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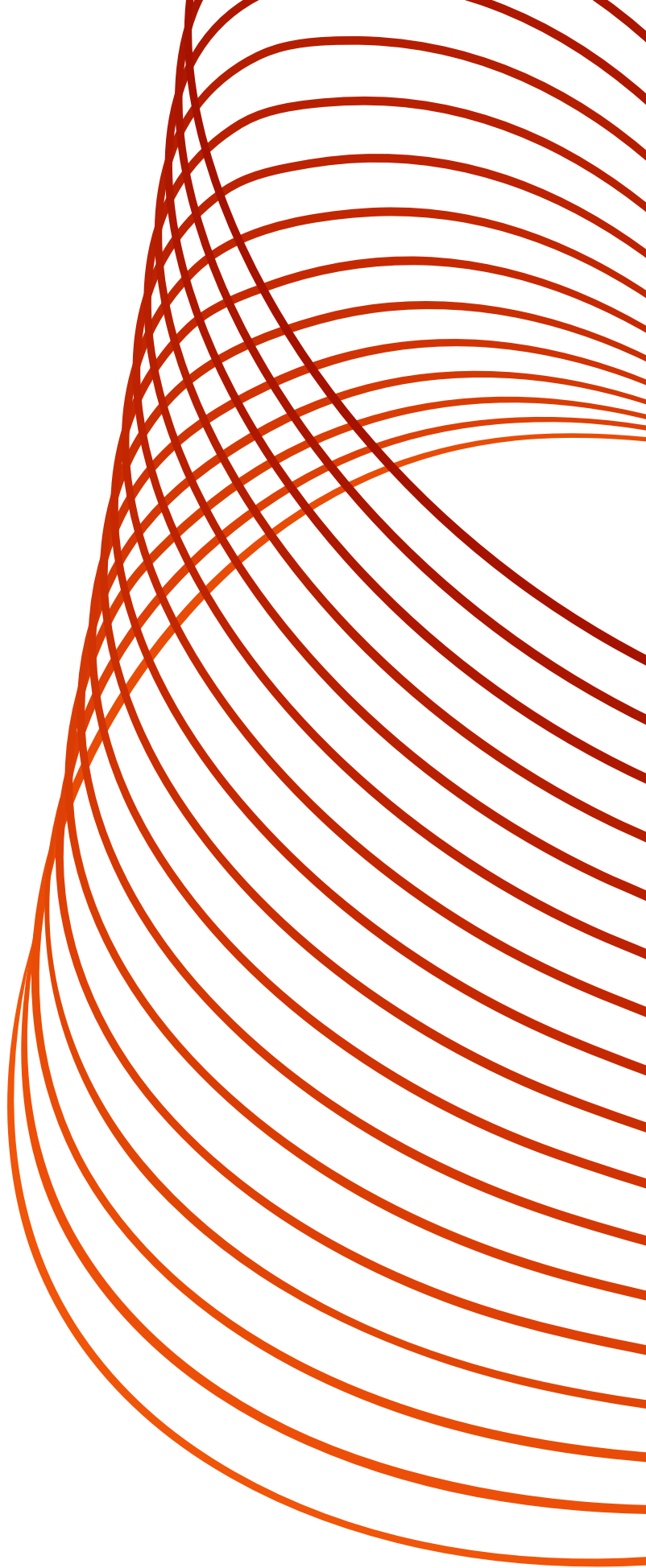## The Good Life Farm Review

Final Report: Model &
Client Outcomes Review
– Volume 1

November 2022

Turn to us for innovative solutions

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Executive Summary

Context

Verso Consulting was engaged in April 2021 to undertake a review of the Good Life Farm's integrated model of therapeutic care. The Good Life Farm staff and board had observed significant positive change in participants' social skills, emotional functioning and overall wellbeing over an extended period of time, and sought to have this empirically measured.

