Triple Care Farm: A Safe Place for Change

1989-2009

YOUTH

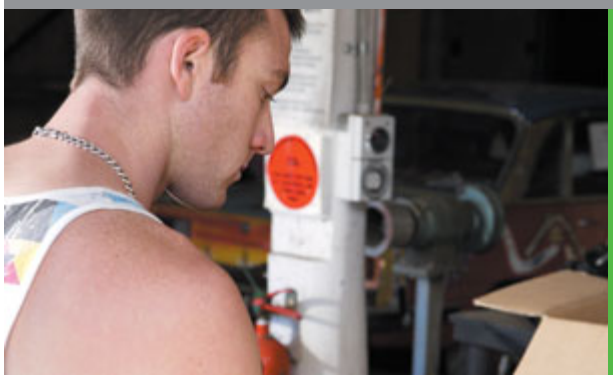
Mission Australia

Contents

Cover photo: Clients from Missions Australia's services

ISBN 978-0-9804550-7-6

List of tables and figures



Foreword

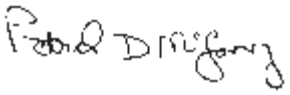
Drug and alcohol addiction remains one of the most pressing health and social issues facing young Australians. In any given year, over 300,000 – or one in eight – young Australians suffer from a substance use disorder. For a substantial number, substance misuse occurs in conjunction with other mental health conditions, with each co-morbid condition acting to exacerbate the other.

In the past, treatment of substance misuse and other mental health issues has been fragmented, with these conditions addressed in isolation of each other and in isolation of their social and environmental antecedents. In treating these issues separately, we have consistently failed in our response to the needs of some of the most vulnerable young people in our community.

This report describes a service with over twenty years' experience of providing specialist co-morbid drug and alcohol rehabilitation within an holistic program. Mission Australia's Triple Care Farm is a residential model that addresses the interconnectedness between the social, environmental, physical, mental and vocational aspects of the lives of the young people involved. It empowers young people to set their own goals for improvement, and characterises an approach that is truly tailored to the needs of each individual.

The outcomes of Triple Care Farm's work detailed in this report provide striking evidence of the effectiveness of this approach to treatment. These outcomes suggest that in addition to a drastic reduction in substance use, the young people who attend have developed in ways that will assist their longer term social and economic participation. The data presented provide promising evidence that with the appropriate assistance, these young people can achieve lasting positive change in their lives.

As we enter a period of mental health reform, services like Triple Care Farm provide a vision of what can be achieved by addressing mental illness and substance misuse in an integrated, holistic way. This report shares the experiences and challenges of this successful, innovative and responsive service, and contributes to our understanding of how best to assist young people struggling with co-morbid substance use and other mental health issues.



Professor Patrick McGorry (AO)
Executive Director, OYH Research Centre
Professor, Youth Mental Health, University of Melbourne

Acknowledgements

Mission Australia wishes to acknowledge the generous support of all those who have been part of making Triple Care Farm the icon service it is today. It is only through the generous support of our foundational friendships and community and corporate partners that Triple Care Farm continues to effectively respond to the increasing demand for support for young Australians.

In particular, we acknowledge:

- major program partner, the Sir David Martin Foundation
- the Vincent Fairfax Family Foundation
- our Federal and State Government partners
  - NSW Department of Education and Training
  - NSW Juvenile Justice
  - Australian Government Attorney-General's Department
  - Australian Government Department of Health and Ageing
- Friends in Giving Society (FIGS)
- the Property Industry Foundation.

We also acknowledge our other community and corporate partners, including Tom and Sherry Gregory, Heather and Bill Webster, Linda English, Daniel Pace and the Profield Foundation, Rachel Fitzhardinge, Peter Miller and the Australian Youth and Health Foundation, Belinda Gibson, Ross and Carol Cutley, Elaine McKinnon, Andrew Price, Abbotsleigh College, George and Jenny Soukup, the Neilson Family Foundation, the Cancer Council, the Coca-Cola Australia Foundation, the Country Women's Association, the Rotary Clubs of New South Wales, the Lions Clubs of New South Wales, and the Royal Australian Navy.

Finally, but most importantly, we would like to acknowledge the courageous young people who are willing to change through participating in the program and to acknowledge the great work of the communities, staff and volunteers who support them.

Executive summary

Triple Care Farm is an ambitious program. The farm accepts young people aged 16-24 years, and provides treatment and support for the co-morbid conditions of drug addiction and mental illness, all within a residential setting. Within the community services sector, clients with these complex problems are often considered some of the most challenging to treat and therefore achieving long-term change is difficult.

The approach of Triple Care Farm is best described as holistic because it seeks to observe and understand the social, environmental, physical, mental and vocational antecedents and after-effects of addiction. Triple Care Farm works with each client across all of these areas of personal development. The clients at Triple Care Farm, who are referred to as students, progress through three stages (Gateway, Explorer and Outbound) and participate in three program elements (residential, therapeutic, and engagement and well-being). Residential activities focus on the acquisition of life and living skills. Therapeutic activities deal with the medical, psychological and behavioural issues associated with mental illness and addiction. Engagement and well-being programs seek to encourage healthy living and physical fitness, and re-engage students with education, learning and work. All of these stages are underpinned by a strong philosophy of individual responsibility, with students required to actively participate in their own treatment and reflect on their own progress.

In policy terms, the work of Triple Care Farm represents both a unique and progressive treatment model. Triple Care Farm programs are all structured and delivered consistent with a co-morbid treatment model. In this approach, drug addiction and mental health problems are treated in an integrated way, by seeking to simultaneously deal with all of the underlying problems that have led a young person to crisis point. Despite a clear need for services that can address these complex and coalescing issues in a coordinated way, the policy response to these concerns has historically been fragmented at best. The ability to deliver a fully integrated approach is usually constrained because few programs or agencies can mobilise the many facets of care, counselling and support services required to treat the 'whole' person.

The improved outcomes achieved by the students demonstrate the great value of Triple Care Farm's holistic service-delivery approach. Overall improvements have been identified in reduction in substance abuse, increased participation in employment, education and training, improved stability in accommodation and improved psychological health for graduates across a range of quality-of-life measures. The aftercare program offered by Triple Care Farm also helps to reduce the risk of relapse when graduates return to the home and community environments in which they once experienced their substance abuse problems. In the context of many community service programs, this access to aftercare service is also unique.

Introduction

Triple Care Farm is a residential program for young people (aged 16-24 years) who are experiencing problems with both substance abuse and mental illness. The farm is located in one of the most scenic regions in New South Wales, known for its panoramic views of the Southern Highlands and rugged sub-tropical forest. The very location of Triple Care Farm presents a profound metaphor for the young people who reside there. These young people are seeking a change of scenery, a new perspective and different view on their lives and the circumstances that underlie their addiction.

The therapies offered at Triple Care Farm are also uniquely holistic in their view of, and ultimately their treatment approach to, addiction. Triple Care Farm operates one of the few residential drug rehabilitation programs for young people in Australia.

This publication outlines the origin, background, operation and outcomes associated with the work at Triple Care Farm. Central to the Triple Care Farm model is the provision of a safe environment for young people to directly address drug use problems, while also getting their emotional, social and vocational bearings.

Triple Care Farm has evolved to cater to an increasingly complex client group and is now tailored specifically to youth struggling with co-morbid substance use and mental health issues. The challenges faced by this group of young people are immense, yet Triple Care Farm continues to emphasise the active role that each individual must play in their own recovery and rehabilitation.

Underpinning this model is the conviction that young people have the capacity to make sustained, positive change, if given the appropriate support.

By working at multiple levels, Triple Care Farm goes beyond rehabilitation to assist young people to regain their sense of agency and purpose in life.

This report is divided into four sections. Sections one and two introduce the work of Triple Care Farm and the policy context in which the facility operates. Section three takes a condensed look at some key achievements and outcomes associated with the program over the course of twenty years. Section four provides a snapshot of some key aspects of Triple Care Farm's work, in operational, policy, therapeutic and research terms.

Section 1
The context: taking a policy view on young people and drug use

For more than twenty years, researchers and policy makers have emphasised the need to better understand the nature and frequency of drug and alcohol use in Australia. The Australian Institute of Health and Welfare (AIHW), Australian Bureau of Statistics (ABS), National Drug and Alcohol Research Centre (NDARC) and Australian Institute of Criminology (AIC) have all sought to shed light on the depth and implications of drug and alcohol use in Australia, particularly for young people. In policy terms, the need to understand and redress the misuse of drugs (both legal and illegal) is a public health imperative. Researchers identify that the long-term financial burden created by drug and alcohol misuse-related disease is profound and remains a significant social and economic policy challenge in the coming years. Alcohol misuse alone is estimated to cost the community in the order of $15.3 billion per year nationally (Collins & Lapsley 2008).

A recent snapshot of drug use amongst young people

In national terms, the statistics on drug and alcohol use amongst young people present some heartening results. Since the mid–1990s, drug and alcohol use amongst young people appears to have declined and recently stabilised at lower levels, when compared with early periods of statistical observation. According to National Drug Strategy Household Survey (NDSHS) results, the prevalence of risky* drinking among young Australians has remained relatively unchanged between 2001 and 2007 (the most recent survey results available). Similarly, the age of initiation into licit and illicit drugs has remained stable between 1995 and 2007 (AIHW, 2008).

The Australian Secondary Schools Drug and Alcohol Survey (ASSADS)† found a significant, steady decrease in the numbers of secondary school aged students who had tried illicit drugs. For example, the proportion who had ever tried marijuana/cannabis decreased from 25 per cent in 2002 to 14 per cent in 2008. Alcohol use showed a similar trend, with the numbers of students who had ever tried alcohol decreasing over the same time period (White & Smith 2009). Despite these seemingly positive cultural shifts in drinking and drug taking behaviour amongst young Australians, some complexities and deep challenges remain.

So what's wrong with this picture?

While aggregate levels of drug use amongst young people appears to have stabilised, the issue of drug use remains a grave concern for a number of reasons. Firstly, there remains an ongoing concern that current statistical measures fail to capture the 'true' frequency of drug and alcohol use, because social stigma is still attached to the 'admission' of a drug or alcohol problem (Teesson et al., 2010). Secondly, long-term negative consequences can flow from drug use, particularly when drug use begins at a young age. The misuse of drugs (both illicit and legal) and alcohol consumption can compromise both the mental and physical health and development of young people. In some cases, misuse can have lethal consequences. For example, Hillman and her colleagues (2000) point to the higher rate of suicide and accidental overdose amongst young people. Thirdly, whilst drug use amongst young people appears to have declined overall, statistical evidence highlights some deeply concerning trends in patterns of activity and behaviour surrounding drug use. In particular, there is evidence that initiation into illicit drug use is occurring at a younger age, than for previous generations. The 2007 National Drug Strategy Household Survey found that one in six young Australians aged 14-19 years had used an illicit drug in the past year, and one in twenty had done so within the past week (AIHW, 2008). In addition, poly drug use, or the use of two or more drugs in combination, has also been identified as an emerging area of concern (National Drug Strategy, 2011). A final concern relates to the precarious decision making frameworks that underpin drug use amongst young people. For example, Chikritzhs and her colleagues (2003) found that approximately 80 per cent of alcohol consumed by people aged 14-24 years is consumed in a manner that puts their own (and/or others') health at risk.

The phenomena of co-morbidity and young people

The link between drug and alcohol use, and other mental health issues, features prominently in most debates surrounding management strategies for drug rehabilitation. Within this debate, the ramifications for young people are profound. Amongst researchers and policy makers, the nature of causality between mental health and drug and alcohol use remain contested. It is widely accepted however, that people with mental health issues are particularly vulnerable to developing drug and alcohol problems, and vice versa.

* The Australian alcohol guidelines categorise 'risky' drinking as a level of drinking at which the risk of harm outweighs any possible benefit.

† The Australian Secondary Schools Drug and Alcohol Survey (ASSADS), commissioned by the Department of Health and Ageing, is administered every 2-3 years to students aged 12-17 years.

The high prevalence of co-morbid mental health conditions and drug and alcohol addiction is noted by a large number of studies. National statistics indicate that approximately one-third of all people identified as having substance misuse issues are also identified as having at least one co-occurring affective or anxiety disorder. Further, people with co-morbid conditions are at greater risk of relapse, of both their substance use and other mental health problems. In this context, the statistics on the prevalence of mental illness amongst young people are particularly concerning. One in four young people experience a mental health condition* over any 12 month period: the highest prevalence of any age group. Among these young people, approximately half suffer from a substance use disorder (ABS 2007). For this reason, social welfare and health practitioners stress a clear need for care and support services that can address the complex intersection of youth, drug and alcohol abuse and mental illness. In developmental terms, early adulthood is often when more complex mental health and behavioural problems either intensify, or in the case of personality and schizophrenic disorders, first present.

The policy response to co-morbidity amongst young people

Despite a clear need for services that can address these complex and coalescing issues in a coordinated way, the policy response to these concerns has been fragmented, at best. While the value of a co-morbid approach is acknowledged, few services are equipped to bring sufficient resources to bear. Health and mental health services are typically structured to provide either 'sequential' or 'parallel' treatment. Sequential treatment means that patients present at one health facility (e.g. an emergency room, to receive detoxification treatment for an overdose), but are referred to other service providers to treat associated health problems (e.g. a mental health service to treat underlying depression). Similarly, co-morbidity is acknowledged by what might be described as the parallel treatment model. In this model, drug misuse issues and mental health disorders are managed simultaneously, but by different service providers. These two approaches are often criticised because independent service providers often fail to communicate effectively with each other regarding treatment or case management. While the staff administering these therapies may be highly skilled, the client ultimately endures a more fragmented form of treatment. Unfortunately, this means many clients drop out before the complexity of conditions both underpinning, and derived from substance abuse, can be fully addressed. Emma's story (outlined below) demonstrates the depth of the challenge faced by young people who are dealing with both substance abuse and mental health issues and who are seeking help.

Emma's# story – the role of parallel treatment in co-morbidity

Emma applied to Triple Care Farm because of her long standing problems with drug and alcohol use. Emma's substance abuse is co-morbid with and perpetuated by underlying Major Depressive and Anxiety Disorders. She also experiences pervasive paranoia consistent with drug-induced psychosis. Before Triple Care Farm, Emma had experienced problems getting the help she needed because health services would typically treat either her drug use, or her mental health problems, but not both conditions simultaneously.

