program. Include outcomes regarding the quality of service delivery and collaboration amongst service providers.

The revised MEL plan will include:

- Introduction to the purpose and principles of the evaluation
- A revised program logic and a theory of change
- Evaluation questions
- Indicators for success and criteria for assessing quality
- Responsibilities and timeline for data collection, management and reporting
- Dissemination and learning strategies
- Data collection and reporting formats and tools
- Timeline for review of the ATC Program plan
- Mechanisms for resolving issues

Update MOUs and service agreements

Update MOUs and service agreements to reflect the revised ATC Program plan. Include joint planning, services to be delivered, ways of working, quality assurance mechanisms, monitoring, evaluating (particularly around outcomes) and reporting requirements, data sharing and mechanisms for resolving issues.

2. Strengthen program delivery and review

Define and operationalise key concepts

The effective delivery of the ATC Program requires all key stakeholders understand and agree on key concepts including client-centred, culturally safe, trauma informed, therapeutic community, and collaborative case management. It is recommended that the ATC Program define key concepts, how they are implemented in practice, how they are communicated to the women, and how they are operationalised among all service providers. For example, client-centred care might involve undertaking collaborative case planning with all relevant service providers (including throughcare), the participant, and her critical support network, as well as increasing the participation and input from the women into ATC Program calendar activities.

Strengthen throughcare and exit processes

It is recommended that throughcare and follow-up with women post-exiting the ATC Program is built into each participants' case management and exit plan. This will enable women who come into the ATC Program from prison to stay connected with their throughcare provider and the support services they had prior to entering the ATC Program. Working with these services in the client's exit planning will increase the availability of support women require to maintain their changed behaviour.

The process evaluation identified the need to significantly strengthen exit interview processes. This remains a need and can be part of a good throughcare process. Strengthened throughcare and exit processes will identify support that is available in the community where the woman will reside after exiting from the ATC Program and the outreach services that can provide the woman with the support she needs. Throughcare providers can also strengthen the ATC Program's ability to maintain contact with women and track and report on their progress towards outcomes longer term.

Establish mechanisms for collaborative ATC Program review and planning

Initiate monthly learning meetings for service providers to review and reflect on participants progress towards outcomes, share learnings and challenges, and develop strategies for improvement. This would provide an opportunity to look at what is working, what is not, and resolve issues such as identifying why women may not be completing the ATC Program. Establish processes for key stakeholders to examine the data periodically (e.g., once a year) to reflect on implementation, track progress towards outcomes, identify successes and strategic issues that may need to be addressed to strengthen delivery.

Conclusion

Overall, this evaluation has identified positive outcomes or indications of positive outcomes for women participating in, and particularly those who complete, the ATC Program. All the short-term and some medium-term outcomes demonstrated progress towards being met or were met to some degree. There is evidence that successful completion of the ATC Program contributes to a reduction in reoffending. The ATC Program makes a positive contribution to the physical health and wellbeing of participants and should continue to be supported. However, there are certain aspects of the ATC Program that require clarification, particularly regarding program design and a shared understanding of the therapeutic model. This evaluation has found that the performance framework is suitable for capturing most of the monitoring data required for program management and accountability, however several improvements could be made, particularly the mechanisms for reporting against outcomes.

Appendix 1: Alternative to Custody Program Chronology

Time period	Developments
2017 - 2019	Consultation and development of the NTAJA.
May 2019 - December 2019	Development of the ATC Program in Mparntwe/Alice Springs to begin operation in July 2019. CfAT was identified as the Lead Agency. The ATC Program was envisioned as a 'collaborative partnership' between CfAT, Congress, DoH and AJU. Congress, under a separate contract with the DoH, employed a social worker to provide the case management for participants. AJU provided funding for a program coordinator and support workers, an Operational Manual and a Policies and Procedures document to CfAT to guide ATC Program implementation. The objective of the ATC Program is 'to deliver targeted, tailored rehabilitation programs to Aboriginal women (clients/participants) at risk of offending or reoffending who have been diverted, defected, mandated by Courts, Police or others or self-referred.'
July 2019 - July 2020	The ATC Program began as a day visit program for female Aboriginal prisoners from prison to the Camp. No other information on this trial period was provided.
23 July 2020	Management of ATC Program trial transferred to DASA, with the condition that the ATC Program take place in the Camp as a 24/7 residential alternative to custody for Aboriginal women over the age of 18, identified through a referral process. DASA informed that there was 18 months remaining on the ATC Program trial and its funding for eight support workers, one coordinator and one project officer (short term for set up of ATC Program). The Program would be funded on six monthly contracts until a decision was made about the on-going management of the ATC Program.
27 July 2020	A project officer in DASA began working with AJU to develop the ATC Program within DASA management. The project officer based the ATC Program on the residential alcohol and other drugs program model operating as Aranda House, a Therapeutic Community model.
15 August 2020	First two residents admitted to the ATC Program under DASA management. These were General Leave Prisoners (GLP) considered to be low risk and at the end of their prison sentence. They took up residence on 18 August 2020. One participant completed in early 2021 and the other participant had a challenging history, requiring her return to the prison for safety reasons.
1 July 2020 - 7 November 2020	0.8 FTE social worker already employed by Congress to provide intake assessment, case management, therapeutic group sessions, advocacy, and referral services to ATC Program participants (ATC In-Reach Program, funded as Alcohol and Other Drug In-Reach Program by DoH). She ceased employment in November and the position was vacant until 15 March 2021.
1 August 2020 - 30 December 2020	First reporting period of progress by DASA: there were seven residents at the Camp. DASA utilised 'progress report' template supplied by AJU. Of note, the social worker position in Congress had not been filled, DASA employed a case manager out of its own funds to assist with case