The evaluation methodology included:

- a targeted document review

- broad consultation to ascertain both expectations and observations of various stakeholder groups

- analysis of administrative and referral information for the period 2017 to 2022

- collection of psychometric and observational data over the 12 months from July 2021

Findings from Data and Consultations

- Analysis of 55 client profiles found participants are living with a range of health, mental health and circumstantial factors that significantly affect their capacity to constructively engage in educational and social settings, to the extent that the Good Life Farm was identified as an appropriate program to meet their needs

- The psychometric and observational tools confirmed positive change for participants during their time at the Good Life Farm, with the most marked change indicated over their first two terms

- Evidence suggests after two terms, many participants have developed the skills and confidence to better engage in educational and social settings; a significant number "graduate" from Good Life Farm at this point

- Those participants who continued beyond two terms experienced continued positive change, although typically at a lesser/incremental rate; these participants typically had more complex needs, and their participation was more likely to be funded via an NDIS package

- The outcomes are significant in promoting positive change for the young people across multiple domains that include:

  - Improved mental and emotional health

  - Improved sense of self

  - Improved peer functioning

  - Improved engagement with education

  - Improved sensory functions

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- Reductions in negative and damaging behaviours

- The significance of the change can be understood not only in the improvements; they can also be understood in relation to disrupting the escalating trajectory of school refusal, unmanageable behaviours and poor peer functioning

- The outcomes are being achieved through application of three therapeutic interventions that are applied in a synergistic manner. The three interventions share 'attachment theory' as a common core theory however this is not at the exclusion of other therapeutic strategies. These three interventions include:

  - Positive connection to a trusted adult – the adult is skilled and trained to practice therapeutically building on attachment and trauma theories and supported by a therapeutic specialist; this connection to the key workers enables them to coach and assist children and young people to build positive peer functioning

  - Positive connections to domesticated farm animals (on the working farm - the Good Life Farm) building on the evidence base of the therapeutic benefits and impacts of 'animal assisted' therapy

  - Positive connection and appreciation to the natural environment including the Good Life Farm that operates using permaculture principles and the surrounding bush environment

Findings from Literature

Summary finding from the literature research support the observations of the Good Life Farm and empirical evidence relating to positive improvements (benefits) experienced by Good Life Farm participants.

The Good Life Farm and other natural environment experiences:

"support the notion that green space can provide a buffer against the negative health impact of stressful life events" (van den Berg et al 2010). This is due to "positive and restorative effects on human health and overall well-being" and "Therefore, the value of natural environment should be recognised and incorporated into people's lives in some capacity, especially those with autism" (Zhang & Choo 2019).

The Good Life Farm as a natural environment:

"The health and well-being outcomes that result from participating at a care farm influence multiple elements of the human condition and apply amongst vulnerable people with a wide range of personal needs. Care farms have access to a potentially unique range of resources that can support many service users in becoming happier and healthier individuals" (Leck et al 2015).

The Good Life Farm as a structured learning environment:

Schreduer et al specifically linked this with young people's [enhanced] ability to recognise and then utilise available resources for personal growth, protection and health promotion" (Schreuder et al 2014). In the context of youth care farms in the Netherlands, the farm environment was described as "calming, however, as structuring as well…[creating] opportunities for learning: making sense, interpreting and giving meaning to resources and stressors" (Schreuder et al 2014).

The Good Life Farm as an environment for sensory stimulation:

The motor skill impact of ASD has also been noted, with Riquelme observing "Both sensory and motor impairments should be assessed and treated in children with ASD" (Riquelme et al 2016). Proprioception is the "subconscious and conscious awareness of the spatial and mechanical status of the musculoskeletal framework" (Chu 2017). Inhibited proprioception is not limited to individuals living with ASD but is a common symptom. As observed at the Good Life Farm, exposure to and participation in farm activities may contribute to improved motor skills, including proprioception.

