NGĀ WHENU RARANGA

WEAVING STRANDS #4

The challenges faced by Te Whare Whakapiki Wairua/ The Alcohol and Other Drug Treatment Court

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Kotahi ano te kohao o te ngira
E kuhana ai te miro mā, te miro pango, te miro whero.
I muri i ahau, kia mau ki te aroha
ki te ture me te whakapono.

There is but one eye of the needle through which the white,
black and red threads must pass.
After I am gone, hold fast to love, to the law, and to resolute
faith.

Whakatauākī o Pōtatau Te Wherowhero
The first Māori King at his coronation, 1858.

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Ngā whenu raranga metaphor

The use of the ngā whenu raranga/weaving strands metaphor has been adopted for use in this case study of Te Whare Whakapiki Wairua/The Alcohol and Other Drug Treatment Court (AODT Court).

The art of weaving is an ancient practice used by the earliest tūpuna (ancestors) who had to develop new and creative ways of adapting to their new environment. The fibres of plants such as harakeke (New Zealand flax) were used to plait or weave into kakahu (clothing), kete (baskets), whariki (mats), taura (ropes) and kupenga (nets).

The korowai (cloak) has been specifically used in summary reports because it symbolises the cloaking of an AODT Court participant in a protective and safe environment. Traditionally, prestigious garments like cloaks were worn by chiefs and each korowai has a whakapapa or history and serve different functions. The ceremonial placement of the korowai on the AODT Court graduate at the end of their journey is demonstrative of the transformation that has taken place in their lives (Taituha, 2014: Snowdon-Rameka, D, personal communication, March, 2017).

In first summary report, the making of a korowai (cloak) provided the metaphor for outlining the four strands that comprise the theoretical framework of the AODT Court. The four strands were depicted in different colours, mirroring the four colour fibres used by Māori weavers. These inlcude black extracted from the iron-tannins of Hīnau bark; yellow from the Raurēkau bark; reddish/brown from the Tānekaha bark; and the natural undyed appears white (Smitha & Te Kanawab, 2008). These colours have been used to represent each of the strands: (1) Pango/black represents Law; (2) Kōwhai/yellow for U.S. Best Practice; (3) Mā/white for Recovery; and (4) Whero/red for the Lore.

The raranga/weaving metaphor was then used to understand the processes and team member roles of the AODT Court. The practices of whawhaki (harvesting), whakataka (preparation), whakaoti (complete), and kāhuarau (metamorphosis) involved with the act of weaving korowai were related to the determination, three phase programme, court exit processes. The AODT Court team member roles were related to the practices of the kaiwhatu (weaver of a korowai) who are tohunga (experts). We noted that the specific practices we assigned to one role may overlap with others and at times merge, double-up, extend as needed as the AODT Court team members interact with each other and adapt to the needs of each court participant.

This report seeks to ground the applicability and efficacy of the ngā raranga/weaving strands metaphor for the understanding the AODT Court specifically within Aotearoa, New Zealand. In this report, the whakapapa (genealogy) of the harakeke is an integral part of understanding a Te Ao Māori worldview. It accepts that all tangible and intangible beings have an origin and are inter-connected. Harakeke, is a descendant of Tāne-mahuta (God of the Forest), who was the son of Papatūānuku (Earth Mother). This perspective grounds us in the knowledge that we are part a wider universe.

Whakataukī are proverbs which Māori use to convey lessons or messages in simplistic but eloquent language. Whakataukī about the harakeke bush is often used to represent the whānau (family). The rito (shoot) in the centre that represents a child. The awhi rito surrounding the rito are the parents. The outside leaves represent the tūpuna (grandparents and ancestors). During harvesting, the outer leaves will be cut away so that the remaining leaves are left balanced and strong. The primary focus is to ensure the future or next generation coming through are well protected and nurtured at the centre of the harakeke bush. The strength of the harakeke bush is further promoted by planting the bulbs of the harakeke facing towards the sun, in kohatu (stones) filled taepu (rich soil) so that the paki aka (roots) can become firmly established.

From a holistic Te Ao Māori perspective, whakapapa connects everyone and everything through common whakapapa roots but it additionally places a higher set of reciprocal obligations and responsibilities to finding a way to work to overcome of the challenges as described in this report. In the AODT Court, the harakeke bush formation protects the rito (child) shoots in the middle, this can represent the children and/or grandchildren of the AODT Court participants. An adherence to tikanga (customs) around the establishment and development of pā harakeke (flax garden) is likened to establishing links to thriving iwi, hapū, whānau or kaupapa Māori oriented services operating in the communities for the on-going sustainability of participants post-discharge.

The ngā whenu raranga/weaving strands used throughout this research, has drawn on mātauranga Māori (knowledge) of old in the making of korowai. Today, modern weavers are applying their expertise and working collaboratively with modern tools and materials. While the whakapapa (lineage) of modern korowai and the construction techniques may differ, perhaps because of the differing tikanga (beliefs and practices) of each weaver. This may lead to critiques arguing that the use of Māori concepts such as the korowai is inauthentic and artificial but as our early tūpuna lead the way in adaption, were forward-thinking and creative innovators the metaphor is apt for this context. Generally, the underlying resolve of those involved in each facet of producing a korowai within the AODT Court is reinforced in two ways: (1) by the very transformation the wearer experiences when being clothed in a korowai, 'he whakapiki wairua - it lifts spirits'; and (2) 'E hara taku toa, I te toa takitahi ēngari he toa taku tini. My strength is not from myself alone, but from the strength of the group.'

NGĀ WHENU RARANGA/WEAVING STRANDS: #4

The challenges faced by Te Whare Whakapiki Wairua/The Alcohol and Other Drug Treatment Court

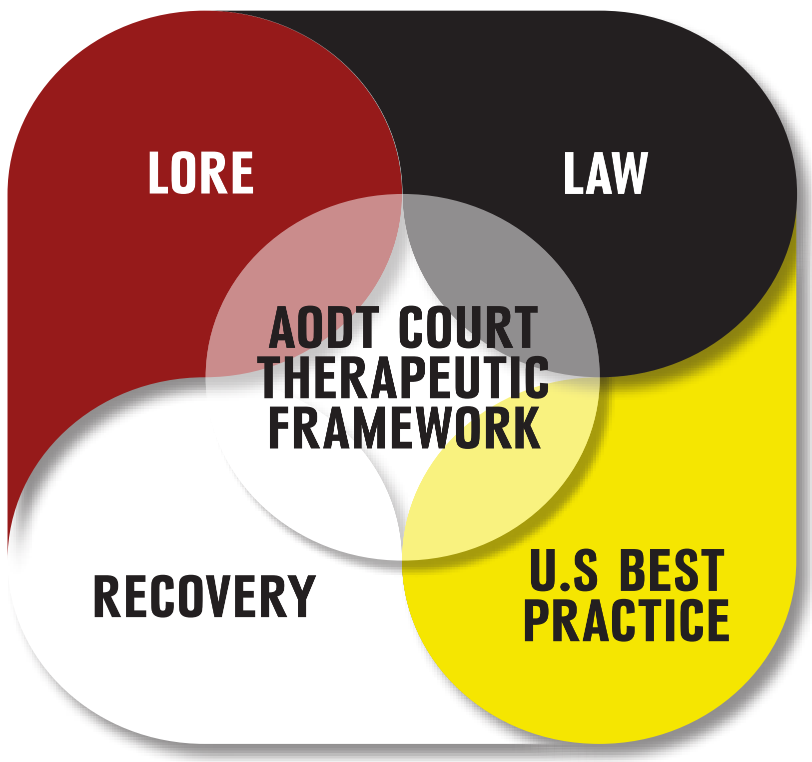
Introduction

Ngā Whenu Raranga/Weaving strands: #4 **is the final summary report from our case study that aimed to explore the meaning and application of the term 'therapeutic' in Te Whare Whakapiki Wairua/The Alcohol and Other Drug Treatment Court (AODT Court). Drawing on interviews with AODT Court team members, courtroom observations, relevant documentation and international drug court best practice literature, this report considers some of the challenges to the therapeutic framework underpinning the AODT Court. Suggestions are also provided to enhance the future developments of the AODT Court, and other therapeutic interventions at the criminal justice interface.**