Time period	Developments
	management of clients, assessments, and forward case planning (January 2021). DASA requested that the AGD consider funding DASA to continue the full-time ATC case manager role.
1 January 2021 - 30 June 2021	Second reporting period of progress for DASA: 23 women accessed for suitability and 13 were accepted and entered the Camp for six months that included their associated custodial requirements. Several outcomes were identified such as women completing the program have 'not offended thus far'.
February 2021 - March 2021	During this reporting period, AJU conducted a process evaluation: 'Alternative to Custody - Process Evaluation'. The evaluation found that the 'program has merit' and that 'it is moving in the right direction'. The evaluation made several recommendations to improve implementation. DASA worked with the evaluator to develop and trial reporting templates.
March 2021	Social worker position reviewed by Congress and DASA. There was agreement with DoH to convert the position to a 0.6 clinical psychologist position.
1 July 2021 - December 2021	Third reporting period of progress for DASA: Four women in residence, four completed, one expected to arrive, and two others assessed as suitable and awaiting results. Several outcomes were identified related to employability and improved family and child relationships.
1 July 2021 - 30 June 2024	'Alternative to Custody and Alcohol and Other Drugs In-Reach Program' contract between Congress and MHAODB specifying employment of a clinical psychologist 0.6FTE 'to provide an AOD In reach and referral service to ATC [Program] clients...Responsibility for the outcomes of the AOD In reach program will lie with Central Australian Aboriginal Congress.' The contract specifies the development of a MOU to outline roles, responsibilities, and accountabilities of each party (Congress with DASA and AJU). The position had been filled on 15 March 2021.
1 January 2022 - 30 December 2022	DASA current contract for managing the ATC Program. AJU Contract with DASA (Variable Term Grant Funding Agreement), signed 5 July 2022 by DASA, specifying performance measures and reporting requirements. Monthly and quarterly reporting requirements and templates finalised and sent to DASA for use in February 2022.
August - October 2022	ATC Program undergoes an outcome evaluation by Pandanus Evaluation.

Appendix 2: Program Description Matrix

Organisations	Centre for Appropriate Technology (CfAT) https://cfat.org.au/	Central Australian Aboriginal Congress (Congress) https://www.caac.org.au/ https://www.caac.org.au/find-a-service/	Drug and Alcohol Services Association (DASA) https://dasa.org.au/about-us https://dasa.org.au/programs
Features	<p>CfAT is an Aboriginal and Torres Strait Islander (ATSI)-controlled business with a majority ATSI Membership, Board and Chairperson. CfAT has a core commitment to providing employment opportunities for Aboriginal people, who comprise 50% of its staff.</p> <p>CfAT was established in Alice Springs in 1980 to research, design, develop and teach appropriate technologies and deliver technical training to Indigenous people living in remote communities. The organisation works towards sustainable and enterprising communities by delivering appropriate fit-for-purpose technology, including practical project design, technical innovation, infrastructure, and training services.</p>	<p>Congress is the largest Aboriginal community-controlled health organisation in the Northern Territory, providing a comprehensive, holistic and culturally appropriate primary health care service to Aboriginal people living in and nearby Alice Springs, including six remote communities; Amoonguna, Ntaria (and Wallace Rockhole), LtyentyeApurte (Santa Teresa), Utju (Areyonga) and Mutitjulu.</p> <p>Services include a range of medical and health services, early years programs, family health, men's health, alcohol and other drugs support, social and emotional well-being program.</p>	<p>DASA is a community-based organisation that has been delivering drug and alcohol rehabilitation programs to Alice Springs and Central Australia for over thirty years. A range of services are offered to provide rehabilitation from misuse or dependency on alcohol and other drugs, and education to the broader community. These include:</p> <p>Sobering-up Shelter provides supervised accommodation and care as an alternative to the police cells for people 'apprehended without arrest' for being intoxicated in a public place.</p> <p>Outreach Program teamwork with a vast range of clients, linking them with DASA services as well as other appropriate services within the community.</p> <p>Aranda House is a 20-bed residential rehabilitation facility that offers a 12-week program, and an 8 or 16 week program for Volatile Substance Misusers.</p> <p>This service is a Therapeutic Community, where residents are encouraged to be actively involved in their own personal recovery, in a supportive and caring environment.</p> <p>The guiding principle of Aranda House is to recognise the community itself, through self-help and mutual support, is the principle means for promoting personal change.</p> <p>DASA also provides a Transitional Aftercare Unit, Independent Living Program, and a Methamphetamine Outreach Program.</p>
Mission statements	<p>CfAT supports people in remote and regional Australia in maintaining their relationship with country, including a desire to live on country, visit country, develop country for economic benefit, or protect country. CfAT provides solutions to infrastructure challenges including reliable power,</p>	<p>For almost 50 years, Central Australian Aboriginal Congress (Congress) has provided support and advocacy for Aboriginal people in the struggle for justice and equity.</p>	<p>DASA walks beside people in our community to help free them from the effects of alcohol and other drug addictions by:</p> <ul style="list-style-type: none"> ▪ Providing client driven care from crisis to independent living ▪ Teaching clients skills for life and making positive life choices ▪ Advocating for and on behalf of clients

