



## **Turning lives around**

### **Evaluation Report**

**January 2012**

An evaluation conducted for ONE80TC (Teen Challenge)  
New South Wales, Australia

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## ***EXECUTIVE SUMMARY***

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This report provides the results of an independent evaluation conducted on the Residential Program provided by ONE80TC for young men with issues of control regarding the use of alcohol and or other illicit drugs. The evaluation aimed to examine the treatment outcomes for the men at the residential facility in Yarramundi.

The evaluation used both quantitative and qualitative data. The quantitative data were collected from 4 questionnaires, 3 of which were administered to the residents on two occasions. The Addiction Severity Index, was administered once and gave a picture of the level of drug and alcohol use and resulting behaviours associated with this addictive behaviour. The data collected from the other 3 questionnaires produced information about the psychological distress, depression, anxiety and stress as well as the general health of the residents. The data were collected on two occasions and hence differences on these dimensions could be measured. The results of this analysis indicated significant differences in psychological distress as well as depression, anxiety and stress levels and general health. The measures noted all showed improvement as the students took part in the programs offered at ONE80TC. These differences were statistically significant. It can therefore be concluded that the programs at ONE80TC were making a positive difference in the life of the students.

To add depth to this statistical information, qualitative data were collected. This data aimed to answer four broad questions

1. What are the positive aspects of this program?

2. What are the changes you observe in the resident students here?
3. What are the negative aspects of this program?
4. What would you do differently if you could?

This data was collected from in-depth, semi-structured interviews three of which were focus groups as well as four individual interviews. These were with significant stakeholders at ONE80TC. The focus groups were the students, the interns and the staff. The interviews were with the Chief Executive Officer, the Program Development Officer, the Doctor and the Psychologist. Analysis of this data produced an overwhelming narrative that spoke to the desire to help the students to grow and change while at ONE80TC using positive programs and individually tailoring programs as necessary. The main sub-theme indicated that the example of loving and caring relationships was at the core of this change process. The spiritual dimension of the program was seen as integral to its success. The students were able to articulate these themes as obvious to them and all other stakeholders were unequivocal in their expression of their desire for change for the students within a safe and supportive community. The value of the community was spoken of positively by all stakeholders.

Negative aspects of the program related to the need for some greater resources both in the numbers of people involved in delivering the program and being part of the community as well as environmental features. The environmental features included the desire to have an adventure based program that could be used to help the students learn their strengths and their leadership potential. The other aspect was the availability of a creative outlet, such as art or music therapy for those students who may wish to use this form of healing. Although these were held up as useful additions to the ONE80TC program, it was generally recognised that the program in place was very adequate as it stood.

Finally there was recognition of the need for external financial support. Financial support was seen as necessary to be able to pay the staff a greater wage as well as to secure the ongoing viability of the program. There was a strong awareness that the program at ONE80TC was helping the students to make significant changes in their lives, to take control and become leaders in their communities but that this could be enhanced by greater financial input. This program was keeping men out of gaol [jail] at times and yet none of the finances from the government for these men was directed to this program. There is a need to acquire both government and private external funding.

The following recommendations were made:

1. Data for each student needs to be collected at the time of entry into the program and at the point of exit. If there is sufficient time then one more data collection point should be used

during the student's stay. This data should be used to write yearly reports so that external funding can be applied for more consistently.

2. The work load and burden for the interns seemed overwhelming and should be renegotiated with them so that they continue to be supported and thrive toward their own healing.
3. When finances are increased, thought could be directed toward a 'wilderness' or adventure based program to allow an alternate way for the students to learn more about themselves and their capabilities for growth and leadership.
4. The implementation of an art therapy and /or a music therapy facility would be a great addition.
5. There is already an awareness of the need for parenting and relationship programs but a more systematic approach with an emphasis on family counselling, where appropriate, would greatly enhance this part of the program.
6. The implementation of a sustainable 'industry' for both financial gain and for future employment of some of the students needs to be pursued in a timely way.
7. There may be room for the use of intern psychologists to give their time to gain personal experience and to offer greater professional help to the students.
8. Further community awareness needs to be enhanced so that the community groups and media can encourage and lobby the government and private enterprise for greater financial support.

This report has been prepared independently by Dr Danuta Chessor from the University of Western Sydney and any further questions or clarification can be sought from her. She can be contacted by email at [d.chessor@uws.edu.au](mailto:d.chessor@uws.edu.au)

## ***EVALUATION OVERVIEW***

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1. Scope of the evaluation
2. Evaluation Method
  - i. Participants
  - ii. Instruments used
  - iii. Procedure
  - iv. Analysis and interpretation
3. Main Outcomes
  - i. Time 1 analysis
  - ii. Time 2 analysis
  - iii. Comparison of Time 1 to Time 2
  - iv. Qualitative results from focus groups and interviews
4. Recommendations
5. Conclusion

## **SCOPE OF THE EVALUATION**

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The aim of the independent evaluation was to examine the treatment outcomes of a long term residential program for young men aged between 18 and 35 conducted by ONE80TC. This included gaining insight about the experiences and perceptions of relevant people involved in the ONE80TC organisation and the program. In addition the evaluation looked at its impact on the residents as well as the workers in the organisation. The evaluation used a combination of quantitative data collected twice over a period of six months as well as qualitative data obtained from focus groups and individual interviews with residents, staff and relevant community members.

The residents are all men and the organization refers to them as students. They shall be called students in this report. The interns are a group of men who have undertaken up to 12 months rehabilitation and then have volunteered to stay on and help with the program while they gained further skills both at ONE80TC and at TAFE.

The evaluation team comprised Dr Danuta Chessor with assisting support from Lisa Hallab.

## **EVALUATION METHOD**

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The quantitative analysis involved collecting data twice at a 6 month interval from a total of 43 resident participants at ONE80TC. The data was taken from 4 instruments. Three of the instruments were used twice. Four one-to-one interviews and three focus group interviews were also conducted. All interviews were conducted between June and December, 2011 with each interview lasting between 30 and 40 minutes.