Emma's history

Emma's parents separated when she was seven years old. Both her parents were cannabis users, and she has a significant family history of depressive and psychotic illnesses. Custody of Emma was given to her father due to her mother's struggles with mental illness. Emma's father was in a bikie gang and Emma witnessed a number of traumatic events, while growing up, that were associated with exposure to that culture. During childhood, Emma developed a core belief that the world is an unsafe place and that she needs to remain vigilant of the environment around her in order to stay safe. It is likely that Emma's anxiety symptoms are the result of a pattern of thinking which commenced at a very young age.

Emma began using alcohol at 15 years of age. Prior to entering Triple Care Farm, Emma had been using cannabis daily for about two years, and was binge drinking about three times a week. She had also started to abuse over-the-counter medications such as Nurofen to achieve a greater sense of intoxication with alcohol. Prior to her participation in the Triple Care Farm program, she experimented occasionally with amphetamines and MDMA (or ecstasy).

Before her time at Triple Care Farm, Emma was trapped in a cycle of substance abuse, precipitated by periods of depression and conflict. When Emma felt overwhelmed, she used drugs to help her deal with the intense emotions. When Emma was intoxicated she became even more impulsive and made poor decisions. Her resultant guilt and remorse about her behaviour perpetuated her desire to use drugs again.

The value of parallel treatment

Emma had received help from a number of different health and support services, which were not successful in treating all aspects of her co-morbid conditions. In the 12 months before her time at Triple Care Farm, Emma had attempted suicide twice. She was admitted to hospital on the second occasion, after attempting to overdose with Paracetamol. Because Emma was intoxicated at the time of admission to hospital, she did not receive ongoing support from mental health services. Emma had also attempted treatment for her substance abuse problems. Emma completed an inpatient detoxification at a Sydney clinic, after which she commenced Naltrexone to assist her with alcohol cravings. Following this, she attended a one month residential rehabilitation program, but was struggling to remain abstinent. It was at this point, at 21 years old, that she applied for entry to Triple Care Farm.

* Including substance use disorders

All the names in case studies have been changed

Section 2 What is Triple Care Farm, and what does it offer?

Triple Care Farm provides rehabilitation services to young people who face the co-morbid conditions of drug addiction and mental health problems. The therapeutic and life skills programs at Triple Care Farm seek to look at the whole person when developing a treatment approach to drug addiction. The term holistic is used to describe the ability of the program to observe, understand and address the interconnectedness between the social, environmental, physical, mental and vocational antecedents, and after-effects, of addiction.

Who are the Triple Care Farm students and graduates?

Young people come from all over Australia to participate in the rehabilitation program at Triple Care Farm. With learning and change being a significant focus of the program, the young people are referred to as 'students' once they enter Triple Care Farm. The facility accepts approximately 100 students per year. Using a recent cohort as the observation group for analysis provides some insights on the profile and clinical needs of incoming students. From 2005 to 2009, a total of 399 young people participated in the Triple Care Farm program*.

Of these, 160 (40 per cent) elected to receive additional support from Triple Care Farm by participating in an aftercare program. This program provides therapeutic support and contact with graduates for up to six months after they have returned to their community of origin.

Presenting issues

The need for therapy and support services to take a holistic view of the young person's circumstances is demonstrated when the composition of presenting issues for young people is considered. While problematic substance use represents the core focus of work, the complexity of challenges faced by each student is clear. Table 1 shows that nine of out ten young people presenting at the facility are not employed, eight in ten have a prolonged history of family breakdown and discord, and seven in ten have been diagnosed with a current mental health issue. Depression was the most common mental illness diagnosis, however, other mental health conditions such as psychosis, anxiety disorders, ADHD (attention deficit hyperactivity disorder) and schizophrenia were also present.

Table 1: Profile of Triple Care Farm students, 2005-09 (n=399)

Demographic characteristics	
Gender	%
Male	72
Female	28
Age	%
16 to 17	24
18 to 19	35
20 to 21	25
22 to 24	16

* The Triple Care Farm model has undergone significant revision in its 20+ year history, in order to keep pace with the shifting demographic and clinical profile associated with different intakes and taking into account research and practice. For this reason the most recent cohorts (2005-09) have been selected for analysis because they provide the most accurate reflection of the current status and emphasis of Triple Care Farm's work. The 2005-09 cohorts have also undergone a common set of assessment criteria at entry point.

Table 1: Profile of Triple Care Farm students, 2005-09 (n=399) continued…

Social and clinical characteristics	
Presenting issues*	**%**
Not employed	93
History of family breakdown	78
Mental health issues (identified)	70
Criminal History	67
Homelessness	48
Suicide attempts	46
Physical abuse	36
Self-harm behaviours (identified)	35
Sexual abuse	26
Diagnosed mental health issues	**%**
Depression	37
Psychosis	18
Anxiety	17
ADHD	17
Other	8

* These percentages do not total 100% as many young people present with multiple issues prior to entering the program.

At the time of entry to the farm, most students have been using one or more drugs on a chronic (daily or almost daily) basis. Cannabis was used on a chronic basis by four in five students (79 per cent), and almost half (46 per cent) were consuming alcohol at this frequency (see Table 2).

The main drug of concern for students – the primary drug for which they sought rehabilitation – is reflected in the figures on chronic use. Cannabis was the main drug of concern for over half of all students (52 per cent), followed by alcohol for around one quarter (24 per cent) of the students.

Table 2: Patterns of drug use among Triple Care Farm students prior to entry, 2005-09 (n=399)

Drugs used on a 'chronic' basis*	%
Cannabis	79
Alcohol	46
Methamphetamine	24
Amphetamines	17
MDMA (Ecstasy)	13
Heroin	8
Benzodiazepines	4
Inhalants	4
Cocaine	2
Methadone	1
Analgesics	1
Hallucinogens	0.6

* These percentages total more than 100% as many young people have multiple drug issues prior to entering the program.

Table 2: Patterns of drug use among Triple Care Farm students prior to entry, 2005-09 (n=399) continued…

Main drug of concern+	%
Cannabis	52
Alcohol	24
Methamphetamine	10
Amphetamines	5
Heroin	4
Cocaine	1
MDMA (Ecstasy)	1
Inhalants	1
Other	2

+ The main self-reported substance for which young people sought rehabilitation.

The program: components: the Triple Care Farm experience

Throughout its 20 year history, Triple Care Farm has maintained two clear and interrelated goals: 1) to help young people identify and address the living conditions, psychological factors and behaviours that lead to drug and alcohol misuse, and 2) to move toward positive personal development and growth. In these goals, the farm focuses on an integrated treatment approach that addresses the full range of social, behavioural, health and vocational issues faced by a young person with addiction. In this holistic approach, three core service components are critical: residential, therapeutic and work-life components.

Involvement with the Triple Care Farm program can span up to 12 months, depending on the individual student's needs. Staff from the program can work with the student while they are still in their local community, for anywhere up to three months before they formally relocate to the farm. Students reside at the farm for around three months after official commencement with the program. The Stepping Out aftercare program, which is available to students for up to six months after they graduate from the program, provides ongoing support to the young people once they have returned to their community.

The core program is structured into a series of activities that occur across a weekly routine (see Appendix A for more detail). These activities create a routine that helps give the students structure while they manage the emotional and physical impacts associated with detoxification. The activities and routine also encourage students to work on their personal issues, develop healthy lifestyle practices, and to learn how to define and use time productively each day. This reflection and structure provides students with the skills to recognise the core issues underlying their substance abuse, and to equip them with skills that will support their return to the community and reduce the risk of relapse.

Triple Care Farm adheres to strict admission protocols that are important both operationally and practically for the students participating in the program. The current demand for places at Triple Care Farm significantly outstrips supply. Triple Care Farm currently receives more than 6,000 enquiries for support in a single year. The admission protocols at the farm are critical in prioritising these cases. Although referral often forms the basis of a student's initial introduction to the farm, all students are expected to make a formal application and are required to undergo background assessments, and attend suitability interviews, prior to acceptance. This is also considered important to the underpinning philosophy at Triple Care Farm, which emphasises self-responsibility and each young person being an active participant in directing their own recovery.

The residential component: 'a room with a view'?

Triple Care Farm offers the opportunity for young people to have time away from circumstances and environments that are potentially destructive. The core notion of a retreat, which offers the opportunity for spiritual, physical and psychological renewal, is an important feature of the work at the farm. It could be said that Triple Care Farm offers students not just a change of scenery, but an opportunity to bring new insight to their situation so they may view their own lives, and ultimately their futures, differently and with a greater sense of hope.

For many residents at Triple Care Farm the facility presents an opportunity to learn living and life skills and acquire the skills necessary to establish and maintain positive social relationships. As a first step, residents learn how to undertake domestic responsibilities including cooking, cleaning and doing laundry. Many participants in the Triple Care Farm program have never experienced stable accommodation, or were homeless prior to residence. The residential program also offers the opportunity to learn quite sophisticated interpersonal skills, including conflict resolution and negotiation. The accommodation at Triple Care Farm is designed to facilitate positive social relationships with peers and staff, so the students are housed in a share-accommodation environment. While each student has a private and secure bedroom, the facility is segmented into separate houses. Each house is structured to operate like a home, and accommodates up to six house mates. Students are required to share domestic chores, eat meals together, and are encouraged to spend time together. For many this may be the first time in their lives they have been actively encouraged to develop healthy and caring relationships with peers. Each house has a dedicated overnight staff member to monitor these relationships, and to ensure that all students have access to round-the-clock support. The residential model in place at Triple Care Farm represents a turning point for many students. Acquiring living and life skills, and offering a respite from 'crisis', allows these young people to reflect on their circumstances. This represents an important starting point in the transition to more fulfilling pathways – personally, socially and vocationally. From this standpoint, students can then begin to identify life goals which are personally meaningful. Bernie's story, outlined below, illustrates that stable accommodation, and the acquisition of improved life and living skills play an important role in rehabilitation for Triple Care Farm participants in the long term.

Bernie's story – the importance of learning living skills

Bernie grew up in a traditional family environment with his mother, father and two younger sisters. Bernie was an intelligent child but was diagnosed with ADHD. He had a difficult transition to high school in which the barriers to participating in school seemed to mount over a short period of time. Struggling with both the social and academic environment at school, Bernie lacked confidence. Rather than choosing friends, he hung out with anyone who would accept him and, unfortunately, ended up with the wrong crowd. He began experimenting and then regularly using marijuana and alcohol and went on frequent binges. School became increasingly difficult and he dropped out during Year 10.

In the same period, Bernie's family situation began to change as well. Bernie's father lost his job, which put immense pressure on the family. Soon afterwards his parents separated and without support, Bernie's mum was no longer able to deal with his difficult behaviour. Bernie was asked to leave.

After leaving home, Bernie could not seem to find and maintain stable accommodation and living circumstances. At first Bernie rented a flat, but his friends used it as a place to party and he was evicted shortly afterwards. Throughout this period, Bernie's drug use continued. After eviction, Bernie cycled between short-term rental accommodation, refuges, and home. Bernie wanted to build a new life. He recognised his drug use was destructive and he wanted to rebuild the strained relationships with his family. Bernie was also sick of his so-called 'friends' and wanted to build relationships with new friends, but did not know where to start. Bernie was ready to change and applied to Triple Care Farm to support him through this challenging process.

The residential component of the service model is structured around a three-month timeframe, which is regarded as an appropriate program length to ensure lasting change and to assist reintegration into community living (NSW Health, 2007). During this time, however, Triple Care Farm emphasises the rebuilding or development of familial relationships wherever it is possible or appropriate. This approach has emerged from a significant and long-standing body of research which emphasises the importance of maintaining a family-focus, within a wider drug abuse treatment approach (Schafer 2008; Hubbard 1991; Friedman & Beschner 1985). The approach is informed by the understanding that if family can be involved positively in rehabilitation, then this decreases the chance of relapse. Every student at Triple Care Farm participates in a family assessment upon commencing the program to determine the viability of family contact. If it is deemed suitable, family counselling and mediation are available. Opportunities are provided for students' families to stay on-site overnight, but this accommodation is separate from the residential facilities for students. Once a student has progressed to the more advanced stages of the program, they may also spend weekends at home. If home leave is not possible due to geographical distance or family dislocation, a student will be encouraged to take weekend leave in a safe community environment (such as suitable supportive accommodation in the Illawarra region) in order to practice their living and coping skills outside Triple Care Farm.

The therapeutic component

Therapies at Triple Care Farm acknowledge that substance abuse will typically coalesce with other physical and psychiatric conditions. In this regard, the notion of co-morbidity forms the basis of the treatment philosophy, with a holistic view of the young person taken by staff in developing treatment regimes. In addressing co-morbidity, Triple Care Farm staff take the view that the student must be an active participant in their own treatment.

The treatment team at Triple Care Farm is multidisciplinary and includes psychologists (with a special focus on Personal Construct Theory and conversational therapies), medically trained clinicians, alcohol and other drug (AOD) counsellors, social welfare and case workers, social scientists, educators and care workers; all of whom are specialists in the fields of both youth and substance abuse issues. This approach means that psychological treatments for addiction (e.g. cognitive and dialectical behavioural therapies) and associated medical treatments (pharmacotherapy) can be provided in a consolidated way, where all practitioners collaborate and share information in the management and administering of treatment. This team works together to provide the combination of treatments that are required by each individual student.

Use of this integrated model positions Triple Care Farm at the forefront of current leading-edge treatment models. A recent review of substance abuse and treatment models found that an integrated treatment model tends to produce better outcomes than either sequential or parallel service models (Access Economics 2009). While research in this field is ongoing, integrated treatment models are considered best practice by a number of major health stakeholders (NSW Health 2007) and a wide range of practitioners are vocal in their support for this treatment model (Proude et al. 2009).

Keeping the individual in focus

The notion of co-morbidity also underpins another important aspect of the therapeutic model at Triple Care Farm. A strong client focus, which emphasises individual responsibility, is central to the program. Students are encouraged to examine the links between their own mental health and their issues with alcohol and/or other drugs, and to develop their own 'view' on their rehabilitation.

A key feature of the service model is the direct involvement of students in defining and driving their case management. All students are given one-on-one support with a case coordinator for the duration of the program. A case plan is developed by the student in *collaboration* with a case coordinator, and is therefore specifically suited to his or her individual needs. Depending on

the needs and goals of the student, drug and alcohol counselling, group counselling and family counselling sessions are all available. While it is the role of Triple Care Farm staff to facilitate treatment and challenge students throughout their case management, it is ultimately each student who drives his or her program. During a two-week induction period, a new student is encouraged to participate in all activities to determine which aspects of the program are helpful for their particular situation and goals. The student then meets with the case coordinator on an ongoing basis to ensure that the program is fulfilling their needs. This also creates a reflective practice approach amongst staff, with feedback from students acknowledged, and the student's goals and treatment program changed accordingly.