As with the previous three summary reports, the challenges reported here are the result of an interpretative endeavour that both draws on the perspectives of professionals in the AODT Court and includes a detailed analysis by the researchers who inevitably bring their own lens to the research. In this report, our interpretations are more apparent in that we are considering the implications of some of the findings that came through the interviews with AODT Court team members and our courtroom observations. As the AODT Court pilot progresses, the benefits of, and challenges to, this therapeutic framework will evolve and this report considers issues at a certain time, space and place in the AODT Court. Further interpretations will be developed over time, grounding a longitudinal view of the AODT Court and comparisons to the international literature (See methodology summary at the end of this report for further details of this research programme).

Quick recap

Ngā Whenu Raranga/Weaving strands: #1 was the first of four summary reports. It outlined four strands that, when carefully woven together, comprise the therapeutic framework of the AODT Court. These were interpreted as four strands: (1) Pango/Law, (2) Kōwhai/U.S. Best Practice, (3) Mā/Recovery and (4) Whero/Lore. The report detailed how the AODT Court weaves together the separate sectors of justice, health and social services through a strong focus on recovery from addiction to reduce reoffending. This focus radically transforms the traditional role of the law, legal processes and the roles of legal professionals (the 'law' strand). The AODT Court was also interpreted as strongly underpinned by existing best practice, largely from the United States, that provides the evidence base for many practices in the AODT Court (the 'U.S. Best Practice' strand). Simultaneously, the AODT Court was observed as shaping practices in relation to recovery in New Zealand by incorporating recovery into the criminal justice system and creating different demands of addiction professionals and services (the 'recovery' strand). To address the cultural needs of offenders, the report showed the AODT Court is endeavouring to actualise the principles of the Tiriti o Waitangi (Treaty of Waitangi) by weaving aspects of tikanga (traditional rules and customs of Māori) into the criminal justice system (the 'Lore' strand). This report interpreted the four strands of Law, U.S. Best Practice, Recovery and Lore as woven together to produce the therapeutic framework for the AODT Court.



The second and third summary reports described the therapeutic framework Ngā raranga whenu/weaving strands in action. *Ngā raranga whenu/weaving strands: #2* focused on the different processes of the AODT Court. These were described under four headings, including: (1) Whawhaki/Determining eligibility; (2) Whakataka/The three-phased programme; (3) Whakaoti/Exiting the AODT Court; and (4) Kāhuarau/Continuing the journey. In doing so, this report illustrated how Pango/Law, Kōwhai/U.S. Best Practice, Mā/Recovery and Whero/Lore are woven together in unique, dynamic and changing ways as interactions occur between AODT Court team members, participants and the wider community.

In *Ngā raranga whenu/Weaving strands: #3,* we demonstrated the roles of the AODT Court team, their teamwork and the wider collaboration that occurs with key stakeholders. The roles of the tūruturu/court coordinators, aho poka/case managers, whakamata/defence counsel, aho tāhuhu/police prosecutors, kaitiaki/pou oranga, kaiwhatu/judges and whatu aho rua/peer support workers were described. Throughout these sections there was a specific focus on the interactions that occur between professionals and the report also briefly described the ngā ratonga/the wider community that supports the AODT Court to highlight the large network of professionals that assist the AODT Court team. Overall, this report illustrated the practical application of the therapeutic framework by the AODT Court team members and reinforced the aptness of the raranga/weaving metaphor as a descriptor for the interrelatedness of philosophy and practice of the AODT Court.

In this report, we detail some of the challenges AODT Court team members face and wider issues we observed constraining, or potentially impeding, optimum application of the therapeutic framework of Nga whenu raranga/weaving strands. We conclude with suggestions on future areas of research and policy consideration.

Working as a team

The first three case study summaries illustrated that the AODT Court team members' reported overwhelmingly positive views on working within a team. Working as a team was characteristically different for those used to working in more adversarial criminal justice settings. For example, some AODT Court team members shared examples of the difference between traditional hierarchical court processes and the processes of the AODT Court. Team members acknowledged that they were still getting used to having informal discussions with judges that often led to their *assisting* judges to make informed decisions. The challenge of this new way of working was generally thought of as an improvement from mainstream criminal justice approaches:

We don't normally have that one-on-one contact, it's always quite formal. So it is relatively informal in the pre-court meetings so that's a huge difference. That took a while to get my head around that side of it because there's always that space between us and the bench and it's changed. I just think the approaching thing as a team and for the good of the client or the offender is the difference. Usually it's just up to the lawyer and you're working on your own, so the team approach is really helpful (AODT Court team #15).

Though most of the AODT Court team members felt connected as a team, in some instances, particularly for non-legal AODT Court team members, they felt that their perspectives could have been considered further. The non-legal AODT Court team members believed they had the expertise to contribute significantly on addiction and recovery issues within the criminal justice context. For example, AODT Court team #4 reported instances of not being heard in relation to pre-court determination regarding the eligibility and suitability of an AODT Court participant. This resulted in their feeling as though important clinical information may have been overlooked:

Sometimes it's really difficult to have the judge hear you. I think at times they forget that we are actually clinicians, we are actually counsellors, we are actually practitioners. For example, I had been saying about my client that he was not dependant for months and months and months and months and months and I was just like we should never have accepted him, he's not dependant, this court is a nuisance for him, he doesn't need it. He should have just maybe gone to jail or tried his luck with home D or something and got on with his life with the support of maybe CADs. He was someone who needed harm reduction, learn not to binge and learn not to drive when you're drunk, that kind of thing (AODT Court team #4).

For other AODT Court team members, the sharing of information presented challenges and had led to adaptations in the way they worked with clients in order to meet their professional ethics obligations:

We're still lawyers; we're still defence counsel, so we're there to represent our clients. We have a special clause in the contract where we're not bound by confidentiality, the normal confidentiality clause between lawyer and client, which is fair enough, although I find it's not totally open for me. I still feel... I always say to my clients if there's something you want to tell me and you don't want me to pass it on in that context I will not pass it on. Then I can go to the team meeting and say, if it comes up, for example, I can say I have instructions not to pass information on or not to disclose anything over that (AODT Court team #17).

Ethical issues, such as dealing with confidentiality discussed by AODT Court #17, were reported by many AODT Court team members (and will be discussed in further detail in our academic publications). There were indications that training and support to deal with ethical issues was appreciated, and had been provided on at least one occasion during our research. We discuss similar opportunities further below.

As the AODT Court pilot progresses, and potentially becomes normalised in the criminal justice system as a specialist approach to responding to addiction-related offending, the consideration of the expertise of each professional in pre-court meetings will be an essential component to the final decision made by the AODT Court judge. From this view, the AODT Court presents a truly collaborative model.