### **Participants**

The quantitative data was collected in two waves from all consenting participant residents in the ONE80TC program. Each participant was invited to read about the evaluation then to give written permission to participate. The following week those residents who had agreed to take part were given 4 written questionnaires to complete in a time that had been set up by the organisers. After a six month interval, the residents were asked to again complete 3 from the original 4 questionnaires at a designated time at ONE80TC. These two data collection periods represented Time 1 and Time 2 data collection.

Focus group interviews were all conducted on a chosen day at ONE80TC premises. The first focus group was with the Interns. There were three male interns who were participants and the researcher conducted the interview. A research assistant was present as an observer and a note taker.

The second focus group was with staff. This group consisted of 10 male staff members and 3 female staff members. The staff included 6 caseworkers, the centre manager, administrative person and the cook as well as 2 after care personnel. The researcher conducted the interview and the research assistant was the observer and note taker.

The third focus group was with six male residents or students as they are referred to at ONE80TC. The researcher conducted the interview with the research assistant was present as before.

Four individual interviews were also conducted over two days. The interviewees were the CEO of ONE80TC, the training and development officer, the psychologist and the doctor. These interviews were conducted by the researcher at the residential premises of ONE80TC.

### **Instruments Used**

The quantitative data collected came from 4 questionnaires. These were:

1. The Addiction Severity Index
2. The Depression Anxiety and Stress Scale-21
3. The Kessler-10 questionnaire
4. The Short Health Form-36

All data except the Addiction Severity Index were collected twice at six month intervals.

For the interviews and focus groups semi-structured interview format was used.

## **Procedure**

Human research ethics approval was sought and granted from the UWS Human Research Ethics Committee (Approval No H8982).

Explanation of the evaluation was made to all residents at ONE80TC and invitations to be involved were issued. Written consent was obtained from willing participants.

All participants were given the four questionnaires to complete at ONE80TC at a mutually appropriate time. Staff and the researcher were available to answer questions or help to read the questions during this process. All materials were then collected and later coded and entered into a statistical package called SPSS. Descriptive statistics were determined.

Six months later, a second wave of data was collected in a similar way to the first data collection procedure but the Addiction Severity Index was not repeated. This data was also coded, descriptive statistics obtained and paired *t*-tests used to determine any differences from Time 1 to Time 2 for each of the scales.

For the qualitative data an in-depth semi-structured interview format was used to conduct the focus groups and one-to-one interviews. All participants were asked about their experiences of the program and perceptions from their involvement. In each focus group and one-to-one interview, the following broad questions were used to guide the interview discussion:

- What is your contribution and involvement in the ONE80TC program?
- What are the positive aspects of this program?
- What are the changes you observe in the resident students here?
- What would you do differently if you could?
- What are the negative aspects of this program?
- What else would you like to implement in this program?

All interviews were transcribed verbatim.

## **Analysis and Interpretation**

As stated, all data from questionnaires was coded and entered into the statistical package SPSS. Descriptive statistics were obtained and graphed or tabled. Time One data was compared to Time 2 data to determine any difference in the scales. Means were examined using paired *t*-tests to determine whether statistically significant results were obtained.

Interview data was thematically analysed into dominant themes. All interview data was manually coded and organised. A content analysis was conducted with the frequency of responses coded thematically.

## **MAIN OUTCOME**

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### **Demographic Information**

Some general demographic information was collected about the residents at ONE80TC and this information is contained in the Tables 1-7.

Table 1

<b>Age &amp; Education</b>	<b>Range</b>	<b>Mean</b>	<b>SD</b>
Average age (years)	18-39	27.07	5.47
No. of years education completed	0-13	9.86	2.88

Table 2

<b>Relationship status</b>	<b>N</b>	<b>%</b>
<b>Single</b>	31	72.1
Married/De facto	6	14.0
Separated/Divorced	5	11.6
Not known	1	2.3
<i>Total</i>	<i>43</i>	<i>100.0</i>

Table 3

<b>Children</b>	<b>N</b>	<b>%</b>
No children	24	55.8
Children	16	37.2
Did not answer	3	7.0
<i>Total</i>	<i>43</i>	<i>100.0</i>

Table 4

<b><i>Race</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
White or Caucasian	30	69.8
Asian or Pacific Islander	6	14.0
Hispanic	2	4.7
Aboriginal	1	2.3
Other	2	4.7
Did not answer	2	4.7
<i>Total</i>	<i>43</i>	<i>100.0</i>

Table 5

<b><i>Religious preference</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
Other	20	46.5
Protestant	10	23.3
Catholic	6	14.0
None	4	9.3
Islamic	1	2.3
Did not answer	2	4.7
<i>Total</i>	<i>43</i>	<i>100.0</i>

Table 6

<b><i>Length of time at ONE80TC</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
Less than 1 month	16	37.2
1-3 months	14	32.6
3-12 months	12	27.9
Not known	1	2.3

<b><i>Length of time at ONE80TC</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
Less than 1 month	16	37.2
1-3 months	14	32.6
3-12 months	12	27.9
Not known	1	2.3
<i>Total</i>	<i>43</i>	<i>100.0</i>

Table 7

<b><i>Controlled environment (past month)</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
Alcohol or Drug Treatment	32	74.4
Jail	1	2.3
Medical Treatment	1	2.3
Other	4	9.3
No controlled environment	4	9.3
Not known	1	2.3
<i>Total</i>	<i>43</i>	<i>100.0</i>

## Addiction Severity Index

The Addiction Severity Index (McLellan, et al 1992) is a questionnaire that is used to assess individual's situations and addiction status and usually administered before entrance into a rehabilitation program. All men who completed this questionnaire had already been part of the rehabilitation program and hence the valid use of this instrument needs to be challenged. For this reason it was not repeated for Time 2. Nevertheless it produces valuable information about past behaviours and present status.

The Tables 8-13 below show the collected data for the men at ONE80TC.