The engagement and well-being component

Triple Care Farm seeks to rebuild the self-esteem of students by reinforcing to students the importance of work and leisure, and the personal and financial benefits that both of these activities can bring. The young people entering the Triple Care Farm program are disengaged from education and employment. There are a range of programs aimed at engaging students with learning and work in a way that will positively reinforce their recovery and improve their well-being.

Education and learning

The training offered to students is designed to increase confidence and self-esteem. The training is also intended to provide the best preparation for young people to enter work or to return to school or higher education, once back in their community. Both accredited and non-accredited courses are offered to the students (see Appendix B for the full range of Vocational Education and Training (VET) offerings under the Australian Qualifications Training Framework). A strong emphasis is also placed on identifying and filling gaps in each student's generic skill base including, where needed, literacy, numeracy, communication and technical (computer) skills.

While at Triple Care Farm, students can learn on–site or at the local TAFE (Technical and Further Education Institution). The 'Links to Learning' program at Triple Care Farm places a strong emphasis on building literacy and numeracy skills but students are also offered a wide variety of additional training opportunities. On the Triple Care Farm property there are a range of training facilities including a learning centre equipped with computers and a library, carpentry and panel-beating workshops fitted with tools and machinery, a music and multimedia room with instruments, recording and engineering facilities, and the farming and landscaping equipment used for maintenance work around the property.

The Triple Care Farm students who attend the local TAFE are required to meet all the study and participation requirements in order to complete their course. However, Triple Care Farm offers additional support to these students, if needed. In some cases, this may include a Triple Care Farm worker attending classes with students to ease their transition into mainstream institutional activities.

The importance of leisure in recovery, and personal growth

Activities that build the self-esteem of students, teach them respect for the body, and engage them in sport and safe recreational activities are considered critical parts of the Triple Care Farm program. Participation in sport and a wide range of fitness-building activities helps students to: build confidence, set achievable goals, work well in teams, build communication skills and build personal resilience in the face of both success (and failure). The farm has a gym that offers a range of classes and includes an indoor rock climbing wall. Activities such as beach outings, canoeing and bush walking are also offered, as are team sports such as basketball and soccer. Several of the weekend staff are qualified personal trainers and their expertise is available to those students who have specific fitness goals. These activities provide important instruction for the students who are learning that leisure, relaxation and pleasure can all be enjoyed without the use of alcohol and/or drugs.

Individual progression – the program stages

The Triple Care Farm model is designed to be as flexible as possible to meet each student's needs. The program includes three stages (Gateway, Explorer and Outbound; see Figure 1) within the residential phase. The Gateway stage focuses on goal setting and relationship building. In the Explorer stage, students work towards the set goals that will include participation in some accredited training. At the Outbound stage, students transition back into the community.

While each of the three residential stages are nominally four weeks long the program is designed to be flexible to student needs. Students may progress more quickly if they achieve each stage's set goals within a shorter time period. Or they may spend longer than four weeks in a particular stage if they need extra time to achieve their goals. To ensure that students are ready to progress to the next stage, Triple Care Farm staff adhere to a formal interview process which requires students to demonstrate that they understand how they are positioned in terms of their recovery. Figure 2 shows that significant emphasis is placed on the student reflecting on their own rehabilitation, preparing the necessary documentation, and demonstrating their emotional readiness to progress to each new stage of the program through a formal interview process.

Figure 1: Triple Care Farm service model – overview

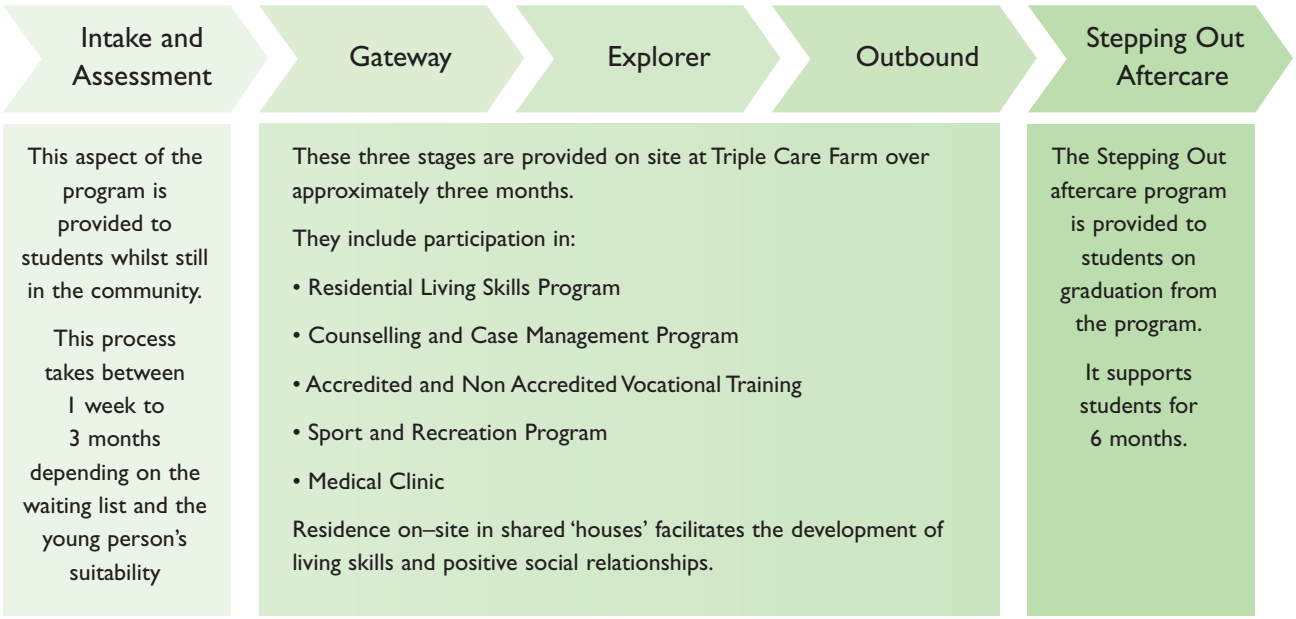
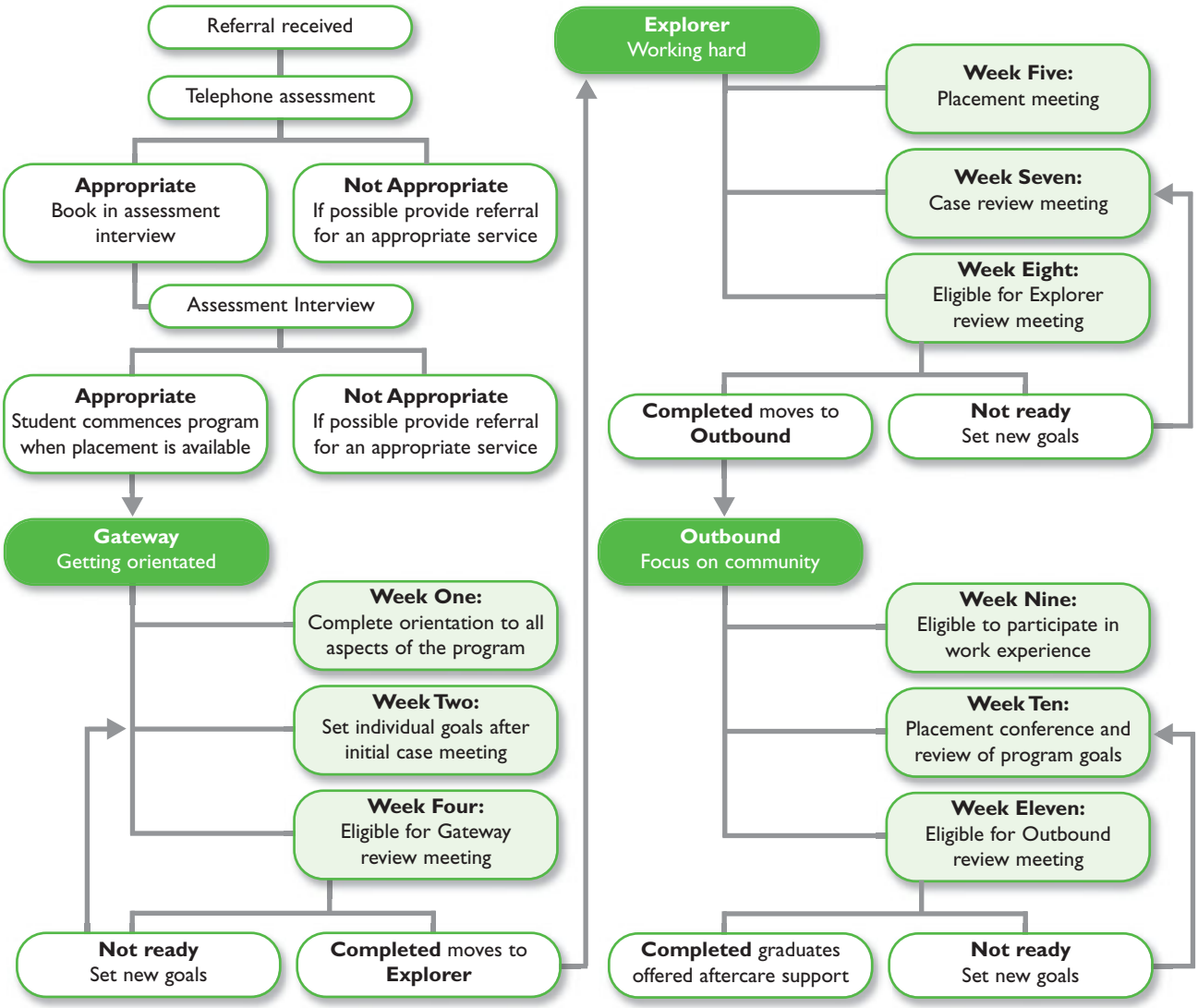


Figure 2: An individual-responsibility model: three stages of progression at Triple Care Farm



Students are required to document their achievements in a diary, referred to within Triple Care Farm as the *My Journey* handbook. Upon completion of each stage, a student may apply to move on to the next stage. These stages are important change-markers that indicate significant milestone improvements in their journey to achieving improved health and well-being. Application to graduate from a stage is driven by the students. Each student must make a written application to the case management team and then meet with the team to discuss their application. The students are therefore responsible for identifying their own progress and actively demonstrating their achievements to staff.

'Graduation' from the Triple Care Farm program can occur at any point after a student has completed the first stage at the farm (Gateway). This flexibility ensures that the program really is tailored to individual student goals and needs and recognises that not all students will require the same length or intensity of support as others. Some students may have achieved their goals for rehabilitation prior to passing through the entire program, and feel ready to re-enter the community. The emphasis on self-responsibility is also affirmed by the Triple Care Farm convention of referring to residents as students rather than clients. This reinforces the idea that students are required to learn and actively engage with the process of planning and managing their own rehabilitation.

Student participation and the individual-responsibility model

Triple Care Farm encourages a culture of feedback and responsibility amongst students, and offers formal structures for students to be involved in the coordination processes of the farm. A complaint process is available to students as well. Triple Care Farm has a student council that meets weekly and is comprised of student nominated representatives. These student representatives meet with all of the program coordinators monthly to provide feedback on any issues that have arisen and to discuss possible improvements to the program. These meetings are important because they give coordinators the opportunity to reflect and implement appropriate strategies in response to student feedback. In addition, quarterly focus groups are held with the student body and, on exit from the program each student completes a feedback survey.

Triple Care Farm outcomes and the broader Mission Australia vision

The Triple Care Farm service model is informed by Mission Australia's organisational-wide approach to ongoing service development and evaluation. This approach uses a multi-faceted evaluation framework that collectively measures the outcomes that are achieved by students. A key component of this framework is the Program Logic documents that are developed at Mission Australia services. The Program Logics are based on program theory and employ a model of change and action that recognises the relationships that exist between a service or program provider and the individual client. Program logic assumes that there are four distinct but interrelated aspects of a human service delivery process. The four aspects are premised on mediating and achieving change for program participants through action (Chen 2004).

The four aspects are: 1) inputs that are invested in the service provision; 2) activities that are conducted within the services; 3) outputs or the number, range or scope of different types of support that are actually produced and delivered by the program; and, 4) outcomes or changes, results and consequences that contribute to community and service level improvements. Together, these phases provide a clear and succinct description of the service activities and how these relate to Mission Australia's vision of a fairer Australia.

The Program Logic that underpins Triple Care Farm's operation sets out the goals, and outcomes associated with the program in a very real way, by demonstrating how students benefit from the phases of service delivery. For example, homelessness and or unstable accommodation are an issue for many Triple Care Farm students. The Program Logic demonstrates how this issue is addressed by meeting immediate needs (the provision of safe accommodation), intermediate needs (improving physical and mental health) and long-term needs (by improving living skills to maintain secure and appropriate accommodation). The Program Logic documentation helps provide transparency in service provision, as each of the core areas of student need (e.g. physical health, mental health) are documented in a similar way (Appendix C provides a summary of Triple Care Farm's Program Logic).

Treatment costs and income

There are few residential services available to young people battling drug and alcohol problems in Australia, due to both the cost and complexity associated with this intensive treatment option. Further, there are limited alternative residential care options, such as foster care, available because carers are more willing to accept placements for young children, than adolescents. The additional challenges associated with managing a young person with a drug or alcohol problem means these young people are extremely difficult to place within a foster care arrangement.

Although a cost-benefit analysis is beyond the scope of this report, it is nevertheless worth noting some key points of interest. Cost-benefit studies are not common in this field and few researchers have attempted this kind of analysis. Some approaches have attempted to calculate the overall costs associated with drug and alcohol abuse, the costs of untreated mental health issues, and/or the costs of associated criminal behaviour. Only some of this research has looked more closely at the cost of treatment options, or attempted to calculate and quantify the benefits of interventions.

Costs

Triple Care Farm is a relatively high-cost service because of the residential and holistic therapeutic nature of the service it provides.

In 2009-10 the cost of operating Triple Care Farm was just over $2 million. Staffing accounted for 61 per cent of those costs, which is fairly typical of the labour costs associated with community services where staff are on-site at all times. Other operational costs include the rent, electricity, communications, vehicles, and client living costs, including food and other supplies (see Table 3).