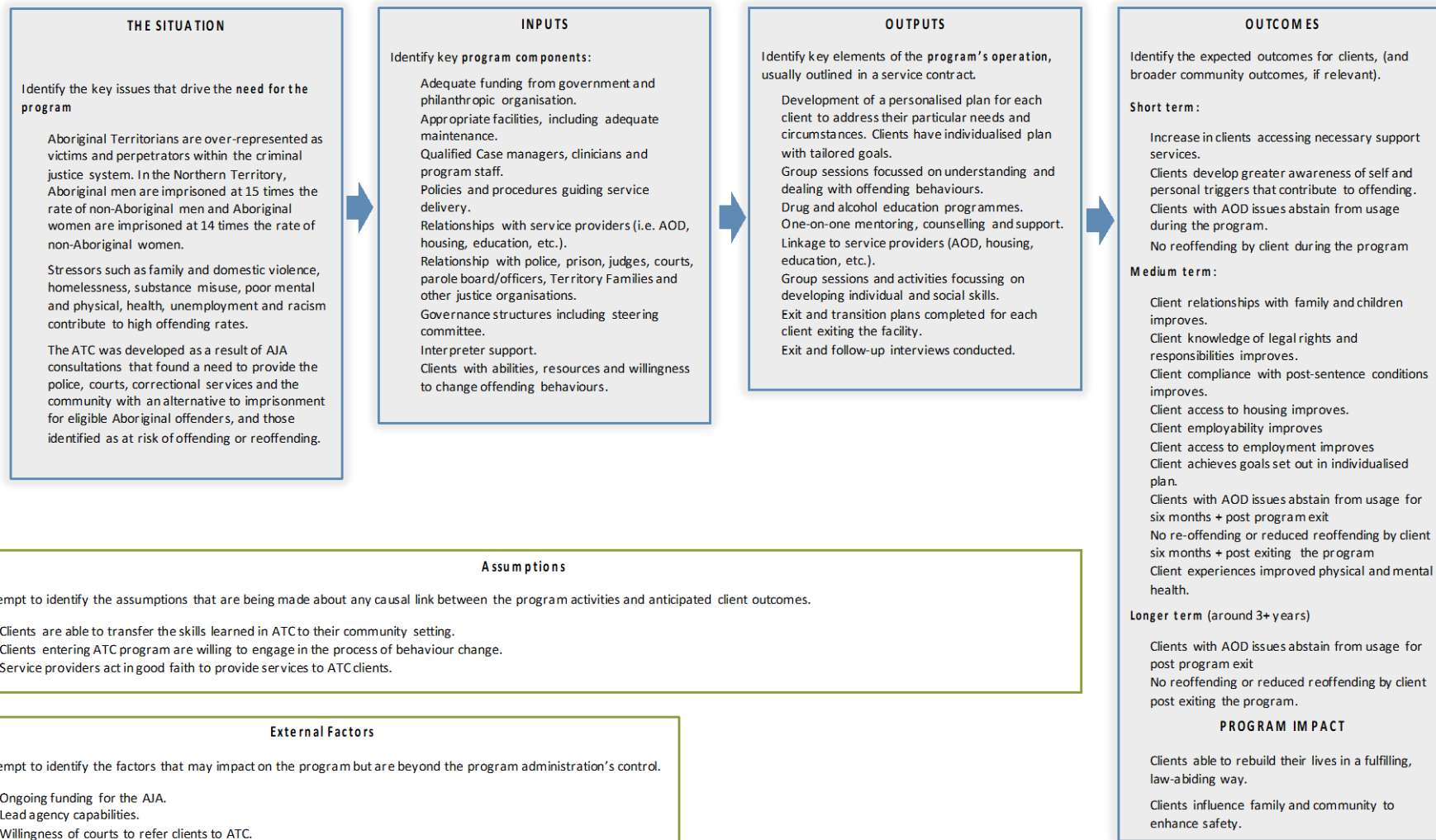
Organisations	Centre for Appropriate Technology (CfAT) https://cfat.org.au/	Central Australian Aboriginal Congress (Congress) https://www.caac.org.au/ https://www.caac.org.au/find-a-service/	Drug and Alcohol Services Association (DASA) https://dasa.org.au/about-us https://dasa.org.au/programs
	<p>water supply, digital connectivity, infrastructure, and training and skills development.</p> <p>CfAT's core operations include:</p> <ul style="list-style-type: none"> ▪ Technology innovation and application ▪ Applied project design, management and professional services ▪ Community engagement, planning and facilitation ▪ Place-based accredited training, skills development and capacity building ▪ Aboriginal and Torres Strait Islander enterprises and employment ▪ Infrastructure design, engineering, construction and fabrication 		<ul style="list-style-type: none"> ▪ Providing supported residential services for clients ▪ Delivering preventative and continuing education ▪ Delivering therapeutic interventions ▪ Supporting people through outreach services.
Funding arrangements for ATC Program	<p>Trial period: Aboriginal Justice Unit (AJU) leases the 10 bed facility, located at 90 Heath Road on the outskirts of Alice Springs, from CfAT. AJU initially contracted CfAT to manage the ATC Trial Project from the facility called the Life Skills Camp.</p> <p>Program period: This community-operated residential facility will provide the courts and community with an alternative option to a term of imprisonment for eligible Aboriginal offenders and those identified as at risk of offending or reoffending. Specified in DASA contract to base the ATC Program at the Camp.</p>	<p>Trial period: DoH (Mental Health Alcohol and Other Drugs Branch) contract with Congress: Employ 0.8 Social Worker</p> <p>Program period: DoH Mental Health Alcohol and Other Drugs Branch contract with Congress (1 July 2021 - 30 June 2024) provides funding to employ 0.6 clinical psychologist.</p> <p>The clinical psychologist will provide high level trauma informed and culturally appropriate support to clients in the program.</p>	<p>Trial period: Aboriginal Justice Unit (AJU) transferred CfAT contract and funding to manage ATC transferred to DASA in July 2020.</p> <p>Program period: DASA variable term funding agreement with AJU: 1 January 2022-30 December 2022.</p> <p>The ATC Program will deliver targeted, tailored rehabilitation programs to Aboriginal women (clients/participants) at risk of offending or reoffending, who have been diverted, defected, mandated or self-referred by courts, police or by others.</p>
Treatment Model	Intensive case management in-reach service model	<p>Psychotherapeutic treatment and support including:</p> <ul style="list-style-type: none"> ▪ Provision of psychosocial assessments to inform treatment ▪ Provision of individual and group therapeutic sessions 	<p>Residential AOD therapeutic community approach with range of inreach services providing education, skills development and treatment to reduce offending</p> <p>In a therapeutic community, residents are encouraged to be actively involved in their own personal recovery, in a supportive and caring environment.</p>