Table 8

### *Medical Status*

<b><i>History of Medical problems</i></b>	<b><i>Past Month</i></b>		<b><i>Lifetime</i></b>	
	<b><i>N</i></b>	<b><i>%</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
Medical problems	18	41.9	25	58.1
No medical problems	19	44.2	11	25.6
Did not answer	6	14.0	7	16.3
<b><i>Total</i></b>	<b><i>43</i></b>	<b><i>100.0</i></b>	<b><i>43</i></b>	<b><i>100.0</i></b>

Table 9

### *Employment/Support Status*

<b><i>Profession, Trade or Skill</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
Yes	16	37.2
No	25	58.1
Did not answer	2	4.7
<b><i>Total</i></b>	<b><i>43</i></b>	<b><i>100.0</i></b>

<b><i>Usual employment (past 3 years)</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
Full time	17	39.5
Part time	7	16.3
Student	2	4.7
Unemployed	12	27.9
Retired / disability	1	2.3
In controlled environment	1	2.3
Did not answer	3	7.0
<i>Total</i>	<i>43</i>	<i>100.0</i>

Table 10

*Drug and Alcohol Use*

No. of participants reporting Alcohol Delirium Tremors in their lifetime = 10

No. of participants reporting Drug Overdose in their lifetime = 14

<b><i>Drug Use by Type</i></b>	<b><i>Lifetime use (N)</i></b>	<b><i>Use within past month (N)</i></b>
Alcohol	34	11
Cannabis	32	6
Amphetamines	29	3
Alcohol to intoxication	28	10
Cocaine	18	2
Heroin	17	3
Hallucinogens	16	1
Other Opiates / Analgesics	13	1
Other Sedatives / hyp/ Tranquilisers	9	2
Inhalants	5	3
Methadone	5	0
Barbiturates	4	1

Table 11

<b><i>Major problem substance (self-reported)</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
Alcohol & drug (dual addiction)	16	37.2
Polydrug	10	23.3
No problem	4	9.3
Heroin	2	4.7
Cocaine	2	4.7
Cannabis	2	4.7
Amphetamines	1	2.3
Alcohol	1	2.3
Did not answer	5	11.6
<i>Total</i>	<i>43</i>	<i>100.0</i>

Table 12

*Legal Status*

<b><i>Basis of admission to 180TC</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
Court order / legal requirement	14	32.6
Other	24	55.8
Did not answer	5	11.6
<i>Total</i>	<i>43</i>	<i>100.0</i>

<b><i>Probation/Parole Status</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
On probation / parole	15	34.9
Not on probation / parole	24	55.8
Did not answer	4	9.3
<i>Total</i>	<i>43</i>	<i>100.0</i>

Table 13

*Past Criminal Activity*

<b><i>History of Criminal Activity</i></b>	<b><i>Arrested/Charged (N)</i></b>
Assault	22
Drug charges	20
Driving while intoxicated	19
Major driving violations	19
Shoplifting / Vandalism	16
Burglary / larceny / break & enter	16
Weapons offence	16
Parole/probation violations	15
Robbery	14
Other	9
Disorderly conduct /Vagrancy/public intoxication	7
Contempt of court	4
Arson	4
Forgery	3
Homicide / Manslaughter	0
Rape	0
Prostitution	0

<b><i>History of incarceration</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
Incarcerated	21	48.9
Never incarcerated	17	39.5
Did not answer	5	11.6
<i>Total</i>	<i>43</i>	<i>100.0</i>

Table 14

*Family / Social Relationships*

<b><i>Usual living arrangements (past 3 years)</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
With sexual partner and children	6	14.0
With family	6	14.0
No stable arrangements	6	14.0
With friends	5	11.6
With parents	4	9.3
Alone	4	9.3
Controlled environment	4	9.3
Did not answer	4	9.3
With sexual partner alone	3	7.0
With children alone	1	2.3
<i>Total</i>	<i>43</i>	<i>100.0</i>

<b><i>Free time spent:</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
With friends	16	37.2
With family	12	27.9
Alone	8	18.6
With friends and alone	2	4.7
With family and friends	1	2.3
Did not answer	4	9.3
<i>Total</i>	<i>43</i>	<i>100.0</i>

Table 15

*History of Abuse*

<b><i>History of Abuse</i></b>	<b><i>Past Month (N)</i></b>	<b><i>Lifetime (N)</i></b>
Emotional abuse	2	14
Sexual abuse	1	4
Physical abuse	2	12
No abuse	15	
Did not answer	10	

Table 16

*Psychiatric Status*

<b><i>Self-reported Psychiatric History</i></b>	<b><i>Past Month</i></b>		<b><i>Lifetime</i></b>	
	<b><i>N</i></b>	<b><i>(%)</i></b>	<b><i>N</i></b>	<b><i>(%)</i></b>
Depression	11	25.6	15	34.9
Anxiety / Tension	15	34.9	13	30.2
Hallucinations	1	2.3	6	14.0
Trouble concentrating / memory	17	39.5	7	16.3
Trouble controlling violent behaviour	12	27.9	11	25.6
Serious suicidal thoughts	6	14.0	12	27.9
Attempted Suicide	1	2.3	10	23.3
Prescribed meds for psych problem	6	14.0	7	16.3
No reported psychiatric problems	9	20.9		
Did not answer	3	7.0		

### The Depression, Anxiety and Stress Scale-21 (DASS-21)

The DASS-21 (Lovibond & Lovibond, 1995) is a questionnaire consisting of 21 questions, that examine levels and severity of depression, anxiety and stress. It uses a 4 point likert scale and asks respondents to report behaviours based on the previous week.

All participating residents completed the questionnaire on two occasions approximately six months apart. There was a level of attrition of participants from Time 1 to Time 2.

Table 17 below shows the results of paired *t*-tests conducted on the DASS-21 for the three scales

Table 17

#### Depression Anxiety and Stress Scales-21 (DASS-21)

	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Possible range</i>	<i>Actual range</i>	<i>Sig.</i>
<b>DASS Depression T1</b>	43	15.87	10.54	0-42	0-42	0.004*
<b>DASS Depression T2</b>	15	7.21	8.37	0-42	0-24	
<b>DASS Anxiety Time 1</b>	43	11.68	8.10	0-42	0-25	0.092 (not sig)
<b>DASS Anxiety Time 2</b>	15	7.00	7.95	0-42	0-25	
<b>DASS Stress Time 1</b>	43	17.45	11.03	0-42	0-37	0.005*
<b>DASS Stress Time 2</b>	15	9.13	7.52	0-42	0-22	

\*Significant at the  $p < .05$  level

Results indicate that the level of depression was significantly lower after residents had been at ONE80TC for a period of six months. The level of stress was also significantly lower from Time 1 to Time 2. There was no significant difference in the level of anxiety for this group of residents over time.