Table 3: Operating costs Triple Care Farm, 2009-10

Operational area	Costs	Proportion of expenditure (%)
Staffing	$1,338,877	61
Client expenses & food	$91,563	4
Overheads	$750,783	35
TOTAL	**$2,181,223**	**100**

The operating costs for Triple Care Farm do not include the true costs of property ownership and there are hidden subsidies in those costs. The property at Robertson is owned by Mission Australia and is valued at $2.1 million,* with additional improvements of $1.275 million. The most recent valuation estimates that the market rental value of the farm is $100,000 per annum. Triple Care Farm's internal rent payments are only $60,000 per annum reflecting a hidden subsidy to the farm from Mission Australia of $40,000. However, even at full market value, in commercial terms a rental return of $100,000 per year represents a low yield and a poorly performing investment.

Income

Mission Australia has been successful in gaining some government funding over the last few years. However, we remain reliant on significant fundraising efforts to meet costs. Income sources for Triple Care Farm in 2009-10 are outlined in Table 4.

Table 4: Income sources Triple Care Farm, 2009-10

Funding source	Dollar amount	Proportion of all income (%)
Federal Government	$273,116	13
State Government	$133,061	6
Client Fees	$94, 289	4
Sir David Martin Foundation	$1,053,664	48
Mission Australia Fundraising	$627,093	29
TOTAL	**$2,181,223**	**100**

Costs per client

In 2009-10, Triple Care Farm assisted 90 residential clients and 103 clients in the aftercare program – a total of 193 clients. An analysis of these costs shows not surprisingly, that the highest costs were attributable to the residential clients.

All students are required to pay an admission fee of $120 and rent of $130 per week. Students not receiving full government youth allowance may apply for a rent reduction. The average cost incurred by Mission Australia per residential client in 2009-10 was $22,392, to which clients contributed an average of $1,048 in fees, resulting in a net cost per residential client of $21,345.

Over the course of the three month program, the approximate cost for each student at Triple Care Farm is $232 per day. For this, students receive accommodation, utilities, groceries, PBS medications, intensive case management, counselling, medical, legal and welfare assistance, education and training programs, sport and recreation activities, and access to clinical and non-clinical supports both on-site and within the local community.

In the aftercare program, the average cost incurred by Mission Australia per client in 2009-10 was $1,611.

Mission Australia operates two other residential youth drug and alcohol services, although on a different service model. Both of these services are in Western Australia. The DAYS Withdrawal and Respite service offers stays of up to 21 days to young people. The service has a much lower cost per client than Triple Care Farm, at $11,573 per year (2010 figure), and serves around the same number of people (108 people in 2010). However, it is a smaller facility and more intense, and clients stay on average 16 days.

Many clients from DAYS Withdrawal and Respite service then go onto a less intensive residential service known as DAYS Residential Rehabilitation. In 2010, this unit had 44 clients and the average cost incurred by Mission Australia per client was $23,376 with an average length of stay of 49 days. It too is a smaller facility, with a bed capacity of 10.

* Unimproved capital value

Section 3 Specific program outcomes – key achievements

This section will consider the clinical significance of Triple Care Farm's practice work, by looking more closely at the outcomes derived from participation. The treatment regime at Triple Care Farm incorporates many elements, which occur throughout the three main stages of the service model outlined earlier in this paper (the Gateway, Explorer and Outbound stages). In each of these stages, students participate in three program elements, each relating to aspects of treatment - residential, therapeutic, and engagement and well-being. Residential programs focus on the acquisition of life and living skills. Therapeutic programs deal with the medical, psychological and behavioural issues associated with mental illness and addiction. Engagement and well-being programs seek to encourage healthy living and physical fitness, and re-engage students with education, learning and work.

This section will consider the key outcomes achieved by a recent cohort of Triple Care Farm graduates, against each of the core program components. Most importantly, the data used for this analysis give some insight to the longer term impacts of participation in the program. The observations used to inform this analysis pertain to data collected from young people regarding their experiences, at three and six month intervals, after their return to the community. It should be noted that this kind of analysis is only made possible by the unusually rigorous data collection methods undertaken by Triple Care Farm.

Given the depth of the challenge faced by the young people presenting to the Triple Care Farm program, it could be argued that completion of the program itself represents a major achievement. However, the facility also now maintains a number of monitoring systems to track the progress of students beyond their involvement with Triple Care Farm. At graduation, students are offered further support to help them to re-enter the community. The Stepping Out aftercare program is a voluntary program that provides the young person with support from a community case manager for up to six months following graduation. The first wave of data associated with this aftercare group is now available and provides some insight on the longer term outcomes derived from participation in the program. Of the 399 students forming the 2005-09 cohort, 160 agreed to participate in the aftercare program*, and provide feedback to the farm on their progress.

At intake, and during their stay at Triple Care Farm, students are asked to provide formal feedback on their progress through recovery. These measures provide an indication of the progress students have made with reducing substance abuse problems, improving their overall psychological wellbeing and health, and their social and economic circumstances overall. For the aftercare group, these measures have been used to track their progress, post re-entry to society. Results for the aftercare cohort show remarkable improvement in the lives of the graduates with whom Triple Care Farm was able to maintain contact.

Therapeutic program outcomes: key indicators

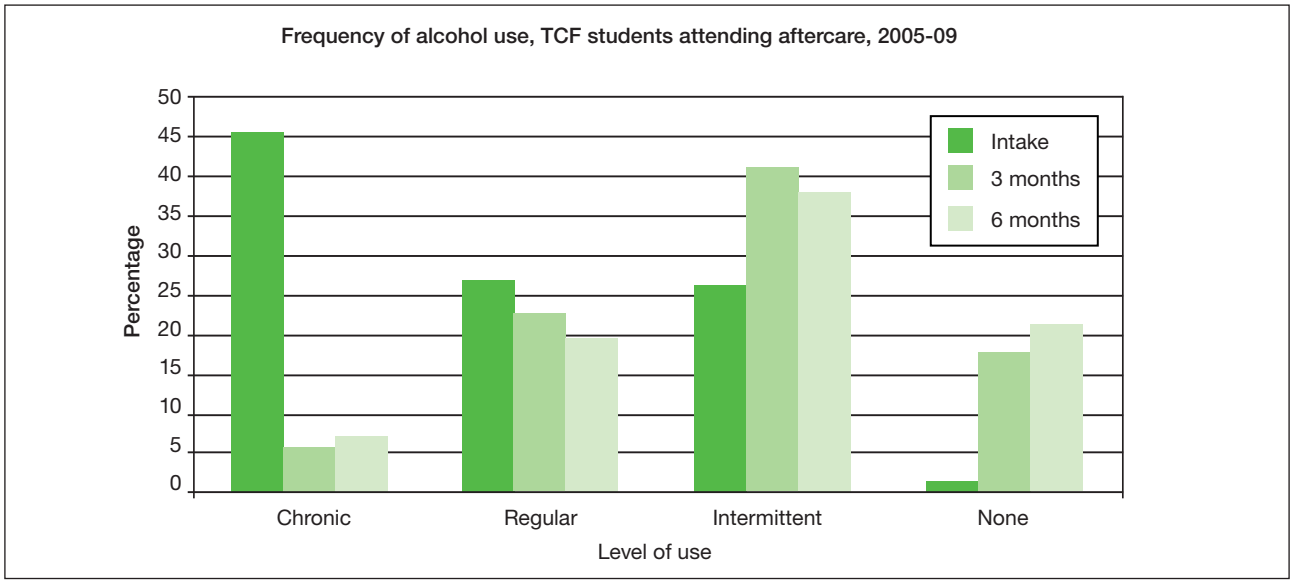
Amongst those young people who formed the aftercare cohort, there appears to be a substantial reduction in alcohol use, drug use and most importantly, in harmful patterns of use associated with these substances. On entry, patterns of drug and alcohol use for each participant are assessed and codified into chronic, regular, intermittent and non-user categories. This allows the pattern of use to be understood in the context of degrees of harmfulness.

Alcohol

Figure 3 shows a marked reduction in the frequency of alcohol use and in some cases elimination of alcohol, after program participants have left the farm. Almost half (46 per cent) of the aftercare cohort used alcohol at chronic levels at intake, and only six per cent stated they still used alcohol at chronic levels three months into the aftercare program. Most importantly, these figures indicate that this overall reduction was maintained at a six month milestone into the aftercare program. Just as significantly, only two per cent of students involved in the aftercare program did not use any alcohol before the program commenced. At the six month stage of the aftercare program this had increased to 21 per cent.

* It is important to note that participation in the aftercare program is entirely voluntary, and should not be taken as an indication that students were unwilling or resistant to treatment. The residential phase of treatment is designed to be highly comprehensive and to provide all of the building blocks necessary for re-entry. For this reason, many feel participation in the residential program is sufficient, and connections with family and other support structures are re-established, so there is no need for ongoing contact with Triple Care Farm staff through the aftercare program.

Figure 3: Frequency of alcohol use, aftercare group, 2005-09* (n=160)



To bring greater meaning to these findings, it is important to evaluate the level of risk associated with certain patterns of alcohol use. In 2008, Triple Care Farm began using the standardised Alcohol Use Disorders Identification Test (AUDIT; WHO 2001) to measure harmful levels of alcohol use. Results from this tool are available for 45 students who were re-assessed at the three-month interval during participation in the aftercare program. Table 5 shows a drastic reduction in the numbers of students drinking at 'extreme high risk' levels, from almost two-thirds (64 per cent) at intake, to just over a quarter (27 per cent) when interviewed three months into aftercare.

Table 5: Harmful alcohol use and dependence, aftercare group, 2008-09 (n=45)

Level of use	Intake assessment %	3 months aftercare %
Low-risk	16	27
Risky	11	27
High risk	9	20
Extreme high risk	64	27
TOTAL	**100**	**100**

Illicit drug use

As with alcohol use, indicators used to track the frequency and degree of harmfulness associated with drug use, also show that participation in the Triple Care Farm program has led to positive behavioural change post-rehabilitation. Almost nine in ten (88 per cent) of the aftercare cohort used at least one drug chronically when they entered Triple Care Farm, compared with only six per cent after returning to the community (see Figure 4). From the data available, a great success of the program appears to be in encouraging young people to eliminate drug use entirely from their lives. Approximately half of all young people in the aftercare program were successfully abstaining from drug (45 per cent) and alcohol use (52 per cent) entirely six months after residential treatment.

In order to improve the accuracy and meaning of drug use patterns post-exit from Triple Care Farm, the facility has also piloted the application of additional indicator scales, to gauge or evaluate the harmfulness of certain patterns of drug use. It is hoped that these indicators will allow Triple Care Farm to assess progress, in line with current international standards surrounding drug use. For this reason, in 2008, Triple Care Farm piloted the use of the Drug Use Disorders Identification Test (DUDIT; WHO).

Using the Drug Use Disorders Identification Test to gauge levels of harmfulness, most graduates appear to be managing their drug use in a more responsible way. Table 6 shows a reduction in the percentage of graduates using drugs at those levels deemed 'extremely hazardous', from 80 per cent of the aftercare cohort, to just over one quarter (28 per cent) of the aftercare cohort. Also heartening is the commitment to drug abstinence among graduates. At intake, fewer than one in 50 indicated they did not use drugs, compared to one in three of all graduates, three months after completion of the residential program.**

* This figure does not show percentages of unknown responses, though these are included in the base from which the percentages presented are calculated.

** For those entrants who indicated they did not use drugs prior to entry to the Triple Care Farm program, their substance misuse issues related to alcohol. The commitment to abstain from any drug, even if the student has no history of drug use is important, because patterns of addiction indicate that addicts are at great risk of 'switching addictions' when rehabilitating from one drug problem, by replacing it with another addiction over time. This makes the finding on abstention particularly powerful.

Figure 4: Frequency of drug use, aftercare group, 2005-09* (n=160)

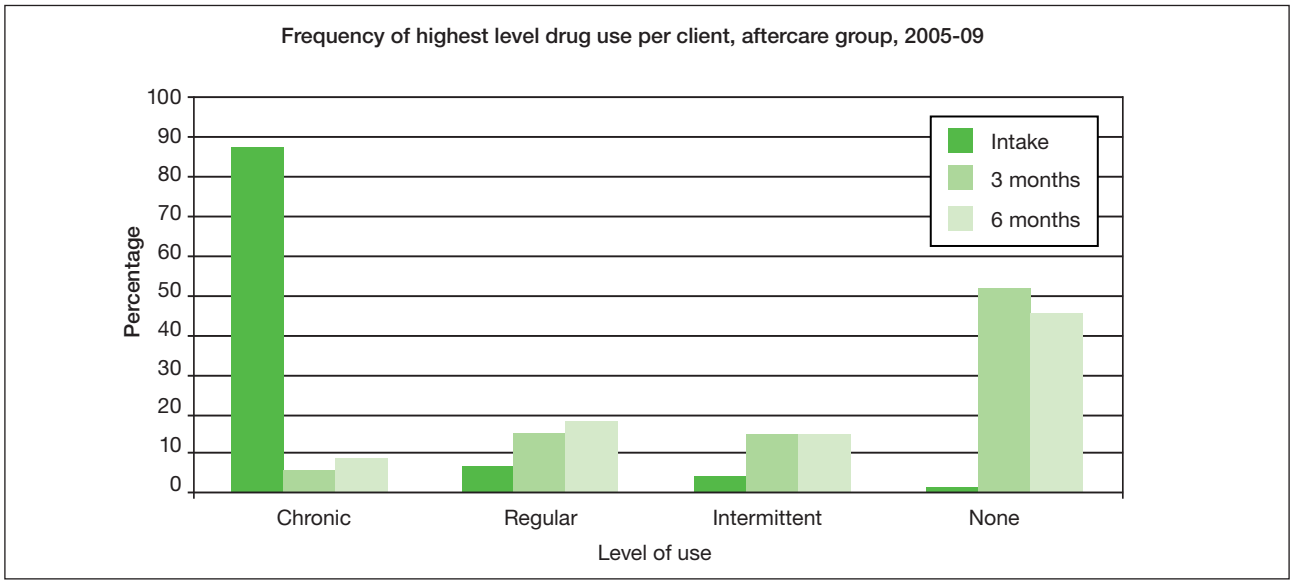
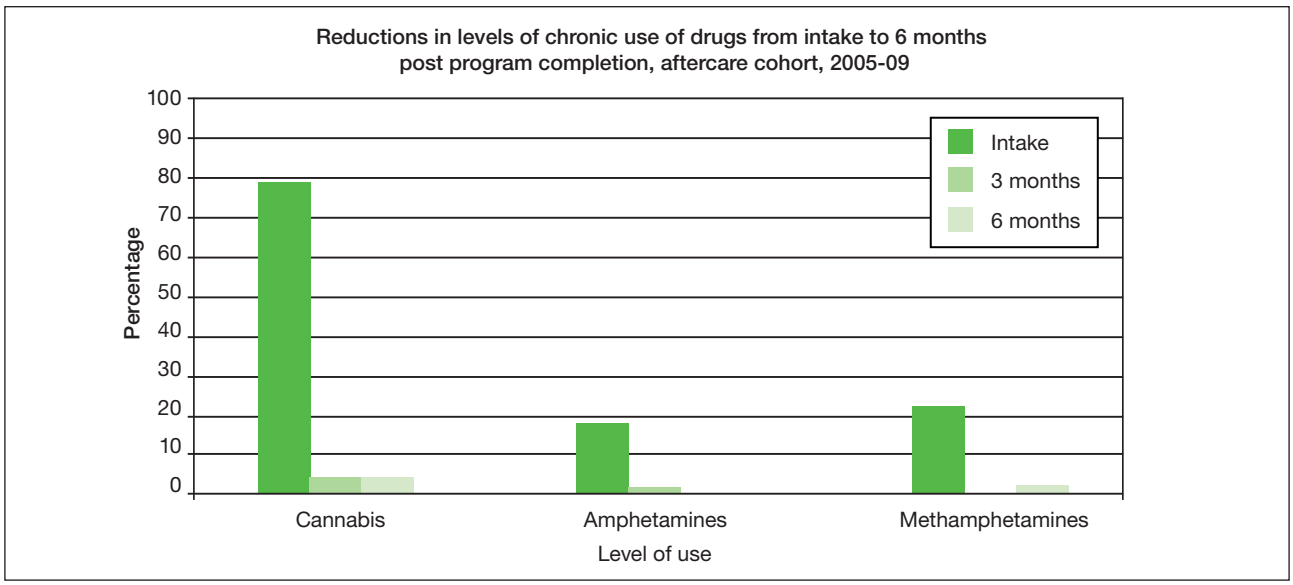