I think it's a good model – the team model – because it shares responsibility and it takes into account a variety of points of view, which, with consensus, is likely to lead to a good decision, a more informed decision (AODT Court team #7).

Although this new way of working presented challenges to begin with, as the pilot progressed the AODT Court team members reported how much they had benefitted from the experience. In this way, any challenges from working as a team became outweighed by the positives of interdisciplinary approaches to reducing addiction-related offending. AODT Court team members identified developing mutual respect for their colleagues; they valued and learned from the expertise each team member brought to the collective discussions.

Demanding workloads

All of the AODT Court team members identified challenges with managing the workload that came with working in the AODT Court. Aside from high caseload numbers, one overarching issue that added to their responsibilities was that clients within the AODT Court required significant levels of support. The AODT Courts were at full capacity at the time of this research and, in some cases, AODT Court team members were working overtime with no compensation. Their commitment to the AODT Court pilot meant they continued to work in stressful conditions, but the longevity of this way of working was considered untenable by most. Since our interviews, we have been informed of strategies that the AODT Court has employed to address workload problems. For example, the New Zealand police have funded two police prosecutors to have four dedicated days a week allocated to meeting the demands of the AODT Court, whilst also ensuring uniformed officers are always present in open court.

For some AODT Court team members, however, the current workload was not allowing for optimum facilitation of their expertise for the benefit of AODT Court participants. Peer support workers for example, observed that in some instances due to time restrictions, or large caseloads, reciprocation as a key method for helping people in recovery, was difficult to achieve within the AODT Court peer support relationship.

> *We are overwhelmed… That's not just with the actual demands as I said, not being able to achieve what we really want to do* because *we're here because we believe in the people and we relate really well, that level of experience of offending and jail and broken life and just the destruction of addiction. To actually see that in others and try and use that experience which was the essence of peer support and just not being able to do it is really frustrating (AODT Court team #24).*

To explain this peer-support technique further, AODT court team #25 referred to the term "mutuality", a concept referred to within Intentional Peer Support (2014) for guiding peer support relationships. The term mutuality suggests that sharing and exchanging experiences is an essential component of the peer support relationship and places importance on connecting, and understanding the participants' unique world view. AODT Court team #25 described how the demands of their role made it hard for them to practice this important aspect of their role:

> *The time that we get to spend with people, it's just so minimal. I sit down with someone and they look at me like, who are you? Yet when I have a strong relationship it's very obvious that we have a strong relationship and that rapport is there…Mutuality…is very difficult to find in this role but the world view and the connection, yeah that's something that we really have to focus on when trying to build some connection and understand where they're at and how they see the world (AODT Court team #25*).

The peer support workers suggested they required smaller caseloads and clearer boundaries around what their role entailed, to truly be able to provide the support they envisioned. For other AODT Court team members, there was acknowledgement that workloads might improve as the pilot progressed and issues were responded to or roles were fine-tuned.

Professional development, supervision and training

Many AODT Court team members expressed challenges regarding their ongoing professional development, supervision and education. There was concern amongst AODT Court team members that there was not enough opportunities to talk about some of the issues they were facing, which, combined with their heavy workload, they feared might eventually lead to burnout. It was felt that this was particularly acute with the pressure of being involved with a pilot programme where they all realised the importance of the work they were doing now for the future of the AODT Courts. The importance of structured approaches to professional development, professional supervision and training to meet the difficulties of working in a highly stressed environment should not be underestimated. This level of support is common place in addiction-related clinical environments because of the positive benefits for both staff and clients.

The AODT Court team have one training day annually where both courts come together and receive training from experts in both the addiction and criminal justice field. AODT Court team members' described these events as crucial for bringing the team together, uplifting their focus and understanding their common goals:

> *We had a training session, it was a whole day where everybody who worked in the team of both Auckland Court and the Waitakere Court came together and that was the first training that I've done in the court. It was absolutely amazing to me because you've got all these different people and we've have all of these discussions about the court, how we can improve it and how can we do better with victim's rights, how can we do better with determination hearings as well, what information do we need, how can we do different with this issue and that, it was fantastic because we all had a common focus. That, in my practice, that's the first time I've got a probation officer with the same focus as* me, *the police, the same focus as me. We've all got the same focus. How do we improve our court systems and processes to get the best recovery for our participants, the best recovery rate, it was amazing (AODT Court team #19).*

The need for continuing education that meets the needs of the varying disciplines involved in the AODT Court is a standard expected of drug courts according to the 10 key components (see U.S. Best Practice strand in *Nga whenu raranga/Weaving strands: 1*). There are limited opportunities in New Zealand to learn the innovative practices exhibited in specialist courts, and there is a need for improved availability of training for legal counsel practising in areas underpinned with a therapeutic framework such as the AODT Court. AODT Court team #38 explained how important it was for law schools in particular to take a broader perspective in their educational content. For example, courses that provide upcoming lawyers differing perspectives on innovation non-adversarial justice approaches like the AODT Court need to be developed, with focus on the issues that lawyers may experience working in this context, and the potential positive outcomes these alternative ways of working may have for reducing reoffending:

> *Our lawyers, we can't just keep churning out these adversarial hard-hitters, we need people who understand all those procedural fairness issues, who understand why we have an adversarial system, what's important about it, client/solicitor client confidentiality, all those things go in the drug court. We need our lawyers to understand all of that, the standard processes, the black letter law, all of those procedures. That's really important but also need to start schooling up our graduates I think to think a little bit outside of that, to be a little bit more innovative, to ask the questions about what are we trying to achieve. Are we achieving them? What might make a difference? This is not a silver bullet, it is not a panacea, but I think it has the potential to change the lives of many in a significantly positive way... So I think it is about changing the whole of the legal culture really to be a bit more open to other ways. It's not saying that the way we do it is wrong; it's just saying that it doesn't work for everyone and I think there are better ways (AODT Court team #38).*

Similarly, many of the lawyers who made up the AODT Court team spoke about the need for ongoing training in addiction, recovery and the addiction community, including what each service provided and the philosophy that underpins their treatment modalities. In addition to the issues that affect lawyers, there is a lack of educational opportunities for social and healthcare workers to explore working in the legal sphere. AODT Court #22 suggested that having access to this specialist training may have prepared them on how to advocate for the recovery needs of the client in the criminal justice context:

> *I did ask probation how you'd get to know this stuff but it's on the job apparently because I said "are there papers?" "No, it's all on the job; it's how you learn to be a probation officer and learn about offending". I thought that was really fascinating unless you do a criminology degree or something, but you'd think there would be something else because all of us in this sector are working with people with an offending background. That's a huge amount of money that comes from justice that feeds into all these services. So it would be good if we were all trained.... Maybe we need to do*

that across probation too because that would certainly increase our capacity in this area. It might be something that we're missing. Lawyers and police and probation are used to being in court and what that means so it's been hard for [addiction-related] treatment to find a voice I think. It's doing well now but that's been a big learning curve, learning how to be in court, what to say, how to say it, all those little things, we had no idea (AODT Court team #22).

A multi-disciplinary approach to teaching therapeutic approaches is recommended therefore as a part of the orientation to the AODT Court team member roles. This may include health, welfare and criminal justice perspectives to better prepare professionals working in any or all of these areas where people with addiction-related offending are presenting.

The majority of AODT Court team members reported a desire and commitment to develop cultural expertise. For example, many Pākehā team members had begun to learn te reo and incorporate tikanga into their practices outside the AODT Court. The pou oranga also interpreted the cultural development of the AODT Court team as a crucial aspect of his role, and the development of the cultural framework was the first step in providing a guide for AODT Court team members' professional practices. However, there were also concerns that the cultural needs of other ethnicities may need to be addressed in the future.