Figures 1-6 compare the level of depression anxiety and stress severity from Time 1 to Time 2.

Figure 1 –Depression Severity Scale Time 1

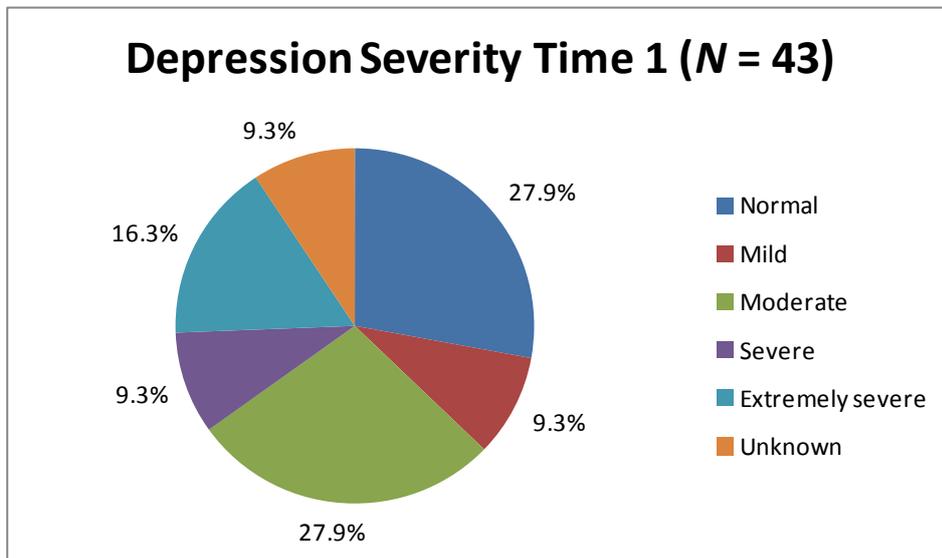


Figure 2 Depression Severity Graph at Time 2

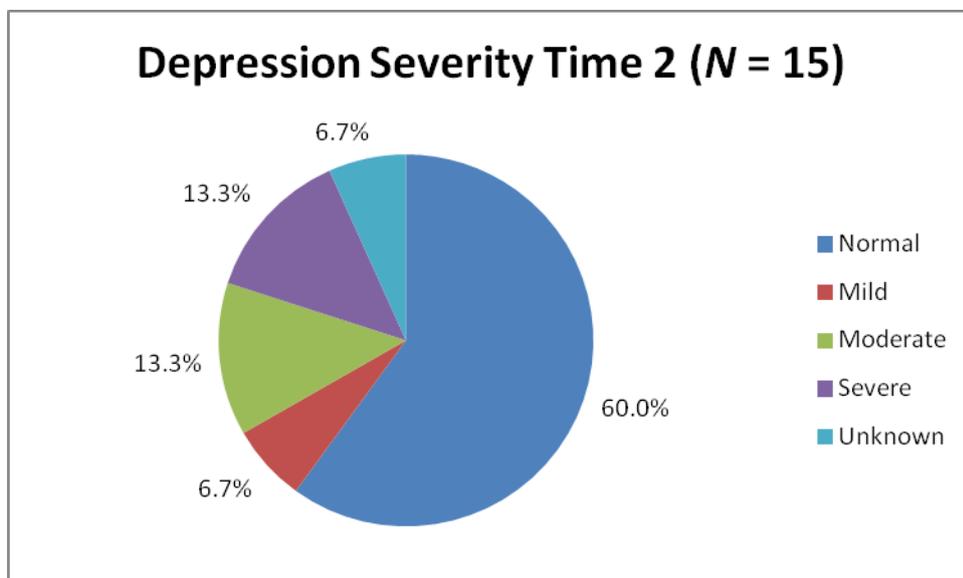


Figure 3-Anxiety Severity Scale Time 1.

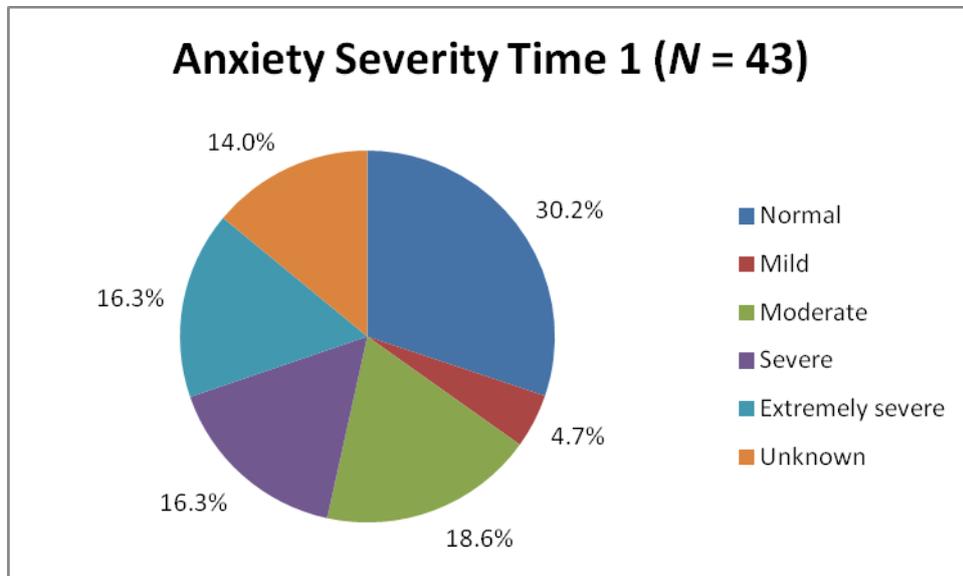


Figure 4-Anxiety Severity Scale Time 2.