Table 6: Harmful drug use amongst aftercare group, 2008-09 (n=45)

Level of use	Intake assessment %	3 months aftercare %
None	2	33
Not harmful	0	0
Harmful use/dependence	17	39
Extremely hazardous	80	28
TOTAL	**100**	**100**

It is also important to note the results associated with a main drug of concern for many students – cannabis. At intake, cannabis was noted to be the main drug of concern for over half the students. As such, it is particularly positive to note the extent to which chronic use of this drug is reduced for young people in the aftercare program at the six-month timeframe (see Figure 5). Approximately four in five students (79 per cent) tracked through the aftercare program used cannabis at chronic levels before intake. This contrasts strongly with the four per cent from this group who reported chronic cannabis use at the three and six month observation intervals.

Figure 5: Prevalence of chronic drug use, aftercare group, 2005-09 (n=160)



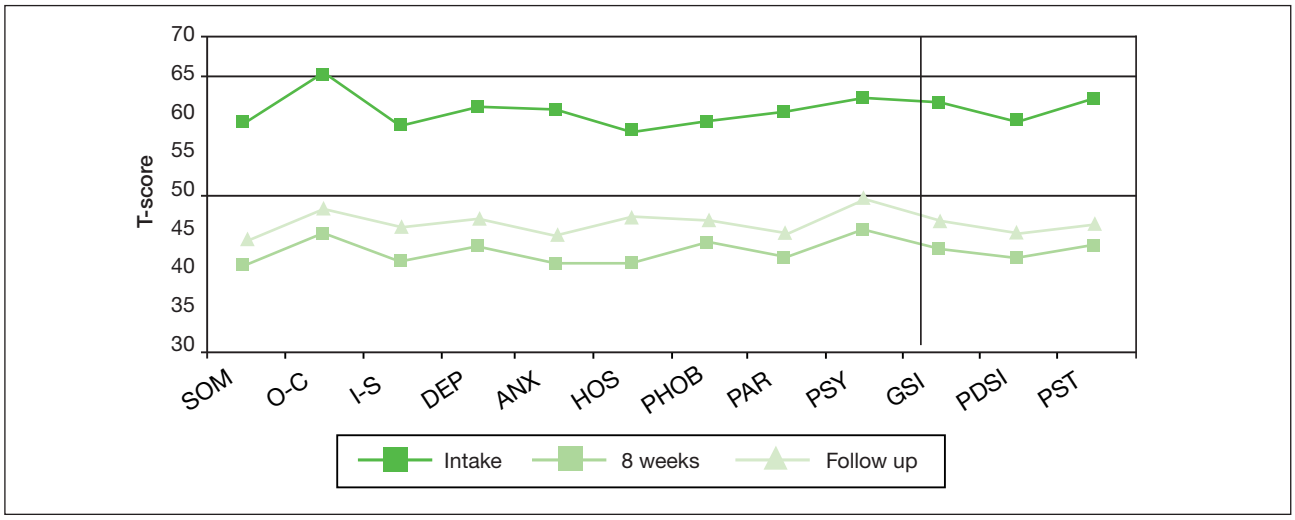
* This figure does not show percentages of unknown responses, but these are included in the base from which the percentages presented are calculated.

Psychological well-being

Intensive psychological support is provided as part of the integrated program of treatment afforded to students at Triple Care Farm. In a commitment to continually improve the accuracy and tracking of the psychological health of students, since 2006, Triple Care Farm has applied the Brief Symptom Inventory (BSI). The Brief Symptom Inventory is a self-reporting tool that elicits information about an individual's current psychological symptoms and gauges the psychological status and level of distress being experienced. The insights provided by this tool is highly valued by Triple Care Farm because it gives insight into the quality of life, well-being, level of stress and stability felt by an individual, and ultimately their ability to cope with challenging situations and stress. Understanding these issues is critical to reducing the risk of relapse for graduates as they transition away from Triple Care Farm and towards the mainstream community. The BSI is administered at intake into Triple Care Farm in order to create a baseline measure, then at eight week, 12 week, and post-program intervals.

Of the 160 students comprising the aftercare cohort, 117 completed an eight week Brief Symptom Inventory assessment. Across all nine measures of psychological health, students reported significant reductions in the severity and intensity of distress. As is the case with many surveys based on self-report, response rates tend to decline over time. Information from students after they left the farm (at the three month post-program period) was only available for 35 out of a possible 160. Within this group of respondents however, scores on all nine dimensions of psychological health showed an improved position, relative to their position at intake (see Figure 6 and Appendix D for more Brief Symptom Inventory scores for the larger group for whom intake and the eight week assessment data was available). The findings indicate that, within this group at least, these young people have shown sustained long-term improvements in psychological health following completion of the Triple Care Farm program. Three months after this group had transitioned back into the community there was no single psychological dimension classified as clinical and there was no evidence of need for clinical intervention. While Triple Care Farm recognises that this is a small cohort of graduates, it is highly significant in clinical terms, because for this group of young people not only have positive scores been maintained after the program, but scores of psychological health have actually improved.

Figure 6: Comparison of Brief Symptom Inventory scores at intake and after eight weeks and three months, aftercare group, 2005-09 (n=35)



The assessment measures at Triple Care Farm also allow the facility to measure the level of satisfaction with life among students and graduates. This is done through the Quality of Life Inventory (QOLI) measure, which was introduced in 2008. The Quality of Life Inventory might be colloquially described as a happiness index. The Quality of Life Inventory asks respondents to identify their level of satisfaction and dissatisfaction across 16 areas of life, thus creating a profile of the most urgent areas requiring clinical and non-clinical intervention. These scores are then analysed (averaged) to produce an overall quality-of-life classification into one of four categories from: very low, low, average to high. Movement to a category of higher life satisfaction is considered to be clinically significant and denotes major improvement in a person's life satisfaction.

Data is collected at initial intake into Triple Care Farm (baseline measure), at approximately eight weeks into the program (to measure program related change), and again at a three-month, post-program follow up (to measure enduring change). During 2008-09, 63 young people completed the Quality of Life Inventory both at intake and at an eight week interval.* At intake, 69 per cent of this group was classified as clinical, meaning they had indicated a 'very low' or 'low' level of satisfaction with life in general. After eight weeks in the treatment program, the proportion of students who had such

* It is important to note that the QOLI has only been fully implemented by Triple Care Farm in the last two years. This explains the small numbers of respondents.

a low level of satisfaction had reduced to 56 per cent. Of those identified as clinical at intake, almost three quarters (71 per cent) had shown improvements during the eight weeks of treatment.

The staff at Triple Care Farm take this as a strong indication that the treatment approach is resonating with students. It also points to a need for an extension in the length of the treatments provided, in the case of some students who may need more intensive assistance. Amongst the group of students who participated in the Quality of Life Inventory, the greatest increase was reported in the category of assessments pertaining to health and work. Significant increases in the level of satisfaction with life occurred in areas such as self-esteem, goals-and-values, money, play, learning, helping, creativity, and relatives (Appendix D also provide more details about the Quality of Life Inventory).

Engagement and well-being program outcomes: key indicators

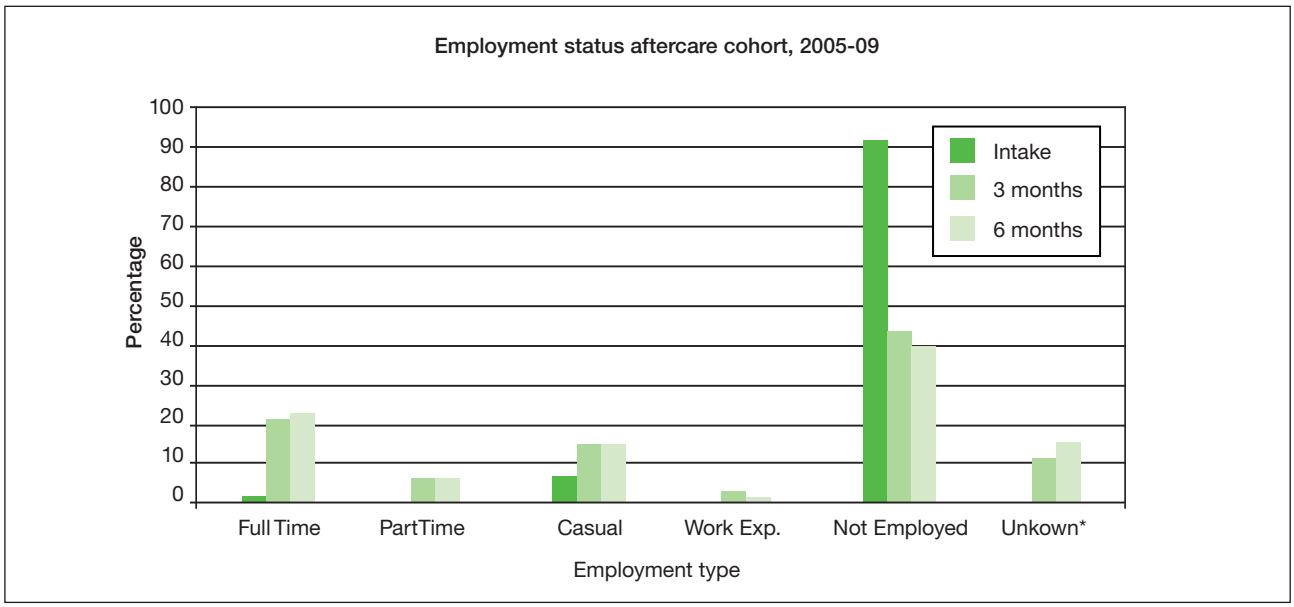
Participation at Triple Care Farm also appears to have laid a solid foundation for stable employment for many graduates and, in some cases, the early signs of interest in a career or vocation. It should be noted that the following statistics must be assessed with some care. Triple Care Farm does not accept young people who are currently participating in education or training, so therefore any participation in education or training after Triple Care Farm will appear to be an improvement. Nevertheless, at the three month and six month follow-up points, more than one third (36 per cent) of the cohort were in some form of training. Of those participating in some form of training approximately seven out of ten (69 per cent) were enrolled in TAFE.

Employment

Employment outcomes were similarly positive for this aftercare cohort. At intake, the vast majority (91 per cent) were not in any form of employment. Three months after graduating, almost half of the aftercare cohort had entered some form of paid employment (43 per cent; see Figure 7). It is heartening to note that these outcomes were maintained at the six-month interval. This gives a strong indication that the treatment provided by Triple Care Farm has helped many young people achieve positive long-term change.

The sections above have reported on the employment and education outcomes for the aftercare cohort in isolation. It is important to also assess the outcomes for this group in a consolidated way. Adopting an 'earning or learning' approach gives a better reflection of the improved engagement of the students after leaving the farm. The bolded figures in Table 7 show that the majority of students were known to be in either employment or in education or training, or both, at both three and six months of aftercare. In contrast, less than a quarter were not in employment or in education or training. This result is strong evidence that the provision of opportunities for education and learning at Triple Care Farm plays a major role in the re-engagement of students into the community after attendance at the farm.

Figure 7: Employment type, aftercare group, 2005-09 (n=160)*



*'Not employed', in the context of this figure, includes those not in the labour force and those unemployed.

Table 7: Employment and education at three and six months aftercare (%), 2005-09 (n=160)

Status	In education		Not in education		Other		Unknown		Total	
	3 months	6 months	3 months	6 months	3 months	6 months	3 months	6 months	3 months	6 months
Employed	14	16	28	26	1	3	0	0	43	44
Not employed	15	12	24	23	3	3	0	0.6	42	38
Unknown	0	1	2	3	0.6	0	9	11	11	15
Other*	1	1	1	1	1	0	0	0	4	3
TOTAL	30	30	56	52	6	6	9	12	100	100.0

*including volunteer work

Residential component outcomes: key findings

The residential component of care obviously encompasses all therapeutic, care and support aspects of the program. However, the residential component of care is also designed to acculturate students to domestic life, and help create and contribute to stability in their accommodation and living circumstances in the long–term. Based on the outcomes associated with the 2005-09 aftercare group, the residential component has reaped positive results for the participants.

Table 8 shows a profound improvement in accommodation for the majority of Triple Care Farm graduates. At the time of intake, almost one third (31 per cent) were homeless or in transient accommodation. At three and six months after transitioning back to their community, only one person reported being homeless. The proportion of young people in independent housing increased from under one in ten (nine per cent) at intake to one quarter (25 per cent) six months after leaving Triple Care Farm.