Access to professional supervision varied amongst the AODT Court team members. All AODT Court team members from clinical settings had access to professional supervision as part of their role. One non-clinical AODT Court team member accessed professional supervision by her own initiative, but the remaining non-clinical professionals did not appear to have access to a formal, supportive process where they might discuss issues they meet in their daily practices working within the AODT Court. AODT Court team #19 explained the importance of having this objective feedback to ensure practice remains focused and consistent:

There is a very clear need for supervision for everyone, professional supervision. Lawyers and judges have little or no experience of professional supervision. I've always had supervision because I think it's very important. I go to somebody for supervision and for the really difficult things I talk to her. So I pay for that... Even just once every two months we could have a session where someone moderates it and we talk about issues, we don't talk about clients, we just talk about issues that we face in the role (AODT Court team #19).

Another AODT Court team member presented a different point, emphasising the need for non-clinical AODT Court team members to understand the difficulties that could arise when working with clients who present with addiction issues. Specifically, learning self-care skills to help reduce workplace stress by not taking on certain clients' issues:

I know a reasonable amount about co-dependency and how important it is for professionals, when you're working with addiction, to keep a professional distance and not really get caught up in that whole thing of addiction. The addicts will try and involve you; they'll tie you up in their tangled web of deception and manipulation because they're very good at it. I just see co-dependency is so obvious in so many people working in that court; it starts with the judges for me...Who supervises the judges? I think it would be healthy for the judges to get clinical supervision and us... It's not just the pilot that's important, it's how it's going to change longer-term into other, you know, if they can expand it throughout the country which I think would be a great thing. I think that it's so easy to get addicted to addiction. That's the thing. You can get addicted to addiction when you work with addicts. It's so easy to do, to fall into that trap (AODT Court team #17).

Receiving independent support from within the AODT Court was raised by many of the AODT Court team members. A suggestion of debriefing sessions was proposed to help team members' work through not only the emotional impacts of working closely with clients with addiction issues, but various practical social issues. Many AODT Court team members also posited that debriefing sessions differ in focus to their training days in that these sessions facilitate reflexive discussions which contribute to their sense of working with a shared purpose and vision, alongside contributing to their overall professional development.

We don't get to reflect on our practise an awful lot as a team. We never get to reflect on our practise as a team. It would be good to...We *have our training day but that's lots of people talking at us, which is great, but actually, it would be really nice just to sit down together and pick each other's brains or just even do reflections on cases. We did that recently around one particular case when the judge, lawyers, police, we got together just to reflect on things that had been going on and it was a really helpful, really, really helpful process. So to have more of those would be great (AODT Court team #22).*

Although debriefing in particular, was identified as important, the routine practice had not yet been set. This was believed to be due to pragmatic challenges related to timetabling lawyers who practice across different Auckland-based courts alongside a lack of funding to support attendance. One AODT Court team member explained that meeting face-to-face felt like an important aspect to sharing practice ideas and holding the wider perspective of the purpose of the AODT Court:

We have attempted it. Initially I tried to have at least three or four meetings a year but it was awkward trying to get the two alternating groups of lawyers to come to the one meeting and it was over a lunchtime and sometimes there were other commitments so we have tried to… I've had a couple after 5 o'clock. But it may be that I don't have the full quota of the lawyers, just have some of them but I think that generally we can air any issues via emails and I do a group email and I'll get responses from them and that's quite good. But certainly I feel it's probably imperative to have at least two or three meetings a year to raise issues and to sit around a table and discuss things (AODT Court team #13).

A consideration for the AODT Court could be to provide formal, alternative opportunities for professional supervision and debriefing for all the AODT Court team members. Employing flexible methods, such as online closed-group meetings via skype that may accommodate the varying demands of the attendees yet meet the needs for consistency and professional development. By engaging in shared learning through training, supervision and debriefing, people gain greater understanding of problems and solutions. These shared understandings then provide the potential to create practice which is consistent and effective across disciplines. This in turn sets best practice standards that are unique to the New Zealand context and that complement the U.S Best Practice outlined in previous reports.

Community resources

A significant challenge for the AODT Court team members was the ability of community organisations to meet the requirements generated by the AODT Court process. For example, the AODT Court often experienced difficulties in accessing the amount of beds within addiction-related treatment providers needed by the court participants. This could mean that people were remanded for longer than optimal periods awaiting a treatment bed. AODT Court team #41 noted that the mismatch between addiction-treatment availability and client need is illustrative of a larger issue facing New Zealand nationally.

I think the issues for the drug court is a microcosm of [wider issues] generally. I said to the judges the other day if we've got five million more funding, it just fell out of the sky, we couldn't buy more beds. There are no beds to buy. The pool of addiction specialists and coexisting specialists in this country is tiny (AODT Court team #37).

Although Auckland is the largest city in New Zealand, it is not uncommon for people to have difficulty in accessing residential addiction treatment. Availability to treatment impacts negatively on recovery from addiction. In some other regions of New Zealand, there are no treatment services available, which may lead to people being transferred to other parts of the country, creating further problems such as financial costs. Additional recovery-related issues include; isolation from social supports, and lack of whānau involvement in treatment plans (see Thom, 2015). This highlights a unique challenge in that the demand from the AODT Courts in the use of addiction-related residential treatment impacts people engaging in treatment outside the criminal justice setting:

I think that's a frustrating thing sometimes about the court is that they don't understand that there is such a pressure on beds for everybody in Auckland and everybody within AOD deserves to have the right to get into treatment and our people probably don't deserve it more. Everybody deserves a chance to get in so we can't buy all the beds out there. Even if we did throw more money at it they wouldn't accept it because it changes the *nature of the programme that people offer (AODT Court team #22).*

Following residential treatment, participants then move into the community. The appointment of a housing coordinator who assists participants in their endeavours to access accommodation and learn skills to become independent tenants was a positive addition to the AODT Court team. However, access to housing continues to be a major issue facing New Zealand generally. This problem is exacerbated with a population carrying significant stigma and discrimination. There remains a significant lack of accommodation available to AODT Court participants, an issue that spans well beyond the mandate of the criminal justice system.

Within both residential and community-based addiction-related treatment providers, there are a limited variety of treatment modalities as well as education and social services. For example, there is a lack of kaupapa Māori addiction treatment providers or tikanga wānanga in the catchment areas of Auckland and Waitakere to run alongside the AODT Court. This makes it difficult to realise the potential of the bicultural nature of the therapeutic framework.

Māori treatment providers and other Māori stakeholders who took part in a hui (meeting) held as part of the AODT Court formative evaluation, reccomended further Māori representation amongst the core AODT Court team, and the involvement of kaumātua and kuia sitting next to the judge when Māori participants are appearing. Alternative models were also suggested whereby the AODT Court could be developed in line with Ngā Kōti Rangatahi operating on marae (Litmus, 2013).

For now, the pou oranga talked about his continuing work around building connections between the AODT Court and local Māori communities. The intention being to make sure the work with AODT Court participants is as much about working from the community as well as from within the AODT Court. In ensuring community connectedness, it will mean AODT Court participants are supported long after they are discharged from the AODT Court.