Organisations	Centre for Appropriate Technology (CfAT) https://cfat.org.au/	Central Australian Aboriginal Congress (Congress) https://www.caac.org.au/ https://www.caac.org.au/find-a-service/	Drug and Alcohol Services Association (DASA) https://dasa.org.au/about-us https://dasa.org.au/programs
		<ul style="list-style-type: none"> ▪ Linking participants in with relevant support services, including additional therapeutic inputs and medical support from Congress ▪ Linking participants with educational and vocational supports, social and cultural support including high level client advocacy 	
Roles and Responsibilities	<p>Trial period: Provide facility, 10 beds and manage the ATC Project</p> <p>Provide rotating shift-based residential support workers, a contracted Social Worker and a Program Coordinator who will oversee the delivery of services and support provided to residents within the ATC program.</p> <p>Provide access to a range of psycho-social education programs, addressing topics such as alcohol and other drugs, domestic and family violence, jealousy, healthy relationships, anger management and parenting skills. There will be tailored health programs implemented by the site Social Worker [Congress to provide], that will target and impact upon a client's mental and physical health and any substance misuse issues.</p> <p>Program period: Lease 10 bed facility to AJU and maintain premises as per contract</p>	<p>Trial period: Congress will provide the ATC Program with the services of a 0.8 social worker to provide the case management of participants in the ATC program in accordance with the terms and conditions stipulated in the Variable Term Grant Funding Agreement between Congress and the DoH</p> <p>The social worker will work with the ATC Program Coordinator to determine the services delivered to each participant within the program case management framework</p> <p>The social worker will have dual reporting responsibilities, as follows:</p> <ul style="list-style-type: none"> ▪ to Congress, as the social worker's employer; and ▪ to CfAT, as the project manager of the ATC program. <p>Program period: Congress will employ 0.6 clinical psychologist to provide an AOD In-reach and referral service: Specifically, it will include:</p> <ul style="list-style-type: none"> ▪ Provision of AOD in-reach support to ATC clients ▪ Improved access to therapeutic services ▪ Provision of access to targeted, tailored rehabilitation programs that address the risk factors of offending behaviours. This includes access to programs for family members, mentors and support persons ▪ Minimised harm related to alcohol and other drug misuse ▪ Increased knowledge and raised awareness of topics such as alcohol and other drugs, 	<p>Trial period: Manage the ATC Program utilising the CfAT facility and remaining funding.</p> <p>Program period: Manage the ATC Program as designed within DASA's operational scope. Utilise funding to employ a project coordinator, a case manager and 24/7 support staff to provide the Program as a 24/7 residential program based on the therapeutic community model and to meet contractual obligations.</p> <p>Specifically: The ATC will provide access to a suite of professional programs and assistance, embedded within a culturally competent framework, to offer clients the opportunity to address their behaviours that impact their offending. The purpose of this is to ensure that clients are equipped with the skills to minimise the risk of having further contact with the criminal justice system as an offender. The ATC will also provide assistance to family members, including children, to support the clients' successful rehabilitation.</p>

Organisations	Centre for Appropriate Technology (CfAT) https://cfat.org.au/	Central Australian Aboriginal Congress (Congress) https://www.caac.org.au/ https://www.caac.org.au/find-a-service/	Drug and Alcohol Services Association (DASA) https://dasa.org.au/about-us https://dasa.org.au/programs
		<p>domestic and family violence, lateral violence, anger management, and parenting skills</p> <ul style="list-style-type: none"> ▪ Improved skills to tolerate distress, to regulate emotions, and to strengthen interpersonal effectiveness. ▪ Increased confidence and communication skills ▪ Meaningful engagement and expanded networks with community stakeholders and service providers ▪ Align with AADANT Toolkit <p>Additional funds (\$25,000) for contracting/providing additional services such as a specialist cultural consultant and for developing culturally appropriate resources for use in sessions</p>	
MOUs in place for ATC Program	<p>Trial period: MOUs signed between September 2019 and February 2020:</p> <ul style="list-style-type: none"> ▪ The Central Australian Aboriginal Family Legal Unit Aboriginal Corporation (CAAFLUAC) ▪ Central Australian Women’s Legal Services Inc (CAWLS) ▪ Catholic Care NT (Alice Springs) ▪ Mental Health Association of Central Australia (MHACA) ▪ Central Australian Aboriginal Congress Aboriginal Corporation ▪ Anglicare NT Ltd, Alice Springs ▪ MoneymobTalkabout 		<p>Program period:</p> <ul style="list-style-type: none"> ▪ Central Australian Women’s Legal Services Inc (CAWLS) ▪ Community Correctional Services ▪ Holyoake ▪ Anglicare NT Ltd, Alice Springs ▪ Congress (Draft)
Delivery Model	<p>In-reach service model</p> <p>Guided by the Operational Manual for the Alternative to Custody Life Skills Program Alice Springs (dated 14 April 2020) and an accompanying Alternative to Custody Policies and Procedures document dated 19 May 2020.</p>	<p>Based on a Psychotherapeutic treatment and support model to deliver:</p> <ul style="list-style-type: none"> ▪ Provision of psychosocial assessments to inform treatment ▪ Provision of individual and group therapeutic sessions 	<p>Based on a residential therapeutic community model. Guided by the Policies and Procedures in place for Aranda House, an accredited service by Association of Therapeutic Communities. The treatment community has a primary role as an agent of client change. Tailored programs address the specific psychosocial needs of the participants. Clients are supplied with an</p>

Organisations	Centre for Appropriate Technology (CfAT) https://cfat.org.au/	Central Australian Aboriginal Congress (Congress) https://www.caac.org.au/ https://www.caac.org.au/find-a-service/	Drug and Alcohol Services Association (DASA) https://dasa.org.au/about-us https://dasa.org.au/programs
	<p>The Manual states:</p> <p><i>There is an expectation that The Alternative to Custody Program will work collaboratively with key stakeholders for the women e.g., family members and community and social service organisations. The significant stakeholders involved in the case management process such as counsellors, healthcare workers, law enforcement, corrective services, legal services and female advocacy programs, shall be enlisted by the Social Worker and program, to apply therapeutic interventions and life skills in order to transition back into their home, community and social environments."</i></p>	<ul style="list-style-type: none"> ▪ Linking participants in with relevant support services, including additional therapeutic inputs and medical support from Congress ▪ Linking participants with educational and vocational supports, social and cultural support including high level client advocacy 	<p>Alternative to Custody Client Handbook that details expectations. It states:</p> <p><i>...at ATC, is not just a rehab but a therapeutic community, that helps people regain that sense of community and connectedness. People learn how to live in a community setting and to take responsibility for their everyday lives. We do not have cleaners and cooks -the residents are expected to step up as they heal and take on those tasks for themselves.</i></p> <p><i>This manual will help everyone. In a community such as ours, it is not always clear how to meet the expectations of our funders, our peers, and our residents. A manual such as this will help clarify those expectations and help staff understand the need for proper processes and protocols associated with the work they do.</i></p>
Reporting requirements	Not stated	<p>Enter specific program data into MHAODB ESPCS</p> <p>Reporting daily</p> <p>Yearly report against performance questions in template supplied</p>	<p>Current funding agreement stipulates monthly and quarterly reporting utilising a specially designed excel spreadsheets and based on a performance framework.</p> <p>See Appendix 10 for the performance framework and measures.</p>
Other conditions		It is a condition of the contract that Congress enter into a MOU with DASA and the AJU	The Alice Springs based ATC program incorporates the use of the CfAT residential facility known as the 'Life Skills Camp' as a residential facility for program participants. The Life Skills camp is a purpose-built 10 room facility with separate kitchen and laundry areas.