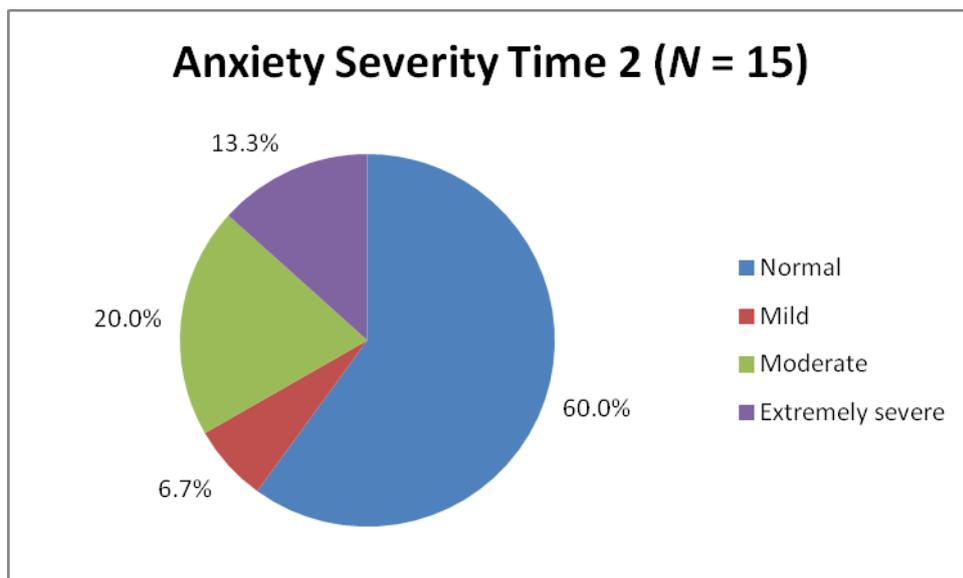


Figure 5- Stress Severity Scale Time 1

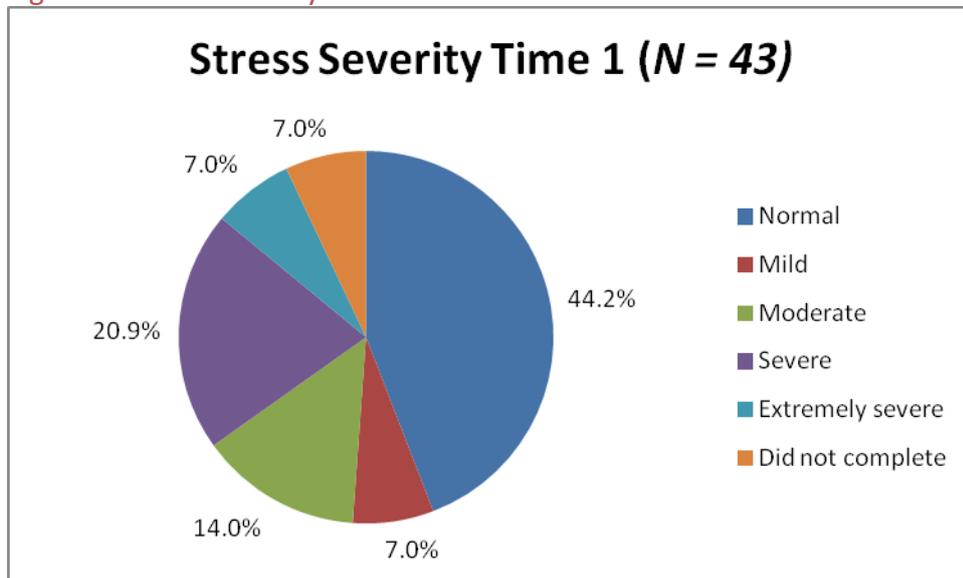
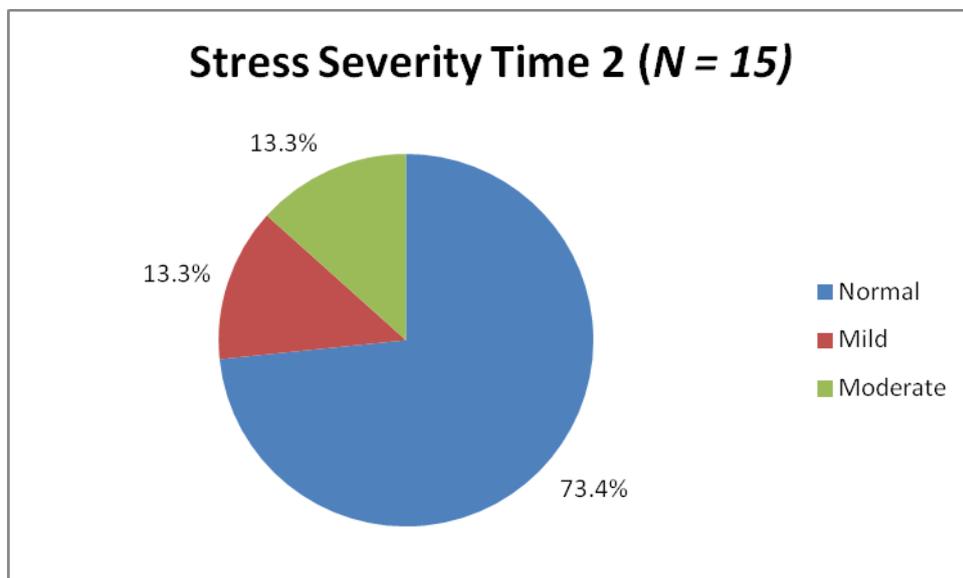


Figure 6 –Stress Severity Scale Time 2



## Kessler Psychological Stress Scale

The Kessler-10 (K-10)(Kessler et al, 1994) is based on 10 questions about negative emotional states experienced during the 4 week period leading up to the assessment. For each item there is a five level response scale based on the amount of time the respondent reports experiencing the particular problem. The response options are none of the time, a little of the time, some of the time, most of the time, and all of the time.

Table 18 below shows the results of comparing the means on the K-10 using a paired *t*-test from Time 1 to Time 2.

Table 18

### Kessler Psychological Distress Scale (K-10)

	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Possible range</i>	<i>Actual range</i>	<i>Sig.</i>
<b><i>K10 Total Time 1</i></b>	43	24.88	9.69	10-50	10-50	0.001*
<b><i>K10 Total Time 2</i></b>	15	17.00	6.12	10-50	11-30	

\*significant at the  $p < .005$

Results indicate that for the residents their level of distress was significantly lower from Time 1 to Time 2. This means that the longer they spent at ONE80TC the lower their level of distress.

Figure 7 showing Severity Levels for K-10 at Time 1.