Although there are some alternative options for AODT Court participants, 12-step fellowship was nonetheless strongly encouraged by the AODT Court programme, which at times, felt limiting, creating ethical conflicts for AODT Court team members who were charged with treatment mandates:

I would never want to take away the choice for someone to attend meetings but equally I'm very much aware that there was just a two million dollar settlement in the US for court mandated religious treatment. We are a secular society and we are a secular legal system and whilst AA meetings are not a requirement of the court, they're an expectation and what does that difference actually mean? Is that semantic? You can't be sanctioned for not attending AA meetings but you cannot be on the A Team (i.e. B team) for not attending the requisite number of AA meetings in your treatment plan. So it becomes a very, very fine line and I know that we have had participants in the past that have said, "I don't want 12 step, it doesn't work for me" and they've gone and found other groups. Sometimes they want cultural groups, there was like a Samoan religious support group that they wanted to go to and they went to that instead. But basically you've got to do AA. You've got to do AA to do the court (AODT Court team #38).

The impact of AODT Court participants mandated to attend 12-Step Fellowship meetings to achieve their proximal goals but then to not actively engage with the 12-Step community may have unintended consequences that are important to consider from an ethical perspective.

In consideration of the perceived limitations that the 12-Step Fellowship philosophy may have by some people, one AODT Court team member observed how participants may appear wrongly unmotivated when, in fact, it is more about a mismatch of treatment style:

Overseas there are things like 'Smart Recovery' and there are loads of organisations overseas but they're not as... they haven't taken off in the same way but we don't have as much here unfortunately. For some people it won't be a fit for all and sometimes I think that people get a bit... yeah it's almost they're blamed for it, they're obviously not working hard enough at it or they're not accepting it or they're just not trying hard enough but actually it's not for everybody. People say it's not religious but it is a very spiritual based programme for people and that just doesn't suit everybody (AODT Court team #22).

In reflection of these community-based issues, Nolan (2009) has argued that initiatives such as the AODT Court show up gaps in service provision and act as "legal irritants", fostering conversations for greater government funding for community-based addiction treatment providers. Certainly, consideration of community supports for a potential roll out of other AODT Courts nationally will need to be considered seriously to ensure positive outcomes and equal access to addiction-related treatment services from those inside and outside the criminal justice system.

Philosophical tensions

The therapeutic framework of the AODT Court may be at odds with the philosophy of addiction-related treatment providers. One AODT Court team member illustrated this in terms of the AODT Court operating within a coercive recovery framework, while in contrast, addiction treatment providers, and 12-step Fellowship, require people to be self-motivated to utilise their services and support:

> *... to get into the drug court you don't have to show motivation. To get into Higher Ground [residential treatment service] you have to be motivated. We will say that that's an ideal treatment for them but Higher Ground will go "no". So then we've got to figure out how that can work. So there are a lot of difficulties... So it is a little bit different and the thing is that they're court directed to go, but Higher Ground does have to be self-motivating. So it's finding about how that works and you know maybe it's a work in progress. Higher Ground definitely want to work with us, it's not that they don't. Just that they're unwilling to negotiate their conditions (AODT Court team #3).*

During our observations we were aware that some AODT Court participants found it difficult to meet the rules regarding acceptable behaviour in the residential treatment facilities. At times, this could lead to an AODT Court participant being exited from the residential treatment facility. This then created difficulties for the AODT Court team in terms of placing the participant in appropriate accommodation that adhered to their bail conditions. Challenges were identified regarding making decisions as to whether the treatment-determined unacceptable behaviour amounted to a sanction within the logic of the AODT Court's interpretation of the therapeutic framework.

> *If they're exited on a behavioural issue like they've spoken to staff in a particularly nasty way or they've been threatening or something in those regards. Then the problem is they're kicked out and no one else wants them either. So it's the domino effect (AODT Court team #20).*

In the more extreme cases, an AODT Court participant may be placed in custody for a short period of time until he or she is accepted back into the residential treatment service because there is no other suitable accommodation options. AODT Court team #11 empathised with participants where the unacceptable behaviour seems directly linked to the very problem they are being treated for:

> *I do find it's a challenge sometimes when a client is at, say for instance a treatment provider, for example, Odyssey House or Higher Ground and they've gone in there with... they've got a lot of behavioural issues and these are ingrained. This is part of their addiction and it's going to take time for these things to be overcome and new behaviours to become ingrained and the rules are so strict that they get exited. Then it's a long time before they can go back in there so they might have to go into custody. I find that so disappointing but I understand why those rules are there in those treatment providers but there's a tension there between wanting to say, "well look fair's fair, of course they're going to be like this, give them a shot again" and they're saying, "no, we're not going to have them back for a while. We're not saying never but we're not having them back for a while" and then there's nowhere else for them to go and they go back into custody, that's a real challenge (AODT Court team #11).*

At other times, the priorities of the AODT Court may clash with the philosophy that underpins some of the addiction-related services, potentially prohibiting progress for participants in the treatment programme:

> *Another struggle is that whole issue of weekend leave and we had it in court on Friday and the judge kind of wants to make this blanket rule about no clients getting weekend leave if they go directly from custody to Salvation Army... However, Salvation Army's modality of treatment is community reinforcement, and I'm just like well that actually undermines and goes against everything of that modality because they're actually encouraged to go home at weekends. That's how they learn to cope with their triggers and cravings and identify their*

high risk situations and blind spots and all that stuff. So if they're not doing that they're not getting half of the programme. I know it's going be a big issue for Salvation Army... [but] I also understand why the judge is saying that, she's holding this huge risk, and if she doesn't know where her participants are or if she grants leave and something happens I know she holds that (AODT Court #4).

The differences between the therapeutic frameworks used inside and outside the AODT Court may create tensions between the professionals involved in the coordination of addiction treatment. This difference and connected tension may also impact the AODT Court participant's treatment and recovery. These tensions are inevitable given the priorities set out in the Law strand that are still imperative drivers of practices in the AODT Court. None-the-less, ongoing collaborative problem-solving across residential treatment providers and the AODT Court is recommended. We would argue the solutions to many clinical and social support challenges can come from constructive conversation by government with the communities that support the AODT Court.

Future research

An important aspect of future research on the AODT Court will be to explore the shaping of recovery in the context of the AODT Court longitudinally, in more detail than we have been able to provide in our reports. As our first case summary report illustrated, a particular form of recovery is practised in the AODT Court, characterised by its abstinence, disease-based model and shaped by the Twelve-Step Fellowship and the addiction-related services provided by the AODT Court Treatment Provider Network. Specifically, there are two interrelated aspects that require further consideration: the model of engagement with participants in addiction treatment and the rationale and process behind that engagement.

Internationally, U.S best practice has emphasised the Risk-Need-Responsivity (R-N-R) model as a key evidence based factor in the success of drug courts. R-N-R emphasises "responsivity to individualised needs and risks" to effectively reduce reoffending, improve public safety and provide a cost-effective alternative to traditional retributive regimes (Bowen and Whitehead, 2015, p 4). Within the AODT Court R-N-R can be illustrated in the way the programme operates. For example, eligible AODT Court participants are considered high-risk/high-need offenders, characterised by long offending histories and complex criminogenic needs. Risk and need are assessed using instruments such as risk of reconviction and imprisonment (Roc*Roi) and whether the applicant has a substance use disorder. Treatment plans are then tailored to the high-risk/high need logic, with the AODT Court programme responding with coercive interventions and intensive monitoring.