Appendix 3: Program Logic and Recommendations from Process Evaluation



Recommendations from the ATC Process Evaluation (2021)

The ATC Process Evaluation detailed eight recommendations:

1. Significantly strengthen Exit Interview processes;
2. Strengthen/revise service delivery agency reporting processes, including template and timeframes;
3. Introduce minimum requirements for delivery of programs by type within ATC;
4. Review emphasis of programs delivered within ATC;
5. Increase number of MOUs with service delivery organisations to ensure targeted Program delivery;
6. Ensure cultural competency amongst members of the ATC Referral Committee;
7. Define key competencies and training requirements for staff members employed to deliver ATC;
8. Review governance structure of ATC to ensure it remains consistent with governance structures within the AJA.

The process evaluation specified that it did not examine:

- Impacts as identified in the program logic;
- Medium to long term outcomes (greater than 12 months); or
- The performance or impact of individual programs or services.

Appendix 4: Methodology

The evaluation used a mix of quantitative and qualitative methods to gather evidence to answer the key evaluation questions. A pragmatic data collection approach was taken with the evaluators considering the available data, then choosing the best methods to get information not already documented.

The evaluators worked collaboratively with DASA and the AJU (as the ATC Evaluation Reference Group) to ensure the evaluation was inclusive, strengths based and drew on the knowledge of key stakeholders to obtain valid and relevant results.

Document review

A systematic review of 32 ATC Program documents was conducted. Documents reviewed included funding agreements, progress reports, terms of reference, memorandums of understandings, descriptions of activities, de-identified client data and reports, the Program performance framework and the process evaluation report, procedure guidelines and manuals, templates, a summary of client records, other Program reporting documents, government frameworks and policy documents.²⁷

In the absence of an ATC Program design document, a review of theoretical and research papers on trauma informed care and residential treatment facilities for offenders was undertaken to guide the evaluative judgements made. Evaluators looked at ATC Program documentation and Justice system data for the 20 women who completed the ATC Program and had provided consent to having their personal information used in an evaluation.

Interviews with key stakeholders

Semi structured in-depth individual interviews were conducted with 17 stakeholders including ATC staff, contracted service providers, referring services, and other service providers with an interest in the evaluation. Interview questions were targeted to the individual circumstances of ATC Program stakeholders. All individual interviews were conducted face-to-face.

Four focussed-group interviews were held. Groups interviews were conducted with the ATC Referral Committee with members participating face to face and via Zoom link, the lead Agency staff and two teams of service providers. Several people participated in more than one interview. This enabled the evaluation team to follow up on and validate data and information provided through other methods.

An information sheet containing an overview of the evaluation, interview questions and consent forms were provided to interviewees prior to the interviews. The evaluators also sent a plain-English information sheet to ATC Program Coordinator which was distributed and discussed with the women at the Camp.²⁸

²⁷ See Appendix 5: List of Documents Reviewed.

²⁸ See Appendix 7: Information Sheet and Consent Form.

Group yarnning sessions with program participants

The evaluators visited the Camp four times during the day and six times at the end of the day's activities to get to know and 'yarn' with the participants.²⁹

The yarnning sessions provided opportunities for the evaluators to get women's feedback on program activities, outcomes for them, and recommendations for improvements in ways and at times that best

The Yarning Process

On our first visit to the Camp the women were sitting around the kitchen table relaxing before dinner. Two women were preparing dinner. We introduced ourselves and explained that we would like to sit with any women who wanted to share their stories about the ATC Program. One woman asked, 'what are you offering us?'¹ We offered to bring two guitars and give the women a music lesson and sing some songs together. The women said they had never played a guitar before and would like to learn.

We spent the first evening talking informally and sharing common family and community connections. On the second evening the women directed us to sit outside near the fire pit where they could talk in the open, away from the support workers and women who were preparing dinner in the kitchen. Talk was interspersed between songs, and informal guitar tutorials.

Five women of the six women approached the evaluators over the following visits to talk about their experiences at the Camp and answer some questions about their satisfaction with different aspects of the ATC Program. Several women described their lives while they were in prison, and their lives now, and their hopes for the future. The evaluator turned their words into a poem (see Appendix 10).

We thank the women for giving us the opportunity to spend time with them and for sharing their stories and suggestions.

²⁹ Yarning is a conversational process that involves the sharing of stories and the development of knowledge. It prioritises Indigenous ways of communicating, in that it is culturally prescribed, cooperative, and respectful. [Walker M, Fredericks B, Mills K, Anderson D. (2014) 'Yarning' as a method for community-based health research with Indigenous women: the Indigenous Women's Wellness Research Program. *Health Care Women Int.* 2014;35(10):1216-26. doi: 10.1080/07399332.2013.815754. Epub 2013 Aug 27. PMID: 23980668.]