Table 8: Accommodation type aftercare group, 2005-09 (n=160)

Accommodation type	At intake %	3 months %	6 months %
Family/Friends	42	58	51
Supported*	5	11	8
Independent	9	19	25
Detention	8	4	3
Homeless/Transient	31	0.6	0.6
Other**	5	0	0
Unknown	0	7	12
TOTAL	100	100	100

* Supported includes: supported accommodation, refuges and group homes.

** Other includes: induction unit, hospital, hostel, rehabilitation and carer's lodge.

Carl's story – a summary of the holistic treatment approach at Triple Care Farm

Carl was 18 when he applied to the Triple Care Farm rehabilitation program. He lived with his mother, who had been supportive throughout his life. Carl faced a number of personal and substance abuse challenges. During childhood, Carl was diagnosed with Aspergers' Syndrome. He experienced panic attacks and "irrational thoughts" regarding personal hygiene and physical health. Carl began using cannabis at 12 years of age in an attempt to manage his emotions. Carl also reported incidences of self-harm, and had attempted suicide twice in less than six years.

Carl reported poly-drug use, and that his use of cannabis in particular, had been heavy for six years. He used cannabis and oxycodone (intravenously) daily, in addition to amphetamines (intravenously) weekly. Carl also reported problematic benzodiazepine use. In addition, he used methamphetamines and MDMA (or ecstasy) occasionally. Carl had tried heroin, methadone and cocaine, all before he had turned eighteen. In clinical terms, Carl's substance use is co-morbid with, and perpetuated by, an underlying Generalised Anxiety Disorder.

Carl wanted to change his circumstances, and had a number of life goals but did not know how to go about achieving them. Carl applied to Triple Care Farm to "remove himself from his local area and temptation". He argued that things had increasingly "gotten out of hand" at home. He argued frequently with his mother, and said that his "mental state had deteriorated into nothing". Carl stated that a goal for attending rehabilitation was to increase his physical fitness and return to the active lifestyle he enjoyed before his substance use became overwhelming. He also wished to improve his relationship with his mother and niece.

In clinical terms, Carl has achieved some huge improvements. During his stay at Triple Care Farm, Carl completed twelve sessions of a combined Cognitive Behavioural Therapy and Solution Focused Therapy, as well as psycho-education addressing anxiety and phobias with a registered psychologist. Carl also accessed the consultant psychiatrist, who offered psychopharmacology to help manage and maintain a calm emotional and cognitive state. Carl's physical health was monitored by a visiting General Practitioner. Carl completed a range of groups addressing alcohol and other drug (AOD) use, communication skills, healthy lifestyle choices, harm minimisation and relapse prevention with a registered psychologist. Carl faced multiple challenges while at Triple Care Farm, one of which was the death of a close friend from overdose. Carl struggled through this period but ultimately felt that he learned from the experience, by using this circumstance to improve his own life.

Carl also embraced the non-clinical programs provided by Triple Care Farm and focused on acquiring better life and living skills, improving his education and skills for learning, and sport and recreation activities. The education and learning programs made a particularly big impact on Carl. In his three months at Triple Care Farm, Carl participated in all electives on offer. He placed a special focus on re-engaging with education and training, and spent long hours improving his literacy and numeracy skills. He also completed many projects in the wood workshop, and excelled in the catering and food preparation courses. Carl applied for and was accepted into TAFE courses, and has since obtained his Higher School Certificate. He began to work voluntarily at a local reptile park where he was later offered part-time employment. Carl states he wishes to give something back to the community and "have something concrete to fill his days" while TAFE courses are in recess.

Carl's goals to improve his health and fitness were also realised. He actively took part in the weekend sport and recreation program and improved his physical health and fitness as he had intended.

In the final weeks of his time at Triple Care Farm, Carl was having regular family visits, which improved the relationship between himself and his mother. The weekend leave scheme, which allows students to spend time at home while still resident at Triple Care Farm, was particularly important for Carl. Carl could test himself, and reflect on situations that he would like to handle differently if given the opportunity, and he could practice the interpersonal and communication skills he had learned at Triple Care Farm.

Carl has left Triple Care Farm with a new set of skills to help him cope with family relationships and his underlying anxiety issues, and to manage the contingency of relapse. Upon leaving Triple Care Farm, Carl had appointments with his community drug and alcohol counsellor and his mental health counsellor, and had a clear plan of action should he relapse with substances. Carl reported to his aftercare worker that he had relapsed upon returning home for approximately two weeks. With the support of his mother, counsellors and aftercare worker, he has since regained abstinence from substances and has been clean for approximately 11 months. Carl continues to see Headspace* for counselling – both mental health and AOD. Carl has also continued to improve his work readiness skills by undertaking job education programs. He also ensures that he receives general physical health checks. Carl continues to live at home with his mother, sister and niece and has commented that his relationship with his family has greatly improved.

* Headspace is the National Youth Mental Health Foundation, operating 30 'one-stop shops' around Australia.

Conclusion

The outcomes detailed above indicate the profound improvements made by many young people who attend and graduate from Triple Care Farm. The data presents a most remarkable before-and-after indication of the lives of these young people. At entry point, the majority of students are drinking and/or using illicit drugs at chronic or hazardous levels. On completion of the program, drug and alcohol use amongst graduates appears to have reduced overall. Data taken at six months after graduation also indicates that the vast majority of young people have sustained these changes following re-integration into the community. The psychological health and well-being of graduates also appears to be significantly improved through participation in the Triple Care Farm program. Quality-of-life measures indicate that these young people are far more content with most aspects of their life following participation in the program. Carl's story provides some deeply personal insights on the level of physical and psychological challenges faced by young people in the grip of addiction. Carl's experience also demonstrates the value of a holistic approach in developing a suitable treatment regime that is appropriate for the complex and individual challenges faced by each student.

Section 4 Triple Care Farm - the 'big picture' and looking ahead

The service model at Triple Care Farm is unique in policy, operational, and therapeutic contexts. Triple Care Farm works holistically with each student to deliver health, vocational, social, and detoxification support simultaneously. While some therapeutic outcomes have been highlighted by this paper in previous sections, there is a deeper significance to these outcomes. This chapter will note the wider significance of Triple Care Farm's work.

From small local initiative to national provider

Triple Care Farm has shown immense ability to adapt, and this ability appears to be key to the program's longevity. Triple Care Farm was opened in 1980, by a Southern Highlands community group - the local community raised sufficient funds to purchase 40 hectares of land near Robertson, which they used to build a retreat and support centre for local youth experiencing problems with drugs and alcohol. After almost a decade of operation, the facility encountered financial difficulty. Rather than simply sell the land, the community solicited interest from social welfare agencies that might be able to continue the drug rehabilitation work they had started. Sydney City Mission was interested in the work of the farm, but was not in a position to offer financial support. The Mission did, however, organise and lobby to obtain funding from private benefactors. With a $600,000 donation from the Vincent Fairfax Family Foundation, Sydney City Mission purchased and renovated the Robertson facility. In late 1989 the Sydney City Mission assumed full ownership and management of the retreat, and officially named it Triple Care Farm.

While Triple Care Farm may have commenced as a local operation for young people in the Illawarra region, the farm can now be described as a treatment facility of national significance that admits young people from all over Australia. The importance of this achievement is heightened further, when considered in the context of the funding challenges the organisation has encountered over its twenty-year history. In the earliest years of Triple Care Farm's operation, government funding represented only around four per cent of all funds, with most initiatives at the farm supported through fundraising or private donations. The support of the David Martin Foundation has been vital to the operation of the service since its early days. The Foundation makes a significant financial contribution to the Farm and works in partnership with the Farm to provide services for the students. The support of the Vincent Fairfax Family Foundation initially and the Friends in Giving Society subsequently have also been critical to Triple Care Farm's continuance. In recent years, awareness of Triple Care Farm's work has grown and governments have shown increased willingness to invest directly in its efforts. Government funding now represents approximately one third of all Triple Care Farm's funding*. Strong ongoing partnerships have been developed with the Federal departments of Health and Ageing and Attorney Generals, and the New South Wales departments of Education and Training and Juvenile Justice.

In the 20 years since its establishment, recognition for the practice techniques implemented at Triple Care Farm has grown. In 2004, Triple Care Farm was recognised by the Australian and New Zealand Mental Health Service as being one of the best dual-disorder units within Australia and New Zealand. In 2009, Triple Care Farm was awarded the National Drug and Alcohol Award for *Excellence in Services for Young People*. In September 2010, Triple Care Farm won an international silver award at the National Mental Health Services Conference Achievement Awards.

In just over 20 years of operation, Triple Care Farm has assisted more than 1,700 young people.

The flexibility of successful collaboration

Triple Care Farm is a truly collaborative effort. Mission Australia engages with and maintains relationships with a wide range of stakeholders in order to support the work undertaken at the farm. Over 20 years these stakeholders have included: corporate philanthropic foundations, service clubs, local organisations, local businesses, community groups, private donors, and volunteers. This collaborative model creates operational challenges, but also rewards. Diverse funding support allows program development at Triple Care Farm to be flexible and responsive to client needs. Any new sources of funding can be quickly allocated and implemented, without relying on government funding cycles. The challenge, of course, is maintaining collaborations with such a wide variety of stakeholders.

Gaining reputation as an employer of choice

Triple Care Farm relies on the commitment of its paid and volunteer staff to deliver on its charter to provide a unique holistic treatment model. The mental health staff, social support and counselling teams, administrative, operational and education and training staff all contribute to the positive environment at Triple Care Farm, and show great sensitivity and support to the young people in their care. In the community services sector,

* Though this could be argued to reflect the shift in government policies towards outsourcing of service provision to external agencies, it is also indicative of the growing confidence in Triple Care Farm's capacity to deliver and manage these essential services, and their importance to the wider community beyond the Southern Highlands region.

high staff turnover is an ongoing challenge (Productivity Commission, 2010). Patterns of staff retention at Triple Care Farm give perhaps the most powerful insight to the workplace culture and environment at the farm. Both staff and volunteer retention is high, with staff averaging 4.7 years of service and volunteers averaging 7.8 years of service.

The need to provide a positive and cohesive workplace culture is also a high priority for Triple Care Farm. The work environment, and collegial relationships between staff reflect the unified approach to treatment provided by Triple Care Farm. The dialectical behavioural therapy (DBT) practice model, for example, helps to create consistency across all the different program streams (e.g. residential, education, sport and recreation). All staff work from the same model and respond to students from a common perspective. This helps to create a common 'language' amongst clinical and non-clinical staff at the farm, and reinforces to students how different program components reflect different parts of a common and overarching dialectical behavioural therapy approach.

The unique practice environment at the facility also provides community service professionals with strong development opportunities. During semester break, Triple Care Farm operates professional development workshops which other practitioners, service providers and community agencies in the Illawarra area are invited to attend. Staff and volunteers at Triple Care Farm are also required to engage in ongoing professional development throughout their time at Triple Care Farm, and this often means engaging in new and progressive fields of practice. A recent illustration of this commitment lies in the introduction of specific training to help staff cope with and manage self-injurious behaviour amongst students. In 2009, a marked increase in the number of young people presenting with self-injurious behaviour and suicide attempts, highlighted a specific need for training around these issues. After a research and review process, a best-practice therapeutic model in the treatment of self-harming behaviours has been incorporated in the service model.

Contribution to key debates on drug use

Triple Care Farm has made a significant contribution to the academic literature in the field of youth services. Over the history of the program, multiple research teams have conducted observations and undertaken field work on site. Much of this research has been published in leading social welfare and health journals, and has made an important contribution to debates surrounding addiction treatment. Research to date has focused on a wide range of issues within the youth substance abuse field including: treatment pathways for culturally diverse young people, the role of recreation and outdoor activity in addiction therapy, alternative models of residential care, and pathways in and out of homelessness amongst young people. A full range of the papers published on the work of Triple Care Farm is provided in the Appendix E.

In a policy context, Triple Care Farm has remained at the forefront of current thinking on high quality strategies to address youth and drug concerns in the community. The work at Triple Care Farm speaks directly to a number of key strategies underpinning contemporary policy on youth and social inclusion. The Federal Government's *National Strategy for Young Australians,* and the *National Drug Strategy 2010-2015* both identify a need to manage drug and alcohol issues in a broader framework of social inclusion and the need to understand the interconnectedness of various aspects of young people's lives. This notion of interconnectedness rests at the core of the holistic treatment approach delivered at Triple Care Farm.

Continual service review – a possible model for others?

The operational model at Triple Care Farm is evidence-based and involves a process of continual service review. A willingness to strengthen and adapt service protocols to ensure that programs continue to meet the changing needs of young people has formed a critical part of Triple Care Farm's approach. Over 20 years, the farm has conducted several internal and external evaluations, and ensured that the findings of these reviews have been incorporated into practice. In 1992 and 2001, two large-scale external reviews were conducted as part of the reflective practice approach. In addition, Triple Care Farm has been accredited through the Quality Improvement Council against the Australian Health and Community Services *Health and Community Services Module* and the *Alcohol, Tobacco and Other Drugs Services Module*. Triple Care Farm is now in the process of engaging with the Australian Council on Healthcare Standards, and has completed the first stage of review (self-assessment). The second stage of review, involving a comprehensive audit of all aspects of service delivery and operational systems and processes, will commence in September 2011. Periodic administrative reviews and audits have been important to the facility and have strengthened operations within the centre by: improving record keeping, introducing aftercare procedures and an outreach program capable of administering these services efficiently to graduates, and improving the statistical processes designed to monitor clients in both the short and long term.

An internal review process is also an important part of Triple Care Farm's evaluative approach. A cornerstone of Triple Care Farm's approach is the commitment to evidence-based practice. This commitment requires staff to assess the changing needs of the client group, and adapt the practice framework and program model accordingly. Three core examples demonstrate the power of this reflective approach: 1) the introduction of the family relationships program, 2) the introduction of and ongoing commitment to a co-morbidity approach, and 3) creation of the Counselling and Case Management Team to coordinate treatment.

1. **The family relationships program:**

   In the early 1990s, youth workers at the farm argued that the facility could do more to promote and rebuild family relationships (among those young people where reconnection with family is a viable and positive option). Since 1995, the facility has maintained a family unit, with a coordinator and a support worker to facilitate these programs.

* The Triple Care Farm program runs twice in a calendar year, with each session called a semester. Each semester is approximately twelve weeks.