However, there are counter arguments to the R-N-R model that argue it approaches treatment in negative terms, neglects human agency in the construction of personal identity, and overlooks offender rights to autonomy (see Ward and Laws, 2010; Looman and Abracen, 2013). Birgden (2009) has argued there can be significant consequences to a strict R-N-R approach, including reduced engagement of court participants, thereby impacting on the ability of the intervention to improve the health and wellbeing of participants, and consequently not reducing risks of reoffending. Birgden argues for consideration of an offender rights approach that "seeks to support the offender through rehabilitation, based on therapeutic principles to meet human needs. That is, care is provided through rehabilitation *with the offender for the offender*" (2009, p.108, emphasis added. See Good Lives Model in glossary). To some extent, our first three reports have illustrated some examples in which the AODT Court uses a positive psychology approach that builds on AODT Court participants' strengths, encourages social connections and a sense of belonging, which ultimately leads to the development of personality responsibility (see phase applications in *Nga whenu raranga/weaving strands: 2* and the work of the pou oranga and peer support workers in *Nga whenu raranga/weaving strands: 3*).

We would argue that the inclusion of views from the people who experience the AODT Court – the participants – is imperative, and the lack of such views was a limitation of this study. One way to ensure the AODT Court continues to strengthen its therapeutic framework is to align its practices with the slogan adopted by the United Nations Convention for the Rights of Persons with Disabilities: 'nothing about us, without us'. This Convention, which has relevance to the AODT

Court due to its inclusive conception of 'disability', argues for the involvement of those with disabilities in all aspects of research, practice, policy and service development (Weller, 2017). Buggy (forthcoming) has transferred this idea to a drug court in Victoria, Australia, involving participants in ongoing policy development. Outside of drug courts, co-production of research occurs more readily in the topic of mental health research, bringing users of mental health services together with academics/practitioners to partner in designing and carrying out research and teaching on the innovative inclusion of peer support. There are opportunities to incorporate such ideas into the research and policy development of the AODT Court.

The limits of the AODT Court

It was recognised that the AODT Court was not the solution for all addiction-related offending in all areas of New Zealand and future policy planning needs to consider how therapeutic interventions could be provided across all district courts, and at different points of the criminal justice system. This kind of thinking emerges from a concern that: (1) specialist courts may lead to an unequal access to solution-focused approaches and (2) there were not enough resources available in a small country such as New Zealand to fund specialist courts in every city. Therefore, although a specialised approach may be warranted for high-risk, high-need offenders, and these courts are required in bigger cities to create efficiency, there needs to be more consideration of how similar approaches (such as the AODT Court) can be incorporated in the daily life of district courts nationally. The youth justice system exhibits how this can be done if there is a strong commitment by all sectors to contribute to therapeutic-based practices.

Similar concerns have been raised in Australia whereby specialist solution-focused often only deal with a small number of the large proportion of offenders appearing before the courts from a particular region, rather than State-wide (Bartels, 2009; Richardson, Thom and McKenna, 2013); a circumstance that has been labelled “justice by geography” or “postcode justice” (Clancey and Howard, 2006; Coverdale, 2011; Ross, 2009). King et al., (2009) has suggested that all courts should have the same resources to adequately problem-solve the underlying causes of offending. As in New Zealand, there are barriers to achieving this in practice both philosophically and resource-wise, but the idea of mainstreaming therapeutic approaches is one way of addressing this problem.

The place of the AODT Court

The place of the AODT Court in the criminal justice system needs to be portrayed realistically. The interviews with AODT Court professionals illuminated that the AODT Court should not be seen as ‘the solution’ to reducing reoffending. Rather it should be conceptualised as one therapeutic intervention at one point in the life course of offending. Alongside other judges who are part of the specialist court movement, the AODT Court judges acknowledged that they are “planting the seeds” for change in the life of participants (Thom, 2015). This seed planting was interpreted as providing 'teachable moments' where participants were invited to consider positive alternatives to addiction and offending.

CONCLUSION:

Challenges faced by the AODT Court

This report concludes our series of four summary reports on the AODT Court. *Nga whenu raranga/Weaving strands: 4* has described some of the challenges facing the AODT Court and areas for future focus that may strengthen the therapeutic framework.

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Methodology of Drug Court case study

This AODT Court case study is part of an ongoing research programme investigating the development, current practices, and underlying philosophy of therapeutic specialist courts in Aotearoa/New Zealand. As part of this research programme, two other case studies are being conducted on Te Kooti Rangatahi o Hoani Waititi and the Te Kooti o Timatanga Hou/New Beginnings Court in Auckland District Court. The wider specialist court movement is also considered through interviews with relevant judges of this movement nationally (see Thom, 2015) and an analysis of local literature, political digests and media. From this, we hope to see how therapeutic courts are characteristically framed from a variety of sources and interpret what this framing says about shifting societal understandings of suitable responses to significant social problems in New Zealand.

Objectives of the AODT Court case study

1. Micro objective: To build a picture of the therapeutic practices each court team member undertakes in their daily work for the AODT Court.

2. Meso objective: To closely examine the interactions between the court team as they collectively negotiate the therapeutic pathway for court participants.

3. Macro objective: To map how the cultural, legal and socio-political landscape of Aotearoa/New Zealand has shaped the therapeutic nature of the AODT Court.

Why?

We know there is a large amount of critical commentary, evaluation research, and jurisprudence on drug courts, so why do this project with the specific focus we have?

1. Generally less in known about what 'therapeutic' means in practice in drug courts. Little attention has been given to the legal framing and practical usage of therapeutic principles in drug courts – in other words the coming together of the 'health' and 'justice'. This is why we aimed to closely examine the practices of the court team in order to define the 'therapeutic' within the AODT Court.

2. While we may be able to read about the role of judges and lawyers in drug courts, there is a dearth of research focused on non-legal actors' practices. Non-legal actors' practices may involve managing competing professional framings of 'therapeutic' as they interact with legal professionals within the AODT Court. Just how the different professionals within problem-solving courts negotiate the meaning of therapeutic discourse, however, remains under-investigated.

3. Some research has suggested that therapeutic principles used in particular specialist courts are shaped by the wider institutional and cultural constraints (see Nolan, 2009). Exactly how the political, legal and cultural landscape of New Zealand has shaped the AODT Court is important, and yet not well documented.

How?

The AODT Court case study involved observation of pre-court team meetings and courtroom proceedings over three months from August-December 2014 (approximately 41 court days, 200 hours). The aim of the observations was to become familiar with the AODT Court processes, closely follow interactions between professionals within the courtroom environment and help solidify emerging ideas being collected from other data sources. Semi-structured interviews were conducted with 25 AODT Court team members (judges, cultural advisor, court coordinators, counsel, police prosecutors and case managers) and one focus group took place with four peer support workers. The aim of the interviews and focus groups were to obtain experiential accounts from different professionals that comprise the AODT Court team. Finally, AODT Court handbooks and American based best practice documents were reviewed. Understanding the changing nature of the AODT Court pilot, we envisage further follow-up observations and interviews will be required for a longitudinal view.

Across these data collection methods, we aimed to explore how the court teams' work for the court differs to their practice-as-usual; how they define and understand their use of therapeutic principles and how the requirements of the courts shape their existing professional understandings of therapeutic discourse. Thematic analysis was used as the data collection progressed so we could become familiar with the data as a whole, generate initial coding of patterns, and eventually group codes into broader themes. We then progressed towards providing 'thick descriptions' of the construction, shaping and collective negotiation of the meaning of 'therapeutic' in problem-solving courts.