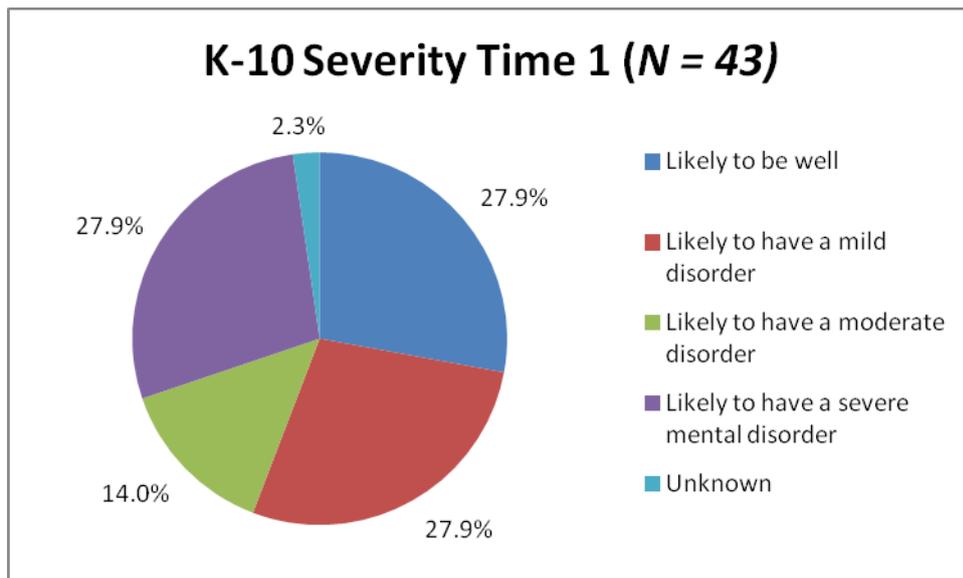
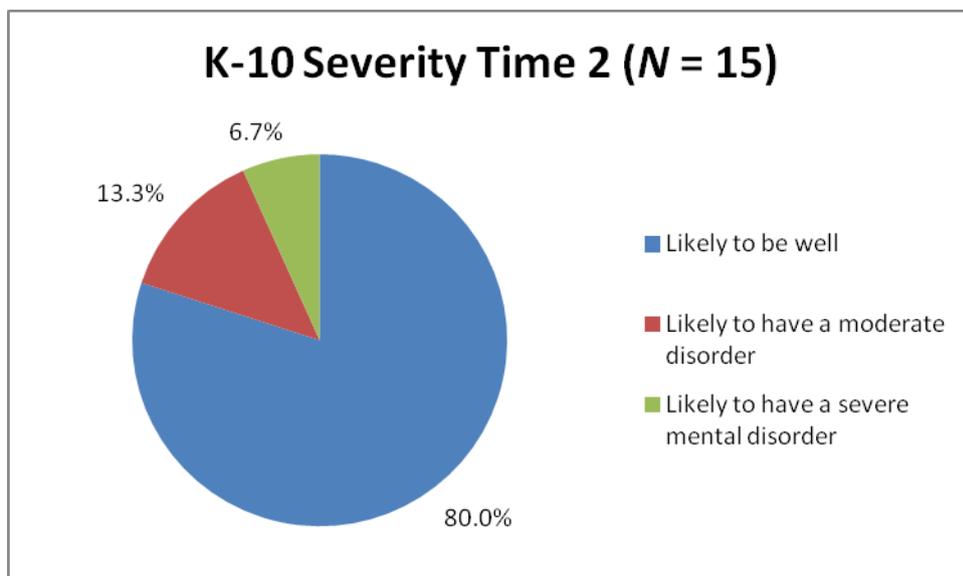


Figure 8 showing Severity Levels for K-10 Time 2.



## The Health Survey-36

The Health Survey-36 (Ware et al, 1994) questionnaire examines an individual’s self report of their state of health using 36 questions. Some require a yes/no response and others require either a 3 or 5 point level of response.

Table 19 below shows the results of this health questionnaire.

Table 19

### SF-36 Health Survey

<b><i>Self-reported general health</i></b>	<b><i>Time 1</i></b>		<b><i>Time 2</i></b>	
	<b><i>N</i></b>	<b><i>%</i></b>	<b><i>N</i></b>	<b><i>%</i></b>
Poor	3	7.0	1	6.7
Fair	8	18.6	2	13.3
Good	18	41.9	6	40.0
Very good	8	18.6	4	26.7
Excellent	5	11.6	2	13.3
Did not answer	1	2.3	0	0.0
<b><i>Total</i></b>	<b><i>43</i></b>	<b><i>100.0</i></b>	<b><i>15</i></b>	<b><i>100.0</i></b>

The statistical analysis did not show a significant difference in reported general health from Time 1 to Time 2.

## Interview Results

The overwhelming theme that was evident in all interviews was that ONE80TC provided the students with opportunity for change in a safe and supported environment where skills were taught but where the example and modelling from adults was testimony to everyone's commitment to the students.

In answer to the broad question of what are the positive aspects of the program, the students' perspective related opportunity for a fresh start, a chance to get the body clean, with a possibility for growth and being more confident in a safe environment. Some direct quotes from the students

*"I had a chance to get chemicals out of my body"*

*"I've been able to get help here"*

*"I'm more confident in the person I am now"*

*"I came in for drugs but now I'm doing anger courses and relationship courses"*

*"... it's a good support network, being right within a community"*

There's an awareness from the students that they are loved and cared for by the staff *"there's a lot of love"*. *"this place is different to other places, just more caring and they're here because they love us boys"*

Students are aware that they want to change and that ONE80TC provides a strong supportive network. The theme of wanting a fresh start is evident in all the students' talk. They describe being given opportunities to learn skills and to make plans for the future.

*"You come here because you want to change"*.

*"A lot of us come from pretty messed up families so (we learn) just basic skills –relating to people, basic life skills"*.

The other strong themes in the student's perspective relates to ONE80TC giving them the opportunity to make future plans and to deal with hurt slowly, *"you can leave here with a plan to work on in the future"*.

Each student also talked about wanting to give back to the community in some way while they were at ONE80TC but also beyond that into the future. There is a focus in the program on helping the young men learn to be men, to lead and to be part of strong families and this was evident from one young man *"I'm going to go out there a man, more of a man than what I was and be stable to raise a family in the long run and achieve my goals that I've set out to do"*.