Appendix 5: List of Documents Reviewed

ATC Program documents reviewed	Source
Northern Territory Aboriginal Justice Agreement (2021-2027), Department of Attorney-General and Justice	AJU
Department of Health Funding Agreement (with Congress for the Alternatives to Custody and Alcohol and Other Drugs In-Reach Program)	AJU
Congress Alternatives to Custody In-Reach Program Report (July 2020 – June 2021)	AJU
ATC Process Evaluation	AJU
ATC Client Handbook (DASA)	DASA
ATC Progress Reports (Oct 2020 -Jan 2021; 1 Jan – 30 June 2021; July – December 2021)	DASA
ATC Quarterly Reports (Nov 2020 – Feb 2021; Feb 2021 – May 2021; May – August 2021; August – November 2021; April 2022; April to June 2022)	DASA
ATC Monthly Statistical Reports (January 2022; March 2022; April 2022; May 2022; June 2022; July 2022)	DASA
ATC Activity planner	DASA
ATC Assessment Documents (Depression Anxiety Stress Scale, Trauma Screening Questionnaire, Suicide risk screener scorer and interpretation, Level of Service Inventory, Here and Now Aboriginal Assessment)	DASA
ATC Intake Client Alerts Sheet	DASA
ATC Working Group Terms of Reference (2019)	DASA
ATC Referral Form	DASA
ATC Grant Funding Agreement	DASA
Client's case file summary 'Evaluation Report'	DASA
De-identified client data June 2022	AJU
Offence history and contact with the justice system of the 20 women who completed ATC	AJU
Offence history and contact with the justice system of the ATC women (did not complete or still in residence)	AJU
Central Australian Women's Legal Service MOU	DASA
Community Corrections, Congress and Holyoake MOUs	DASA
ATC Policies and Procedures; Operational Manual for the Alternative to Custody Life Skills Program Alice Springs	AJU

Appendix 6: Evaluation Informants

Name	Organisation
Eloise Page	DASA, CEO
Jocelyn Dhu	DASA, Deputy CEO and Aboriginal Outreach
Kristy Ryan	DASA, Quality and Compliance Officer
Elke Helten	DASA, ATC Co-ordinator
Amanda Houston	DASA, ATC Case Manager
Shannon Pepper	DASA, Life Skills/Counsellor
Prasang Nadiesa	DASA, ATC Support Worker
Narrelle Marchesi	DASA, ATC Support Worker
Gina Meni	DASA, ATC Support Worker
Selina Newcastle	ATC Program Participant
Selena Grant	ATC Program Participant
Shanna Nelson	ATC Program Participant
Samira Morris	ATC Program Participant
Grace Williams	ATC Program Participant
Rachel Neary	Kungas Stopping Violence, Coordinator
Chelsea Hayes	Kungas Stopping Violence, Case Manager
Michelle McMasters	Kungas Stopping Violence, Case Manager
Kahlisha Rioli	Kungas Stopping Violence, Case Manager
Tania Collins	North Australian Aboriginal Justice Agency (NAAJA), Lawyer
Michael Potts	NT Police, Custody Manager
Dy Kelaart	Alcohol and other Drug Services Central Australia (ADSCA), Program Director
Katrina Matthews	Alice Springs Correctional Centre, Senior Sentence Management Assessment Officer
Kate Argentino	Central Australian Aboriginal Congress, Social & Emotional Wellbeing Service (SEWB) Manager
Katherine Murfitt	Central Australian Aboriginal Congress, Clinical Psychologist
Machiko Raheem	Central Australian Women's Legal Service (CAWLS), Solicitor
Sebastian Hall	Anglicare, Housing Support Services Team Leader
Mia Poklepovich	OT Inspire, Occupational Therapist and Director
Alix Wileyman	OT Inspire, Occupational Therapist
Michelle Dhu	Saltbush Services, Future Stars Training Co-ordinator and Mentor

Appendix 7: Information Sheet and Consent Forms

ATC Program Evaluation Information sheet for stakeholders

What is the purpose of the evaluation?

The Northern Territory (NT) Department of Attorney-General and Justice have commissioned Pandanus Evaluation to conduct an external Outcome evaluation of the Alice Springs Alternative to Custody (ATC) Program. The evaluation will focus on early outcomes (or indications of future outcomes) for clients, unintended consequences, and recommendations for improvements to the Program. It will also look at suitability of the ATC's performance framework and data sources.

Why have I been asked to participate?

You/your organisation has been identified as a key stakeholder who can provide valuable information about the ATC Program. The evaluators, Stephanie Harrison and Nea Harrison, would like to interview you and get your feedback on the Program. They are conducting interviews with key stakeholders and Program clients in early September 2022.

How can I participate and what will I be asked?

If you are happy to participate, the evaluators will arrange to talk to you at a time that suits you. Interviews can be either be conducted face-to-face, by phone or via video link using Zoom or Microsoft Teams. They will ask you to share:

- your views of Program successes and challenges including your perceptions of how the Program has benefitted clients, their families and communities
- your suggestions for ways the Program could be improved in the future

Will my information be kept confidential?

The evaluators will keep your information confidential. They will not share the information you provide in a way that you can be identified without your permission. As well as taking written notes, the evaluators will ask your permission to record the interview. You will also be provided with a consent form to sign. You can also ask for your contribution to be withdrawn at any time if you are not happy.

What will happen to the information I provide?

The information you provide will be combined with the information provided by others into a written evaluation report. The report will to be presented to the NT Department of Attorney-General and Justice and the Aboriginal Justice Agreement Governance Committee. Copies of the report will be shared with the Attorney-General and Minister for Justice.

Who can I contact for further information?

You can contact Stephanie Harrison by email: stephanie@pandanusevaluation.com or phone: 0409 703 961. If you have any questions or concerns about the evaluation, please contact Warren Jackson from the Aboriginal Justice Unit by email: warren.jackson2@nt.gov.au; Ph: (08) 89357811.

About the evaluators

Pandanus Evaluation is a Darwin-based independent evaluation, planning and research consultancy providing high-quality services throughout Australia and the Pacific. We have over 30 years' experience in supporting government and non-government agencies, civil society and research groups to review and plan effective programs, policies and systems.

Pandanus Evaluation is well known for working in a way that acknowledges and incorporates diverse perspectives. Our vision is to support groups to gain the knowledge and skills to strategically plan and evaluate their own programs, strategies and systems.