The case study of the AODT Court received approval from University of Auckland Human Participants Ethics Committee April 11th 2014 (ref 011293) for a period of three years. The macro shaping study received approval from the University of Auckland Human Participants Ethics Committee on December 19th 2013 (ref 010983). The overall project has also been approved by the Ministry of Justice, AODT Court Steering Committee, New Zealand Police, Corrections, Odyssey House, and Judicial Research Committee.

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Glossary

12-Step Fellowship. The 12-step program is a fellowship of people helping other people with an addiction or a compulsive behavior to obtain abstinence.

Aho. Vertical or width-wise weft threads or strands.

Aho poka. Short weft is used to tailor or fit a korowai around the shoulders of the wearer.

Aho tāhuhu. Refers to the first line of a tāniko pattern.

Aotearoa. The Long White Cloud, New Zealand.

Aroha. Love and compassion.

Arohatanga. Denotes the processes of love and compassion.

Āta. Behaviour in relationships with people, purpose and environment.

Atua. Deity.

Awhi rito. Parent/s.

Community Alcohol and Drug Services (CADs). An AOD provider that offers a number of government funded educational and therapeutic groups for people who have issues with alcohol or drugs. They provide assessments at the referral stages of the AODT Court and after care services.

Collaborative law/holistic law. A non-adversarial approach particular relevant to family law disputes. Parties opting for a collaborative approach commit to working together with their professional advisors. It promotes participant wellbeing through a holistic and healing approach. Collaborative practice is used for the resolution of both parenting and financial issues arising from separation and divorce. See www.collaborativelaw.org.nz.

Creative Problem Solving. A broad approach to lawyering that takes into account a wide variety of non-legal issues and concerns and then seeks creative solutions to otherwise win/lose scenarios (See Daicoff, 2000).

Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR). A manual published by the American Psychiatric Association that includes all currently recognized mental disorders. The DSM-IV codes are used by mental health professionals to describe the features of a given mental disorder and indicate how the disorder can be distinguished from other, similar problems.

Good Lives Model. The Good Lives Model (GLM) is a strengths-based approach to offender rehabilitation, and is therefore premised on the idea that interventions should build capabilities and strengths in people, in order to reduce their risk of reoffending. According to the GLM, people offend because they are attempting to secure some kind of valued outcome in their life. As such, offending is essentially the product of a desire for something that is inherently human and normal. However, in some cases that desire or goal manifests itself in harmful and antisocial behaviours, due to a range of deficits and weaknesses within the offender and his/her environment. Essentially, these deficits prevent the offender from securing his desired ends in pro-social and sustainable ways, thus requiring that s/he resort to inappropriate and damaging means, that is, offending behaviour. Intervention should be viewed as an activity that should add to an individual's repertoire of personal functioning, rather than an activity that simply removes a problem, or is devoted to managing problems, as if a lifetime of restricting one's activity is the only way to avoid offending. See https://www.goodlivesmodel.com.

Haka. Ceremonial dance.

Hapū. Extended family group, usually described as a sub-tribe that retains its importance as an autonomous social and political group.

Harekeke. New Zealand flax.

Hāro. Scraping clean the harakeke to expose the muka.

Here. To tie, cord tied around the top of the korowai.

Higher Ground. An AOD treatment provider. Provides seven residential beds, after-care programme and after-care accommodation for those who have completed the residential programme at Higher Ground.

Hikoi. A protest march or parade, usually implying a long journey taking days or weeks.

Hoani Waititi. Was a respected educationalist and rangatira (leader) of Te Whanau-a-Apanui iwi (tribe), he worked tirelessly to improve the aspirations of his people.

Hoani Waititi marae. Is an urban marae in Waitakere, West Auckland, it opened in 1980 to support the people of Aotearoa New Zealand and the community of Waitakere.

Horoi. Wash.

Hukahuka. Two thread tassels.

Hukihuki. Unfinished.

Huruhuru. Feathers of birds such as kiwi, pūkeko, weka, kererū.

Iwi. Descent group, nation, people. It acts as a social and political cohesive kin group.

Kāhuarua. Metamorphosis, transformation.

Kaitiaki. Guardian.

Kaiwhatu. Weaver of korowai (cloak).

Kākahu. Garment, clothes, cloak, apparel, clothing.

Karakia. Prayer, blessing.

Kārure. Three thread tassels.

Kaumātua and kuia. Elders in Māori society who are held in high esteem.

Kaupapa. Purpose.

Kawa. Protocols or correct processes, practices that need to be followed.

Kete. Basket.

Koha. Gift.

Kōhatu. Stone

Kohunga. Is a species of harakeke most appropriate for producing korowai because of its long, slender but rigid leaves.

Kōmuru. Rubbing or mirimiri (massaging) process of softening.

Korowai. Cloak that is generally woven or made from traditional materials like flax and feathers. It is worn as a mantle of prestige and honor.

Kowhai. Yellow.

Kuku. Mussel shell used during the hāro process.

Kupe. An important ancestor who is recognised for voyaging and discovering the islands of New Zealand.

Kupenga. Plaited and woven nets made from harakeke

Mā. White.

Mahi māwhitiwhiti. Special cross-stitch.

Mahi muka. Working the muka, includes the extraction and preparation of muka.

Mahi patu. Beat, or soften the muka.

Mahi whiri miro. Twist, involves twisting together the muka fibres.

Mākoi. Cockle shell used during the hāro process.

Man Alive Programme. A provider of non-violence group courses, and one-to-one counselling.

Mana whenua. Refers to the Māori people of the land, who have power, authority and jurisdictions.

Manaakitanga. Denotes the processes of care, respect, kindness and hospitatlity.

Manawanui. Courage, to be steadfast, resolute, committed, dedicated or unswerving.

Manuhiri. Guests or visitors.

Marae. Culturally significant meeting place, that refers to the space in front of a meeting house and the adjoining buildings.

Māramatanga. Wisdom, enlightenment, insight or understanding.

Mihi whakatau. Speech of welcome.

MRT. Moral reconation therapy is a cognitive behavioural therapy system that involves weekly groups sessions facilitated by MRT certified faciliators.

Muka. The white shiny fibres produced from harakeke leaves.

National Association of Drug Court Professionals. This American based body represents over 27,000 multidisciplinary justice professionals and community leaders. Since 1994, the NADCP has aimed to create and enhance drugs courts by drawing on the scientific research that has developed over 26 years. The NADCP hosts a large training conference and over 130 smaller training and technical assistances events annually, as well as publishing academic and practitioner publications on the drug court model.

Ngā ratonga. The services

Ngā Whenu Raranga. Weaving strands.

Odyssey House. An AOD treatment service provider. Leads the contract for the AODT Court Treatment Network. Odyssey House provides one project manager, four case managers, seven residential beds, and complementary services (such as housing support).

Ōrākei. Is a suburb of Auckland city, Aotearoa New Zealand. It is located a short distance from the city centre.

Ōrākei marae. Is the name of the marae located at Ōrākei. The people of Ngāti Whātua Ōrākei are a hapū (sub-tribe) of the Ngāti Whātua iwi that welcomes those of the hapū, iwi and others to learn about their history.

Pā. Village, settlement.

Pā Harakeke. Flax garden.

Paki aka. Roots.

Pango. Black.

Paparua. Double ply muka strands, made by top and tailing each of the muka fibres.

Papatūānuku. Earth mother.

Para. Is the waxy rubbish scraped from the harakeke leaves.

Piro. Rotten.

Pou. Posts supporting the ridgepole within the whare tupuna - Tumutumuwhenua.