A similar theme was expressed by another participant in this way *"I came in here first and foremost to fix myself because I can't help anyone until I do that, but I'm also here because I need fixing myself, to be a better dad and to be a better son, brother, friend"*.

As a Christian organization, students agree to go to Church on Sunday and that is part of their commitment to ONE80TC. Many of the students expressed their commitment to a Christian lifestyle and an awareness that church life in the future would be part of their support network. Talking about support one student said *"Church life would be a big part of it..... building relationships with those type of people"*.

From the perspective of the staff the strong themes that arose as positives of the ONE80TC program related to opportunity for the staff to build strong relationships with the students and offering them opportunities for support while they are there and even when they leave. One staff person spoke *“we build strong relationships with the guys”* and this sentiment was evident in many of the staff’s talk. What was stated by many was that they have respect for the students and this is evident in how they treat them, talk to them and relate with them. There is evidence of genuine care and compassion for the students in a spirit of service to them.

*“You got to build a relationship with the guys in order to dig a bit deeper, rather than go to a skin depth and go try and treat what’s there. You need to go further, go further under and figure out ...what we need to do or how we need to apply ourselves in order to help them out”.*

All staff expressed the belief that all students have a capacity to change and that there is goodness in all people. *“I have this sense that everyone can change”* and from another person *“people want to shine. Deep inside everyone wants to shine”.*

The importance of the community, which provides a culture that is encouraging and uplifting, and based on strong relationships and a sense of belonging and inclusiveness , leads to a sense of hope to allow trust to build and attitudes to change. Everyone interviewed expressed the strength of the community at ONE80TC to be a strong positive influence for the students and a source of strength. This was expressed by one staff person as:

*“People thrive out of connection and out of their relationships ..not so much the content”*

From the staff perspective, the spiritual aspects of the program allows the students to experience that they are loved and that this is evidence of God’s love *“God loves you no matter what”* and they also spoke about praying for the boys as an expression of their belief in the power of God.

The final theme was an expression of the positive programs that are in place and the opportunity for professional counselling that each student has access to. They also have ready access to medical help. All these services and opportunities provide a safe environment for the students. This theme of safety was evident in all the interviews. *“..making sure that they feel they’re in a safe environment and getting those basic needs met”.*

The interns are members of the community who have undergone approximately one year of rehabilitation at ONE80TC as students, and then been offered the opportunity to stay for another year working as helpers in the program and giving themselves more time to consolidate what they have learnt and experienced. The interns are on duty after the day staff leave and on weekends. They are not paid for their services but are given opportunities to do a TAFE course in drug and alcohol rehabilitation as well as opportunities to serve as leaders in the community.

The interns saw the program as an opportunity for further consolidation of the changes they had made as well as an opportunity to give back to the community they were part of. *“You do a lot of hours, you don’t get paid but part of the offset of that we do get to study for our Cert IV in Drug and Alcohol”*

This further year, in a leadership role allows the interns to be grounded and accountable as well as having a safe environment to put into practice what they have learnt. *“Internship was a really good place for me to be grounded”* said one of the interns. There is a service view of leadership among

them and one of them expressed this as *“it’s a privilege to be able to serve the community and to serve the guys”*

A further theme that was evident from all the interns related to their ability to relate to the students because of their past experiences and their newly gained behaviours. One intern expressed that this easy relationship with the students comes from their awareness that *“the guys actually see that you have been where I am”*. This was expressed by another intern as:

*“Just let them know that you are human yourself, and you’re imperfect yourself, and that’s just like getting alongside of them and being their friend and being on their level, and that I’m not someone different than they are”*

The interns also spoke about the importance of the Christian community and the strength that can be drawn from that. *“The biggest thing I got from here was the relationship with Christ”*.

From other individuals interviewed, each person spoke from their perspective of their role in the program. The person in charge of program development spoke about his awareness of deeper problems than drug and alcohol addiction among the students and therefore needing to provide programs and opportunities to address deeper issues, *“the program attempts to take people where they’re at and help them with the pathway forward”*. This required education programs and he believed that where possible outside resources needed to be utilized as well so that students could still use those services when they left ONE80TC. This was seen as having future sustainability.

Of equal importance was to create an environment where change can happen. *“Change is a process that’s cultivated...if we can provide that atmosphere for change to flourish then that’s the strength in the program”*. This theme was evident in many of the interviews.

Lastly, there was an expression for seeing the strength in people and encouraging that potential. *“we see the potential in people and we try and help them move forward and this is the kind of industry really that I personally decided is not in the too hard basket”*.

This theme was expressed by many as one of the positive aspects of the ONE80TC program. Students were aware of having opportunities to develop their skills and staff spoke to that desire for each participant.

The doctor made an interesting observation that students wanted to change and that they worked to change their behaviours. He also expressed an observation that there was evidence for an improvement in depression in the students and in their mental illness.

This was evident from the quantitative data which showed improvement over time in levels of stress and depression as well as in lower levels of psychological distress.

The doctor also observed that the students’ success depended on their commitment to the process of change. He observed that over time *“they seem to have a change in their life and they seem to be keen to change”*.

He observed that staying in the program for a longer period of time was more beneficial generally.

The interview with the CEO of ONE80TC showed his vision for the program to be sustainable over time. A recurring theme brought up by the CEO and related to by many other interviewees was the need to resource the program adequately. The need for staff who are committed and dedicated to the students was an important part of the CEO’s vision.

As with other themes already spoken about, the CEO had a vision that this program required the students to be re-skilled so that the outcome could be that strong families would be the very fabric of our society and that the students could shift their focus from “me” to “how can I help”.

*“If you can get a good solid family, have some joy and some hope and some happiness, some cohesiveness there, the benefits of that, especially on children as well is phenomenal”*

He believed that the program needed to have men working there so that the students could experience positive relationships with men and have that modelling in their lives. He talked about having “the right staff here who believe in what they are doing”.

Having a residential facility is a vital aspect of this program and many expressed the positive aspects of having a residential program and in a fairly isolated but beautiful area. There was some discussion about not making excuses about the Christian nature of the program but making that obvious to potential clients. They have a choice not to go to ONE80TC. The CEO believed that picking students who wanted to come to ONE80TC who had a “heart to change” was important in the screening process.