ATC Program Evaluation Interview Questions for stakeholders

1. What are the strengths of the Program? What works well?
2. What, if any, changes have you observed in women participating in the Program in regard to the following short-term outcomes:
 - a. Accessing the necessary support services
 - b. Awareness of self and personal triggers that contribute to offending
 - c. Abstaining from usage of AOD
 - d. Reoffending
3. What, if any, changes have you observed in women who have completed the Program in regard to the following medium-term outcomes:
 - a. Relationship with family and children
 - b. Knowledge of legal rights and responsibilities
 - c. Compliance with post-sentence conditions
 - d. Access to housing
 - e. Employability
 - f. Access to employment
 - g. Physical and mental health
 - h. Achieving goals set out in individualised plan
 - i. Abstaining from usage of AOD (for six months +)
 - j. Reoffending or reduced reoffending (for six months +)
 - k. Physical and mental health
4. Were there any outcomes (positive or negative) resulting from the Program that you were not expecting? How and why did they occur?
5. How could the Program be improved to achieve the intended outcomes?
6. What information do you currently receive about the program (and from whom), what information is missing? What is the best way for you to get that information?

ATC Program Evaluation Consent Form

I agree to participate in this interview for the Evaluation of the ATC Program.

I understand that:

My participation is voluntary, and I can withdraw from the evaluation at any time.

I can determine who may be present during the interview.

My decision to participate or not to participate in the evaluation will not affect any current or future relationships with the ATC Program.

The evaluators will seek to keep my information strictly confidential. No information in the report will be attributed to individuals without written permission.

I can request any information collected from me to be withdrawn at any time up until the analysis stage.

If I withdraw, I can request that any information collected from me to be returned or destroyed.

I have given permission for the interview to be recorded and it may be transcribed.

Digital recordings, notes, and summaries will be stored securely with the evaluators and will not identify me.

I have been given the opportunity to ask questions.

I give my consent to participate in this interview.

Name: Signature:

Date:

The Alice Springs Alternative to Custody (ATC) Evaluation Information sheet

Hello. My name is Stephanie Harrison. I grew up on Arrernte country in Mparntwe/Alice Springs. I now live in lutruwita/Tasmania with my husband and my three sons.

I work for a company called Pandanus Evaluation. My boss is my Aunt, Nea Harrison. Nea lives in Darwin now, but she lived in Alice Springs many years ago.

We are evaluating the ATC program.



Stephanie Harrison

Why have I been asked to participate?

We would like to speak with women currently at the Life Skills Facility in Alice Springs, or women who have completed the program.

We will ask your permission to use your stories in a report for the Aboriginal Justice Unit and the NT Department of Attorney-General and Justice. The report will show whether the ATC is helping women achieve their goals and will be used to help improve the program for the future.



Nea Harrison

How can I participate and what will I be asked?

We will be coming into the Life Skills facility in early September and will make a time to sit and talk with any women that wish to share their stories. Someone from DASA will be available to support you throughout the interview. We can also speak over the phone or online if you are no longer in Alice Springs.

We will ask you to share:

- your experiences of being at the Life Skills facility
- your stories of how the Alternative to Custody Program has helped you or not
- your suggestions for ways the Program could be improved in the future

No personal information will be collected or used – only information about the ATC program.

Who can I contact for further information?

You can contact Eloise Page: eloise.page@dasa.org.au / (08) 8950 5000 or Stephanie Harrison: stephanie@pandanusevaluation.com / 0409 703 961.



Appendix 8: Referrals to Support Services

Services assessed as required during intake:	% requiring service:	% referred:	Services referred to:
Counselling / psychological services	100%	100%	Congress - Individual and Group Therapy Sessions
AOD treatment and support	100%	97% 31% 84%	Holyoake DASA outreach Congress - Deadly Choices
Behavioural change programs	97%	42% 97% 31% 15%	Alternative to Violence OT inspire; Holyoake DASA outreach Family Violence Program NTG
Cultural linkage and mentorship	100%	100%	Congress - Red Cross Cultural sessions
Parenting education and support	36%	8%	Congress - Family Support
Linkage and liaison support with specialist services including DFSV, mental health, disability services	28%	15%	Family Violence Program NTG
Assistance with child protection matters, including supervised access	20%	8%	Congress - Family Support
Life skills training	100%	-	Delivered as part of the TC model
Legal education and assistance, including court support	97%	100%	CAWLS - legal
Housing support	83%	23%	Anglicare
Financial literacy and debt management	97%	100%	CAWLS - financial
Job readiness support and training	81%	44%	Karen Sheldon – Future Stars or other study
Education support	81%	44%	Karen Sheldon – Future Stars or other study
Assistance to secure community work or employment	81%	21%	Employment Services e.g., Saltbush
Interpreting support	0%	-	-
Other		100% 5% 23%	Congress - Doctors Congress - midwifery Foodbank

Appendix 9: Offending History of Past Participant³⁰

Offending history prior to entering the ATC Program (1999-2020)	Count
Breach of bail	9
Breach of community based order	11
Breach of violence order	8
Consumption of legal substances in regulated spaces	1
Disorderly conduct	6
Drive while licence disqualified or suspended	1
Drive without a licence	1
Domestic Violence Order (Against)	17
Domestic Violence Order (For)	16
Miscellaneous infringement	1
Misuse of regulated weapons/explosives	2
Protective Custody	9
Public order infringement	17
Registration offences	2
Resist or hinder police officer or justice official	1
Serious assault not resulting in injury	13
Serious assault resulting in injury	1
Traffic Infringement	1
Trespass	1
TOTAL	118
Offending history after exiting the ATC Program (2021-2022)	
Breach of violence order	2
Domestic Violence Order (Against)	6
Domestic Violence Order (For)	2
Public order infringement	2
Riot and affray	1
Serious assault not resulting in injury	4
Traffic Infringement	1
TOTAL	18

³⁰ This woman completed the ATC Program.

Appendix 10: Group Poem Created with Participants

In the Big House³¹ you are walking around
Feeling empty and numb,
Filled with anger and stress.
It's putting your mind in darkness.
Trying to make you or break you
Taking away your dignity,
Your love, your compassion.
Can't expand in the four corners of your room.
You try and think about outside,
How your family is doing,
But you're blocked in, anger just waiting there.
It is all grey, grey, grey.

Here it is open. Heart is open.
You can see the trees, the birds,
All the colours, tastes, and smells.
This is a peaceful place -
You're reborn again out here.
It brings you back to that place you want to be, your spirit,
Connecting to your life.
Feels like home, on community,
Away from town, noise.
Takes you back to the life you missed being in prison.
Connections. Freedom.
It opens your eyes.