2. The co-morbidity approach:

The core focus on co-morbidity has its origins in the 'reflective practice' methods adopted by Triple Care Farm staff. Between frontline youth workers and Triple Care Farm residential staff, both sets of practitioners agreed that Triple Care Farm was uniquely positioned to treat the issues of co-morbidity associated with drug and alcohol misuse. The residential program was redeveloped into three stages (Gateway, Explorer and Outbound) that still form the framework for the program in operation today.

3. The Counselling and Case Management Team (CCMT):

In the late 1990s, youth workers (engaged in the referral process both to and from Triple Care Farm) began to reflect on the increasing complexity in the issues with which young people tend to first present, including: polydrug abuse, suicidal ideation, depression, violence (as either victims or perpetrators) and psychotic behaviour.

As a result of reflection on these complex issues, Triple Care Farm established a specialist unit, now known as the Case Management and Counselling Team, to coordinate complex therapeutic interventions and case management. This team is responsible for ensuring a holistic case management approach is adopted across all aspects of a student's life at the farm, and is responsible for formalising protocols associated with treatment. To date this has also included the important tasks of codifying practice by developing a policies and procedures manual and monitoring standards of casework and therapy.

The practice model has been further strengthened in recent years by a key partnership developed with the Bowral Mental Health Team in 2005. Through this partnership, a protocol was put in place for accessing support for young people if: their mental health should become acute, they were identified at risk of harm to themselves or other people, and/or their mental health deteriorated further. This partnership has been a vital link between rehabilitation and acute care; linking services rather than operating separately. In 2008 this protocol was expanded to allow access to community treatment for students who require medical detoxification when they commence at Triple Care Farm.

In addition, the recent appointment of a Triple Care Farm alumnus (ex–student) to the position of consumer consultant reflects the facility's emphasis on review, feedback and continual evaluation of operations. This role is designed to gather information about students' needs, and ensure that service delivery at Triple Care Farm remains responsive to these needs. The introduction of this role forms part of Triple Care Farm's and Mission Australia's commitment to strategic, client involvement in the development and review of services. It is envisaged that this role will be involved in a variety of areas including: strategic planning, service planning, delivery and implementation, resource allocation, staff education and recruitment. The goal is to give the students (as consumers of the service model) stronger involvement in how the program is developed, implemented and reviewed.

In 2001, an extensive external review of Triple Care Farm was conducted by a former Director General of Juvenile Justice. The review highlighted many program strengths, including the energy and passion of the staff and a willingness for reflective practice, resulting in a number of improvements and refinements to the service over the years. With regard to Triple Care Farm the review noted: "I have yet to find a better residential program for these clients, many of whom have been diverted from the juvenile justice system" (Buttrum 2002).

The ongoing challenge – the future of Triple Care Farm?

It could be argued that funding is the quintessential challenge of the community services sector. Community service providers are often required to operate on a short-term funding cycle (rarely extending beyond a year). In the field of youth services, particularly substance abuse and mental health service, a longer-term outlook is necessary. It is imperative that community service providers access stable funding in order to facilitate the long-term planning necessary to achieve positive sustainable outcomes for target client groups. Triple Care Farm has demonstrated a unique approach to this funding challenge. Private funding has allowed Triple Care Farm to innovate and implement evidence-based practice, in a manner which may not have been possible if the organisation had relied on government funding alone.

Private donations are often regarded as a fragmented form of funding, because they are highly discretionary in nature. In the case of Triple Care Farm, however, the contribution of private benefactors, public donations and fundraising has formed the lifeblood of the program. Private funding sources have offered a unique opportunity for Triple Care Farm to develop and adapt in a manner that is timely and relevant to the needs of clients. Many of the therapeutic innovations at Triple Care Farm have occurred in advance of mainstream policy practice. The co-morbidity model, for example, was only made possible by the funding provided by private benefactors. It could be argued that if Triple Care Farm had relied on government funding as its sole source of income, the ability of the facility to innovate would have been constrained.

In recent years, however, government funding has had a more critical role to play in the work of Triple Care Farm. While it could be said that private donations have allowed Triple Care Farm to innovate, government funding (at both the state and federal level) has undoubtedly allowed the farm to expand its capacity for delivery. In real terms, this means helping more young people.

While Triple Care Farm has shown great resilience and longevity as a service, the facility continues to face a significant funding challenge. The complexity of drug addiction and mental illness means that the services required to treat these conditions can be costly. The need to make interventions early in the lives of these young people is also imperative, before the destructive behaviours and living patterns associated with drug and/or alcohol addiction become life-long problems.

The long-term rewards associated with successful treatment, however, for the young people as individuals and the community as a whole, are immense. It is likely that both private and public funding sources will continue to play a huge role in the work of Triple Care Farm. The service complexity associated with administering treatments to young people facing the dual challenges of addiction, and mental illness, means that a funding commitment from both private benefactors and public funding sources is not only desirable, but essential for the program's continuance.

A snap shot – Triple Care Farm key approaches and outcomes

- 1,700 people young people assisted, from all over Australia.
- Unique holistic treatment model is offered. Student and staff view mental health crises and drug abuse in an interconnected way.
- Resilient operational model, which has permitted continual operation for more than 20 years.
- Distinctive co-morbidity residential treatment model, with exclusive emphasis on youth.
- Reflective practice model that provides benefits for staff, and the wider operation through continual review and improvement.
- An aftercare program offered so continuation of support occurs for six months after the residential phase of the program concludes.
- Risk of relapse is reduced because the treatment plan has taken all issues contributing to the addiction into account.
- On site and off-site vocational education opportunities offered across more than 35 skill streams.
- Increased stability in accommodation, post-program exit.
- Increased participation in employment education and training, post-program exit.
- Substantial reduction in substance abuse, post-program exit.
- Six months after completion of the Triple Care Farm residential program, the majority of graduates have avoided relapse into chronic use patterns.
- Graduates report better self esteem, and improved mental and physical health across multiple quality of life measures.

References

Access Economics (2009) *The economic impact of youth mental illness and the cost effectiveness of early intervention.* Report funded by the Australian Government under the Promoting Better Mental Health – Youth Mental Health Initiative. Retrieved 17 June 2010 http://www.accesseconomics.com.au/publicationsreports/getreport.php?report=226&id=286

Australian Bureau of Statistics (2007) *National Survey of Mental Health and Wellbeing: Summary of Results*, Australian Government, Canberra.

Australian Institute of Health and Welfare (AIHW) (2008) *2007 National Drug Strategy Household Survey: detailed findings*, Australian Government, Canberra.

Buttrum K (2002) *Report on the Evaluation of Three Mission Australia Youth Programs: Creative Youth Initiatives, Triple Care Farm, Wollongong Youth Service*, Mission Australia, Sydney.

Chen, HT (2004) *Practical program evaluation: Assessing and improving planning, implementation and effectiveness*, Sage, Thousand Oaks. CA.

Chikritzhs T, Catalano P, Stockwell T, Donath S, Ngo H, Young D, and Matthews S, (2003) *Australian Alcohol Indicators 1990-2001, Patterns of Alcohol Use and Related Harms for Australian States and Territories*, National Drug Research Institute, Perth.

Collins D and Lapsley H (2008) 'The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05', *National Drug Strategy Monograph no 66,* Commonwealth Department of Health and Aging, Canberra.

Friedman A and Beschner G (1985) *Treatment Services for Adolescent Substance Users,* National Institute on Drug Abuse, Maryland.

Hillman S, Silburn S, Green A and Zubrick S (2000) 'Youth suicide in WA involving cannabis and other drugs', *WA Strategy Against Drug Abuse Occasional Paper Number 2,* December, Perth.

Hubbard R (1991) *Drug Abuse Treatment: A National Study of Effectiveness*, University of North Carolina Press, North Carolina.

National Drug Strategy (2011) *National Drug Strategy 2010-2015*, Australian Government, Canberra.

NSW Health Department (2007) *Drug & Alcohol Treatment Guidelines for Residential Settings,* NSW Government, Sydney.

Productivity Commission (2010) *Contribution of the not-for-profit sector,* Research Report, Canberra.

Proude E, Lopatko O, Lintzeris N and P Haber (2009) *The Treatment of Alcohol Problems: Review of the Evidence*, Report prepared for Australian Government, South West Area Health Service, NSW Health. Retrieved 18 June 2010 http://www.health.gov.au/internet/alcohol/publishing.nsf/Content/877AC32A7ADD8AEECA2576C00007B5C7/$File/evid.pdf

Schafer G (2008) 'Multiple family group therapy in a drug and alcohol rehabilitation centre: residents experiences', *Australia and New Zealand Journal of Family Therapy, 29* (2): 88-96.

Teesson M, Hall W, Slade T, Mills K, Grove R, Mewton L, Baillie A, and Haber P (2010) 'Prevalence and correlates of DSM-IV alcohol abuse and dependence in Australia: findings of the 2007 National Survey of Mental Health and Wellbeing', *Addiction, 105* (12): 2085-2094.

White V and Smith G (2009) *Australian Secondary School Students' Use of Tobacco, Alcohol and Over the Counter and Illicit Substances in 2008*, Report prepared for the Department of Health and Ageing, Australian Government, Canberra.

WHO (World Health Organisation) (2001) The Alcohol Use Disorders Identification Test - Guidelines for Use in Primary Care (2nd Ed). Department of Mental Health and Substance Dependence, WHO, Geneva.

Table A1: A sample student week at Triple Care Farm

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am	**Wake Up: Shower, Breakfast, Lunch, Clean up the House**						
9am	**Morning Meeting**						
9.30am	Your Choice: Drug and Alcohol Group Music Links to Learning Trades Farming and Landscaping Individual Appointments	Cruise Control OR Breathe Easy Shopping Music Links to Learning Trades Farming and Landscaping Individual Appointments	Your Choice: Drug and Alcohol Group Fork to Fork Links to Learning Trades Cattles Sales Individual Appointments	Box of Tricks OR Breathe Easy Cooking Links to Learning Trades GP Clinic Individual Appointments	Your Choice: Drug and Alcohol Group Parenting Group Living Skills Links to Learning Trades Farming and Landscaping Individual Appointments	Adventure and Wilderness Activity	Family Visit Sport and Recreation Activity
10.30am	**Morning Tea**						
11am	Music Links to Learning Trades Farming and Landscaping Individual Appointments	Shopping Music Links to Learning Trades Farming and Landscaping Individual Appointments	Fork to Fork Links to Learning Trades Cattles Sales Individual Appointments	Cooking GP Clinic Links to Learning Trades Farming and Landscaping Individual Appointments	Student Council **12 noon** Sport	Adventure and Wilderness Activity	Family Visit Sport and Recreation Activity
1pm	**Lunch**						
1.30pm	Music Links to Learning Trades Farming and Landscaping Individual Appointments	Music Shopping Links to Learning Trades Farming and Landscaping Mind Body Life Individual Appointments	Fork to Fork Links to Learning Trades Cattles Sales Interview Skills Individual Appointments	Creative Writing & Chaplain Cooking Links to Learning Trades Farming and Landscaping GP Clinic Individual Appointments	Art Therapy Living Skills Links to Learning Trades Farming and Landscaping Individual Appointments	Adventure and Wilderness Activity	Family Visit Sport and Recreation Activity
3pm	Gym	Rumble in the Jungle "Cardio & Boxing	Lift for Life "Strength and Core"	The Game "Sports & Games"	Relax & Unwind "Yoga" Gym	Gym	Gym
4pm	**Residential Program**						
4.30pm	Waratah House Meeting	Tea Tree House Meeting	Tea Tree House Meeting	Free Time	Free Time	Free Time	Free Time
5pm	Free Time	Free Time	Free Time	Free Time	Free Time	Free Time	Free Time
6pm	Dinner Preparation	Dinner Preparation	Dinner Preparation	Dinner Preparation	Dinner Preparation	Dinner Preparation	Dinner Preparation
7pm	**Dinner**						
8pm	Chores	Chores	Chores	Chores	Chores	Chores	Chores
9pm	Get ready for bed	Get ready for bed	Get ready for bed	Get ready for bed	Get ready for bed	Get ready for bed	Get ready for bed
10.30pm	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out

Table A2: Vocational and Educational Training Curriculum

Non-accredited training	Curriculum provider
Employment skills	Links to Learning
Personal computer (PC) introductory course	Links to Learning
Woodwork	Links to Learning
Food preparation	Links to Learning
Cooking	Links to Learning
Farm animal care	Links to Learning
Farming and rural skills	Links to Learning
Tractor induction	Links to Learning
Cultural awareness training	Links to Learning
Finance and budgeting skills	Links to Learning
Gardening and basic landscaping	Links to Learning
Fencing	Links to Learning
Literacy and numeracy	Links to Learning
Basic construction: plastering, bricklaying, tiling, paving, concreting	Links to Learning
Metal work	Links to Learning
Auto dismantling and repairs	Links to Learning
Music production/sound engineering	Links to Learning

Accredited training	Curriculum provider
First Aid	TAFE
Responsible Service of Alcohol (RSA)	TAFE
Statement of Attainment in Skills for Work and Training	TAFE
WorkCover NSW Occupational Health and Safety General Induction	TAFE
Fork Lift Licence	In-house
Bob cat/Skid steer Licence	In-house
Hospitality Operations Skills	TAFE
Contemporary Café Skills	TAFE
Work Placement	TAFE
Espresso Coffee Service	TAFE
Non-Alcoholic Beverages	TAFE
Coffee / Fast Food Operations	TAFE
Food Handling and Hygiene	TAFE
Pre-apprenticeship in mechanics	TAFE