*“Sometimes, probably for a lot of the guys this is their only safe place where they can let their defences down and feel secure and know that they’re being listened to. Cause it takes quite a while for someone who has been hurt continually in their life to really get to the point where they want to sit down and really tell you what’s gone on in their life”.*

The other broad questions were around the negative aspects of the program or what could be done differently. The themes that came through in this aspect of the program were evidenced by all interviewees.

*“pay staff and interns more”* from one of the students

*“I just want to oversee the viability of ONE80TC into the future cause we’ve got- it’s never about vision, we’ve got heaps of vision, it is always a resource thing”*

*“...sometimes funding and things can come into play here”*

*“The things that actually slow me down here are things that are not related to the program and not related to me, but more related to government red tape...Mental Health plans where only 10 sessions can be accessed. It’s not enough for people like this”*

*“One of the weaknesses of the program stands without reason, is funding...we’re capped with Medicare to 10 sessions. It’s just not enough time”*

*“For me, I would love to see just more money to do more things. I’d love to have an art therapy room....just having enough funding to do more things. Just to reach out even more”.*

*“Money influences facilities, and unfortunately facilities influence what programs you can offer”* (an intern’s comment)

*“..well we’re stretched and we struggle financially in one sense is –is the tough end of it” (staff member)*

The common themes in all the comments above, point to the limitation of financial resources, for resources offered to the students. This awareness was somehow stark reality spoken of rather than a real criticism of what ONE80TC is able to offer the resident students.

The CEO is cognisant of the fact that many of the resident students come to ONE80TC rather than gaol and yet if they choose this rehabilitation program there is no extra financial support

*“Now, we’re bringing these guys in from corrective services, they actually need a little more time and they cost a lot of money in prison and they cost a lot less out here. There is absolutely no assistance whatsoever we get”.*

The other themes around how to improve the program included the need for a greater family support and counselling service, for wilderness and adventure type activities that could be used to teach these men about themselves, and instilling in the men a work ethic which will allow them to be functioning members of society. For many of the men there is also a need for parenting programs which are very comprehensive so that they can learn better skills for parenting. Some of these courses are already being offered.

*“they’re doing parenting courses, they’re bringing their partners in and doing a family type support work with them and we’re getting them more cohesive and more robust, believing in themselves”*

The after -care program that is offered to students as they leave ONE80TC could also be expanded and use more manpower but are limited by resources.

*“We offer support. Support. People care. It’s not just to sort of pull the drawbridge up once they leave here. They can phone us at any time. We’re always available for them”.*

*“You know there’s times here when you can be completely stretched and anxious and somewhat over run by things”*

## ***Recommendations***

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This year long involvement with ONE80TC has allowed me to see some of the operational services of the organization and to have many opportunities to interact with people. I've had time to have extensive interviews with students, staff, the interns, the CEO, the program development officer, the doctor, the psychologist and others. I've been able to join in with their celebrations and to witness their support for one another and especially for the students.

The outcome of this involvement is a sense of awe at the work that is done by the Staff and students at ONE80TC. This work is selfless and serves to offer the students the very best environment, community and opportunity for change. There is an atmosphere of deep care and a willingness to be used and to serve. There is no evidence of value judgements being made but rather there is a deep respect for the dignity of each person.

I add my support to the work that is already being done but am aware of the ongoing needs. The need for greater financial resources and more staffing and facilities would greatly enhance the work that is being done. In this spirit I make the following specific recommendations:

1. Data for each student needs to be collected at the time of entry into the program and at the point of exit. If there is sufficient time then one more data collection point should be used during the student's stay. This data should be used to write yearly reports so that external funding can be applied for more consistently.
2. The work load and burden for the interns seemed overwhelming and should be renegotiated with them so that they continue to be supported and thrive toward their own healing.
3. When finances are increased, thought could be directed toward a 'wilderness' or adventure based program to allow an alternate way for the students to learn more about themselves and their capabilities for growth and leadership.
4. The implementation of an art therapy and /or a music therapy facility would be a great addition.
5. There is already an awareness of the need for parenting and relationship programs but a more systematic approach with an emphasis on family counselling where appropriate, would greatly enhance this part of the program.
6. The implementation of a sustainable 'industry' for both financial gain and for future employment of some of the students needs to be pursued in a timely way.
7. There may be room for the use of intern psychologists to give their time to gain personal experience and to offer greater professional help to the students.
8. Further community awareness needs to be enhanced so that the community groups and media can encourage and lobby the government and private enterprise for greater financial support.

## ***Conclusion***

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This report outlines something about the student clientele who access the services of ONE80TC. The demographic information and the information collected from the questionnaires indicate a group of young men who are in need of change and who are seeking opportunity to take control of their lives to become leaders in their families and in their communities. This will ultimately be a positive outcome for the men and for society.

The residential program offered by ONE80TC offers a superb setting in which this change could occur. The setting is enhanced by dedicated, trained and committed men and women who desire to be part of the change process by helping to skill these young men and by believing in their capacity to change. This support is offered with deep respect for the dignity of each person and with love and care.

The program is skills based and caters for individual needs. There is emphasis in the first six week program on understanding addiction, the cycle of addiction and change elements. Issues of control and psychological hurt are discussed and understood. Individual contracts are then drawn up for the men with emphasis on aspects relevant to each person. This includes life skill training, parenting courses and anger management. There is ready use of counselling and medical personnel to gain greater clarity and acceptance. This is done in a team atmosphere however where the power of the community is palpable.

ONE80TC is a Christian organisation and it makes no excuse for its basis. There is a belief that a spiritual foundation is an essential element for holistic living. The men in the program are offered opportunities to enhance their spiritual life.

This program is clearly successful. The quantitative data shows lowered levels of depression, stress and psychological distress. This is backed up by testimony from students, staff and other essential personnel who witness the changes that are evident in students' lives. Students speak of being loved and cared for with an eagerness that overwhelms. Many express a true sense of belonging and acceptance.

This program deserves to be appropriately financed and supported so that more men in need can find a path to recovery and wellness. Finances need to be gained externally from government or private organizations as a matter of urgency.

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