We've done our mistakes.
We want to tell our young ones,
'The only one who can change things is me.'
When your temperature's³² really up,
Take a deep breath,
Go for a walk.
See the trees swaying, the wind blowing.
Feel the earth.
Be in the moment.
Appreciate life more.

³¹ Prison.

³² Women spoke of 'temperature' in relation to the vibe/feelings, hot for angry, cool for calm.

Appendix 11: Suitability of Performance Framework Matrix

Performance Measure	Measurable	Reporting Mechanism	Evidence from Program documentation	Suitability of performance framework for measuring ATC Program implementation and outcomes
Develop, manage and maintain a referral process to the ATC, including undertaking risk management of individuals referred to the Program.	Facilitate the timely review of referrals to the ATC, and provide information on: <ol style="list-style-type: none"> Number of referrals received. Number of referrals accepted, including referral source. Number of referrals rejected, by reason. Number of Program completions. 	Monthly statistical report	<ol style="list-style-type: none"> 67 referrals received 56 referrals accepted from 10 identified sources 11 referrals rejected for specified reasons 20 Program completions 	<p>De-identified client data has additional information that is also relevant for measuring implementation:</p> <p>Number of participants that entered the Camp (37)</p> <p>Number of participants that were accepted but did not enter the Camp (17), by reason</p> <p>Number of participants that entered the Camp but did not complete (13), by reason</p> <p>There are no outcome indicators required for this performance measure.</p>
Develop a personalised plan for each client entering the ATC to address their particular offending behaviours, according to their needs and circumstances.	<p>Prepare an individual case plan for each client entering the ATC. Ensure client access to necessary support services, including help with service coordination and assisting services to respond to client needs.</p> <p>Ensure regular contact between the client and case manager to support and facilitate the accessibility and coordination of appropriate services.</p> <ol style="list-style-type: none"> Number of client case plans developed. Number of client case plans completed. 	Quarterly report ³³	<ol style="list-style-type: none"> 36 case plans developed 22 case plans completed 	<p>De-identified client data captures additional information that is also relevant for measuring implementation:</p> <ul style="list-style-type: none"> - client's primary presenting issues, - services required, - services referred to, - client's individual goals. <p>There is no data on whether referrals have been taken up, or what the level of contact was prior to entering the ATC Program.</p> <p>There is no reporting on number of case management meetings held.</p> <p>There is no reporting on client's progress towards individual goals.</p>

³³ Evaluators used the most recent quarterly report (April to June 2022) as the basis for this assessment.

Performance Measure	Measurable	Reporting Mechanism	Evidence from Program documentation	Suitability of performance framework for measuring ATC Program implementation and outcomes
Work with appropriate service providers to deliver group education sessions with a focus on understanding and dealing with offending behaviours.	<p>Offer group education sessions to assist clients to understand and address their offending behaviours.</p> <p>a) Provide details of each type of education session offered and number delivered.</p> <p>b) Provide number of clients that attend education sessions.</p> <p>c) Provide number of clients that complete education sessions.</p>	Quarterly Report	The quarterly report (April to June 2022) reports on type of education session offered and number delivered; number of clients that attend and complete group education sessions. However, this data is only completed for three out of eight women.	There are no outcome measures to report on how group education activities are linked to 'addressing offending behaviours'.
Work with appropriate service providers to deliver drug and alcohol education programs.	<p>Offer group education sessions to assist clients to understand and address their AOD usage.</p> <p>a) Provide details of each type of AOD program offered and number delivered.</p> <p>b) Provide number of clients that attend education sessions.</p> <p>c) Provide number of clients that complete education sessions.</p>	Quarterly Report	The quarterly report (April to June 2022) reports on type and number of AOD programs offered/delivered; number of clients that attend and complete education session. However, this data is only completed for three out of eight women.	There are no outcome measures to report on how AOD education activities are linked to client's abstaining from AOD use, or progress towards individual goals around AOD.
Work with appropriate psychological services to provide group and one-on-one mentoring, counselling and support.	<p>Offer psychological services in individual and group sessions to assist clients to assess their circumstances and relationships, and to make choices, decisions and plans for the future.</p> <p>a) Number of group counselling services provided to clients.</p> <p>b) Number of individual counselling services provided to clients.</p>	Quarterly Report	The quarterly report (April to June 2022) reports of number of group counselling session provided and number of individual counselling services provided. However, this data is only completed for three out of eight women.	There are no outcome measures that relate to changes in women's circumstances and relationships, and their choices, decisions and plans for the future.

Performance Measure	Measurable	Reporting Mechanism	Evidence from Program documentation	Suitability of performance framework for measuring ATC Program implementation and outcomes
Offer ongoing linkage to service providers (AOD, housing, education, etc.).	<p>Ensure ongoing access to service provision for ATC clients.</p> <p>a) Provide evidence of formal arrangements and referral pathways with other services to assist clients (i.e., MOUs).</p> <p>b) Provide number of clients referred to other services for support.</p>	Quarterly Report	<p>The quarterly report (April to June 2022) does not have a field to provide evidence for reporting on formal arrangements and referral pathways.</p> <p>Number of clients referred to other services is recorded for all women.</p>	<p>The reporting mechanism is not sufficient to report on formal arrangements and referral pathways.</p> <p>There are no implementation measures for number of referrals taken up.</p> <p>There are no outcomes measures around the result of those referrals.</p>
Conduct group sessions and activities focusing on developing individual, social and life skills.	<p>Offer programs that provide ongoing day to day support for clients to develop individual, social and life skills.</p> <p>Programs may focus on continuing education to develop skills and independence in a variety of life areas (e.g., ID, self-help, social skills, literacy and numeracy), use of community facilities (e.g., public transport, driver's license and banking), work readiness skill development or leisure and social interaction.</p> <p>a) Provide details of each activity and number of occasions conducted.</p> <p>b) Provide details of number of participants in each activity.</p>	Quarterly Report	<p>The quarterly report (April to June 2022) reports on number of activities focussing on individual, social and life skills. However, this data is only completed for three out of eight women.</p>	<p>There are no implementation measures around type of activity (e.g., drivers licence).</p> <p>There are no outcome measures around how these activities relate to client's developing skills and independence in a variety of life areas, based on their individual needs.</p>