Triple Care Farm: Program Logic

SITUATION/ RATIONALE	INPUTS		ACTIVITIES	PARTICIPATION
	What others invest	What we invest	What we do	Who we reach
Identified increase in prevalence of AOD & MH rehabilitation requirements across Australia for young people (yp) aged 16-24 years	Funds: • Sir David Martin Foundation • Fairfax family trust • Cancer Council • Attorney Generals Dept • Links to Learning • Profields • Mental Health Coordinating Council • Department of Juvenile Justice • Department of Health & Ageing • Network of Alcohol & other Drugs Agencies • Client fees • Corporate donations	Qualified Staff, 34 FTE (see individual program Program Logics)	Provide holistic residential rehabilitation & treatment for up to 3 months, for the target group identified, including Residential, Counselling & case management, Vocation Education & Training, and Sport & Recreation	Young People 16-24 years across Australia who have problematic AOD issues
Holistic psychosocial rehabilitation & treatment identified as effective intervention for yp with substance use & MH issues	In-kind donations • Rotary • CWA • Lions club • Other community organisations • Staff • Other individuals	Building and facilities/infrastructure: • 3 residential cottages • Rotary House for family visits • Offices • 110 acres • Learning centre • Computers • Workshops • Gymnasium • 2 dams • Sporting fields • Conference/training room • GP Clinic • Interview/assessment room • Counselling rooms • Indoor basketball court • Indoor rock climbing wall	Provide support for family communication (inc. family visits)	Families, significant others, children & other support networks of yp
Identified high level of unemployment, & poor literacy and numeracy levels experienced by yp 16-24 years with substance use issues	Volunteers' time	Program equipment including sporting, educational, residential, counselling, research tools, groupwork	Provide social skills coaching & social outings for yp	Australian Communities & community organisations (referrals & other)
Identified need to support clients to detoxify from AOD substances (withdrawals, sleep problems, medication)	Time of placement students: • TAFE • University • Other	Expertise	Provide opportunities & deliver skills training for education, training, and employment	Community Stakeholders • Rotary • CWA • Lions Club • Capenwray
Identified need to continue supporting yp after rehab program to assist with positive reintegration to the community	Vodafone (YPC) funding for keeping yp connected to TCF & other support networks	Risk Analysis & OHS	Assess current abilities/needs in a range of areas	Healthcare/Industry professionals
Identified that no other services like TCF for the target group exist in Australia		Policies & Procedures	Support yp to manage their MH issues: • Liaise with experts for medication & stabilisation • Transport & support yp to MH in response to acute MH needs • Administer & record medication	Educational institutions & research groups, including TAFE, schools, and universities
Identified need & importance of yp with substance use & MH issues to improve fitness and overall health		MA Infrastructure and Operational Support i.e., IT, Payroll, Finance, Chaplains, HR	Undertake court reporting & advocacy	Indigenous communities
Identified lack of government support income for yp 16-24 years with substance use issues		Partnerships/networks for service provision	Undertake risk management & assessment	Australian labour force & Government (through workforce development & government strategic plans)
Identified need to support clients to stabilise MH & different types of co-morbidities		IT network & office equipment	Provide individual case management & case plans across programs	Employers & employment agencies
Complex needs identified in this target group include: • MH issues • Physical abuse • Sexual abuse • Parenting • Legal issues • Homelessness • Suicidal ideation • Self injurious behaviour		Research base	Deliver independent community living skills	Workforce development training providers
		Brokerage	Provide support & assistance with securing appropriate income	Vodafone (YPC)
Indigenous young people disconnected from their culture & cultural experiences		Vehicles (1 utility, 2 vans, 3 sedans)	Provide cultural experiences & cultural education	Department of Community Services (DOCS)
Identified need to establish & maintain evaluations & evidence base for best practice & program development		Staff training & development	Provide intake, referrals & discharge services	Funding bodies: • SDMF • Fairfax family trust • Cancer Council • Attorney Generals Dept • Links to Learning • Profields • MHCC • Department of Juvenile Justice • Department of Health & Ageing • NADA
Identified need to develop skills and expertise of staff and volunteers in line with changing needs of the target group		Volunteer training & development	Deliver sport & recreation programs in line with health promotion	
		Program marketing in conjunction with MA community, corporate partnerships, MA marketing & MA bequest team	Provide counselling, art therapy, GP & psychiatric clinics services	
		MA Internal funding	Provide a range of workshops (e.g. anger mgmt, AOD, sexual health, employment skills)	Australian criminal justice agencies: • Courts • Probation & Parole/MERIT • Youth Drug Court • Department of Juvenile Justice
			Undertake sector research & devpt (AOD & MH)	Other youth services across Australia (referrals & others)
			Facilitate staff and volunteer training & supervision	
			Provide 6 months in-community support to yp on reintegration to community	
			Provide NRT smoking cessation program	
			Administer, interpret & report on psychometric assessments	
			Write funding submissions, reports, evaluations	
			Broker funds for support networks	

PARTICIPATION		
Immediate (1week-1month)	Intermediate (2-3months)	Long-term (6-9months)
YP have safe and secure accommodation	YP have improved physical and mental health	YP obtain & maintain secure long-term appropriate accommodation
YP have their physical needs met (food, clothing, shelter, hygiene)	YP have improved life skills	YP independently maintains healthier lifestyle
YP have reduced acute physical & mental health needs	YP have increased employability skills	Significant reduction in yp substance use & harm from substance use (AUDIT & DUDIT measures)
YP have increased awareness of the value of supportive relationships with family and friends	YP have increased understanding of how to live a healthy lifestyle & an awareness of the benefits in their recovery	Reduction in crime committed by YP
YP have individual medication administration records, progress files and Baseline psychometric measures & profile reports	YP's medication is effectively managed	Reduction in yp's hospitalisation
YP establish connections with staff and other people, engaging the yp in the program	YP increase positive communication with family, significant others, children & other support networks	YP are actively participating in education, training & employment
YP have recorded realistic goals for all aspects of the program	YP have stronger networks/supports and positive community connections	Reduction in yp's involvement in violence (as victim or perpetrator)
YP are actively participating in all aspects of the program	YP have improved self-esteem, resilience, skills, knowledge, confidence & communication	YP are positively connected with family, significant others, children & other support networks
YP receive appropriate income support and can afford the essentials of life	YP have completed accredited training & other education	YP are positively connected with community
YP are interested in cultural awareness and experiences	YP have developed increased leadership, team building & communication skills	Increase in number of yp in employment & increased career opportunities
YP have access to an extended range of supports & opportunities in different aspects of TCF program	YP demonstrate a positive improvement in fitness levels & abilities	YP have enhanced economic stability
Staff have access to training & development opportunities	YP are consistently attending & actively participating in all aspects of the program	YP have reduced impacts of smoking
TCF identified funding sources	YP are achieving goals in the program	Brokerage assistance has been recorded and reported
YP have identified an interest is signing up for NRT smoking cessation program	YP are meeting targets set in their individual case plans	YP have a reduction in relapse rates
YP have detoxed and reduced substance misuse and addiction	YP have increased awareness of topics covered in workshops attended	Increased levels of resiliency & confidence in young people
YP are engaging in the clinical program & attending appointments	Program funding is sustained/ increased	YP are keeping active within the community. Increased participation in sports, gym & personal fitness activities
YP understand the services offered by TCF and how to access them	Staff are identifying & undertaking new training & development opportunities	Demonstrated increased capacity of staff expertise in working with yp with complex issues
	YP have shown positive treatment progress on psychometric measures & profile reports	Funding for program development is secured
	YP are skilled, confident and feel good about themselves	YP demonstrate decreases in distress experienced through mental illness & trauma. YP no longer identifies as a clinical case (BSI)
	YP graduate from the residential rehabilitation program into the aftercare program	YP demonstrate increased confidence to resist using substances at harmful
		YP demonstrate increased confidence to resist using substances at harmful levels (BSCQ)
		YP have improved emotional, physical, mental health and improved quality of life. YP no longer qualifies as a clinical case (QOLI)
		YP are connected and participating
		YP successfully graduate from the aftercare program

Assumptions: beliefs or "givens" that will influence success

- Continued MA funding
- Demand for these services for young people continue to exist
- TCF is able to meet needs of young people with complex issues
- TCF is a unique MA developed service
- TCF has a demonstrated evidence base
- Target young people want to participate in the program

External factors/ influences: outside factors that can influence activities/ outcomes

- CCP
- Changes in patterns of substance use (supply/availability, trends)
- Changes in needs of young people 16-24 years with substance use issues (presenting issues)
- Changes in the Australian economy (e.g. unemployment rate, recession)

Acronyms used in Program Logic:

TCF: Triple Care Farm
MH: Mental Health
AOD: Alcohol & other drugs
MA: Mission Australia
YP: Young People
AH: Area Health

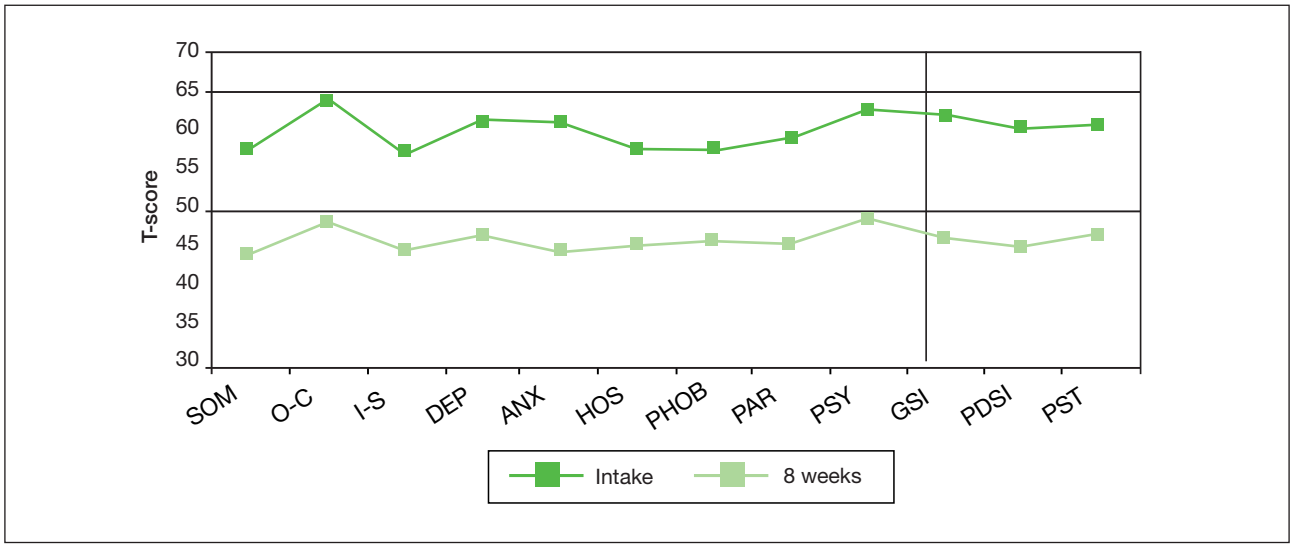
Brief Symptom Inventory

The BSI measures distress across nine 'symptom scales', which are shown as separate points on the X axis of a BSI graph and include: somatization (SOM); obsessive-compulsive (O-C); interpersonal sensitivity (I-S); depression (DEP); anxiety (ANX); hostility (HOS); phobic anxiety (PHOB); paranoid ideation (PAR); and psychoticism (PSY).

In addition to these, the BSI gives three global indices, which are plotted to the right of the vertical line on a BSI graph:

- Global Severity Index (GSI), a composite score of overall psychological distress level
- Positive Symptom Distress Index (PSDI), a measure of the intensity of symptoms
- Positive Symptom Total (PST), the number of self-reported symptoms.

Figure A1: T Score readings of BSI respondents (n=117), aftercare cohort, 2005-09



Quality of Life Inventory

The QOLI measures satisfaction across the following areas of a person's life:

- Health (Hth)
- Self-Esteem (S-E)
- Goals-and-Values (G & V)
- Money ($)
- Work (Work)
- Play (Play)
- Learning (Lrn)
- Creativity (Creat)
- Helping (Help)
- Love (Love)
- Friends (Frnds)
- Children (Chdrn)
- Relatives (Relo)
- Home (Home)
- Neighbourhood (Neigh)
- Community (Comm)

Research projects conducted on the work of Triple Care Farm

Flaherty, I. & Donato-Hunt, C. (2010) *Treatment pathways for culturally diverse clients with cannabis and mental health issues.* DAMEC and NIPIC (National Cannabis Prevention & Information Centre).
http://ncpic.org.au/static/pdfs/3-finding-the-right-help-full-report.pdf

Flynn, C., Ludowici, S., Scott, E. & Spence N. (2005) *Residential Care in NSW: OOHC Development Project ACWA.*
http://www.aifs.gov.au/nch/pubs/brief/rb9/rb9.pdf

Holmes, A.R. (2009) *The Therapeutic Recreation Role with Disadvantaged At Risk Youth School of Biomedical and Health Science,* University of Western Sydney.

Martijn, C. & Sharpe, L. (2003) Pathways to Youth Homelessness. *Social Science and Medicine, Vol 62*(1): 1-12.

Pryor, A. (2008) Australian Outdoor Adventure Interventions. University of Melbourne.
http://www.deakin.edu.au/hmnbs/hsd/research/niche/downloads/outdoor_education.pdf

About Mission Australia

Mission Australia is an empowering and compassionate community services organisation that, for the past 150 years, has been helping to transform the lives of Australians in need.

Our staff, supporters and Board are committed to eliminating disadvantage and creating a fairer Australia. We believe everyone should have the chance to enjoy a full and active life, irrespective of their personal challenges or circumstances. That's why we stand up and advocate for the most disadvantaged people in Australia.

Through our programs and services, we combat homelessness, assist families and children to develop a safe, nurturing environment, support disadvantaged young people and help unemployed people find permanent work.

We recognise the unique status of Aboriginal and Torres Strait Islanders as the original owners and custodians of this country.

For further information about this report please contact:

The Research and Social Policy Unit, Mission Australia

Telephone: (02) 9219 2000

Email: socialpolicy@missionaustralia.com.au

www.missionaustralia.com.au

National Office

Level 7, 580 George Street

Sydney NSW 2000

Tel: (02) 9219 2000

State and Territory Offices

NSW–ACT State Office

Level 14, 97 Bathurst Street

Sydney NSW 2000

Tel: (02) 9641 5000

NT State Office

Level 1, 6 Francis Drive

Palmerston NT 0830

Tel: (08) 8935 0900

QLD State Office

11 Cleveland Street

Stones Corner QLD 4120

Tel: (07) 3847 8411

SA State Office

60 Halifax Street

Adelaide SA 5000

Tel: (08) 8218 2800

TAS State Office

Hobart Centre, Suite 4, Level 1

175 Collins Street

Hobart TAS 7000

Tel: (03) 6234 3240

VIC State Office

Level 5, 136 Exhibition Street

Melbourne VIC 3000

Tel: (03) 8615 2200

WA State Office

Suite 2, 34 Hasler Road

Osborne Park WA 6017

Tel: (08) 9225 0400

MACQUARIE

Macquarie Group Foundation

The Macquarie Group is a g;obal provider of banking, financial, advisory and investment services. Through the Macquarie Group Foundation, Macquarie supports a wide range of community organisations. The Foundation has formed a major partnership with Mission Australia, to enhance its research into key social issues. This research guides Mission Australia's policy development and advocacy, ensuring its employment programs and community services continue to deliver to those most in need.

Mission Australia

ACN 000 002 522 CFN 11994