Pou oranga. Translates in English to 'healing post'. A member of the AODT Court team who provides cultural support to the AODT Court team members and participants, ensures meaningful incorporation of tikanga in the AODT Court and active engagement with whānau, hapū, iwi and the wider community.

Pou te wharaua. Centre post supporting the back of the meeting house.

Pou tokomanawa tuarua. Second centre pole in a meeting house.

Pou tokomanawa tuatahi. First centre pole in a meeting house.

Pounamu. Greenstone jade found in the South Island of New Zealand.

Poutāhuhu. Front post supporting the ridge pole in the front wall in a meeting house.

Pōwhiri. Ceremony that takes place to welcome manuhiri (visitors) on to a marae.

Preventative law. According to Daicoff (2000), preventive law is the oldest vector, emerging around 50 years ago. It seeks to put legal structures in place to prevent lawsuits before they occur.

Problem solving courts. Problem-solving courts originated in the United States. They place the judge at the centre of rehabilitation and use the authority of the court and the services necessary to reduce re-offending and address the issues which drive crime. Problem solving courts are specialised and use interventions like drug treatment or counselling to target the factors that lead people to crime, and monitor offenders to make sure that they are engaging with treatment (Centre for Court Innovation, 2016).

Procedural justice. Procedural justice or "PJ" refers to Tom Tyler's research indicating those experiencing the legal processes are more concerned with the process itself than the actual outcome (win/lose). These are: (1) voice or participation, referring to the chance to be heard, (2) being treated with dignity by the judge, (3) and the litigant's perception that the legal authorities (i.e., judges) are trustworthy. Of most importance, was the finding that trustworthiness was directly related to whether those experiencing the legal processes perceived they were treated with dignity, given a voice, and felt the decision was adequately explained to them.

Puna mātauranga. Fountain of wisdom.

Restorative justice. Restorative justice or "RJ" is an alternative perspective on crime and offers new processes on how to respond to crime. Although there is no agreed definition of restorative justice processes, Zehr (2002) has stated, "restorative justice is a process to involve, to the extent possible, those who have a stake in a specific offence and to collectively identify and address harms, needs and obligations, in order to heal and put things as right as possible" (37).

Rito. Child or baby.

Risk-Need-Responsivity. The RNR model outlines principles of effective correctional intervention within which a wide variety of therapeutic interventions can be used (see Andrews & Bonta, 2010). Andrews and Bonta have delineated three principles of effective corrections, termed Risk, Need and Responsivity. Under Risk, they suggest treatment should be reserved for higher risk groups of offenders, as assessed by actuarial assessment instruments. With Need they refer to criminogenic needs. Specifically, they identify eight central risk/need factors (the "Big Eight"): (1) History of antisocial behaviour; (2) Antisocial Personality Pattern; (3) Antisocial cognition; (4) Antisocial associates; (5) Problematic circumstances of home; (6) Problematic circumstances at school or work; (7) Few if any positive leisure activities; (8) Substance abuse. Finally, Responsivity refers to need to use interventions based on effective cognitive, behavioral, and social learning theories and argues for avoidance of applying a one-size-fits all appproach.

Rongomaraeroa. Māori God of Peace.

Rui. Sorting, refers to the sorting of the harakeke leaves by widths and lengths.

Taepu. Rich soil.

Tāhuhu. Ridge pole of the meeting house. It represents the spine of an ancestor. Symbolically it connects the spiritual and physical worlds together.

Takiwā. Region.

Tāne-mahuta. God of the forest and birds, son of Papatūānuku

Tangata whenua. People of the land.

Taniko. Finger weaving, forms the top border (can also be used on the sides and bottom) of a korowai.

Taonga. Is a precious gift or treasure.

Tāruarua. Repetitive process.

Taura. Plaited ropes made from harakeke.

Te Ao. World, used to refer to Te Ao Māori worldview.

Te taha wairua. Refers to the spiritual side or dimension.

Te Kawerau a Maki. Name of the tangata whenua (people of the land) of Waitakere City, who hold customary authority or mana whenua within the city.

Te reo. Māori language. The Māori language is an official language of Aotearoa New Zealand.

Te wairua mārie. Serenity

Tika. Judicial, the application of correct, true, just, fair, appropriate lawful or proper.

Tinana. Body.

Tikanga. Customary system of values, principles and law.

Tino rangatiratanga. Independence.

Tiriti o Waitangi. Treaty of Waitangi. An agreement signed between Māori chiefs and representative of the Crown in 1840. For more information see *All About the Treaty* available at www.treaty2u.govt.nz.

The Salvation Army. An AOD treatment provider. Provides the AODT Court with four peer support workers, six residential beds, an intensive 90 day programme, and an after-care programme.

Therapeutic jurisprudence. Therapeutic jurisprudence or "TJ" has been defined as the 'study of the law as a therapeutic agent' with a focus of determining whether legal rules, procedures, and roles should be reshaped to enhance their therapeutic potential while not subordinating due process principles. It is a relatively new multidisciplinary field taking its name from 'jurisprudence', the study of the law, and 'therapeutic', the power to cure or heal (see Brookbanks, 2015 for further details of TJ in the New Zealand context).

Toetoe. To split, divide into strips. This process refers to the to the stripping, removal of the back and side veins of the harakeke.

Tua kiri. Identity.

Tukutuku. Ornamental lattice-work adorning the walls of a meeting house between the carvings.

Tūmanako. Sense of hope through treatment and the removal of addiction.

Tumutumuwhenua. The name of the tribal ancestor. The whare tupuna at Orakei marae represents this ancestor.

Tupuna. Ancestor. Western dialect has been used for this report.

Tūpuna. Ancestors, grandparents. Western dialect has been used for this report.

Tūruturu. An upright peg that forms part of the weavers tuturu/frame.

Tuturu. Frame that holds a korowai in place, while the kaiwhatu weaves.

Tūturu. True, lawful or upright.

Wai. Water, used to keep the muka strands moist.

Waiata. Song.

Wairua. Spirit, spiritual aspects. Te taha wairua acknowledges tāhuhu existence in the greater scheme of things.

Whaikōrero. Formal speech given by male, usually kaumātua (elders) during a powhiri (welcome ceremony) on a marae.

Whakamā. Shame or embarrassment.

Whakamaroke. Dry, the muka hung up to dry.

Whakamata. Is the first woven line of a korowai, this involves a special technique to bind the whenu together to form the korowai.

Whakanakonako. Adornment, refers to the finishing embellishments for a korowai e.g. feathers.

Whakangāwari. Soften, process of softening the muka.

Whakaoti. Complete, ending or finishing.

Whakapā. Small incision or cut.

Whakapapa. Lineage, genealogy, beginning of coming into being.

Whakaroa. Lengthen, involves extending the aho (weft thread) to accommodate more whenu (warp threads) to be added.

Whakataka. Prepare, preparation stage.

Whānau. Family or blood kin, today this has been extended to various special interest groups who function as kin.

Whanaungatanga. Blood kin or kin-like relationships that bring with it rights, responsibilities and expectations of each kin group.

Whare. House, refers to the meeting house.

Whare tupuna. Ancestral meeting house.

Whāriki. Woven mat made from harakeke.

Whatu aho rua. Double weft twining.

Whawhaki. Harvesting involves sorting through the harakeke bushes for the most suitable leaves. This is an important process of ensuring the right harakeke leaves are picked.

Whenu. Vertical or lengthwise warp threads or strands.

Whenua. Land.

Whero. Red.

Wings Trust. An abstinence based residential support community prior to entering or returning from a residential alcohol or other drug treatment programme.

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