Farm animals:

van der Kolk observes that "Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives" (van der Kolk 2015). The Good Life Farm builds on safety with people and delivers the therapeutic impacts of positive attachments with the natural environment and with animals. Barnhart et al's Animal Assisted Interventions on Therapy Farms for those with Autism was reviewed. Their review demonstrates that different animals provide connections that have differing therapeutic impacts. This is consistent with the observation of the Good Life Farm that children and young people bond and/or are drawn to different animals according to their need and symptoms.

Outcomes

The evaluation outcomes are significant as school refusal[1] and/or increasing disengagement with education and poor peer and social functioning are indicators of future poor life outcomes. The consultations regularly highlighted the need for a 'circuit breaker' (something to break the trajectory of increasing disengagement/refusal from school and poor peer functioning). The escalating trajectory outcomes without an effective 'circuit breaker' are significant including:

- Disruption to the critical stages of adolescent developmental and social functioning

- A higher potential for the children and young people to engage with the criminal justice system as CYP and as adults

- Increasing poor mental health including a reduction in suicide protective factors

- High potential for engagement with the child protection system

- Poor to very poor education outcomes with the resultant lifetime impact on economic and social participation

As the evaluation outcomes (qualitative and quantitative) have been analysed and documented additional consultations were undertaken with clinical psychologists working in out of home care and child and family services. The key elements explored through these consultations have been why therapeutic interventions employed at the Good Life Farm; therapies that have been developed to promote healing for children and young people who have been impacted by developmental and complex trauma are so effective with the Good Life Farm cohort.

Therapies targeted to children and young people impacted by developmental and complex trauma promote recovery in the neurobiological function of the brain of children and young people with developmental and complex trauma. Developmental trauma leads to a chronically elevated arousal baseline characterised by high levels of a stress hormone, cortisol, that can create a susceptibility to a threat response (fight/flight) even in non-threatening situations, as well as a chronic hypervigilance that primes the child to seek and find evidence of potential threat in their environment.

The Good Life Farm cohort have a broad range of diagnoses that are not highlighting trauma with only a small proportion (16.9%) having a trauma diagnosis. Based on the Good Life Farm outcomes consultees consider that the Good Life Farm participants are likely to have a significant under diagnosis of complex trauma and developmental trauma. The observation is consistent with their own practice observations and international literature (such as Bruce Perry and Bessel Van Der Kolk's contributions).

Implications for some children attending the Good Life Farm include:

- They may have adverse early life or contemporary experiences that have not been diagnosed or disclosed

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[1] School refusal is a term that deflects the behaviour onto the child or young person in a manner that may lead the reader to consider that the child or young person has a choice. It is possible/probable that pain and/or distress experienced by the child or young person causes them to feel they are not able to attend. The term has been used by referring agencies and therefore it is used with caveat detailed in this note.

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- The current agency and school diagnosis provided to Good Life Farm may be inadequate or misleading

- The Children and young people may experience 'a stage' of healing but require the application of additional interventions and strategies to promote ongoing recovery and cement the early gains - this would require the development of alternate or restructured approach informed by an understanding of the neuro-sequential recovery pathways

It can also be observed that the Good Life Farm may provide a unique window and opportunity to observe functioning and individual recovery that would assist a more accurate understanding of children and young people's adverse early life or contemporary experiences. This would support more accurate and complete assessments and interventions.

Implications

For the most of the participants, their Good Life Farm experience (encompassing staff interaction, time in nature and caring for animals) enabled them to gain confidence, life skills and strategies to manage stressors, and the self-awareness to recognise this was the case. This is consistent with the objectives sought by referrers and demonstrated in outcomes data.

Greater clarity regarding the Good Life Farm's potential to benefit two distinct participant cohorts (generally distinguished by whether NDIS package funds were utilised) will enable further nuance of the program, including recommended participation timeframes:

- for non-NDIS funded participants – two school terms recommended

- for NDIS-funded participants – minimum three school terms recommended, in line with personal/package goals

Such timeframes will also aid in providing greater job security for the skilled Good Life Farm workforce; staff group stability will enable the Good Life Farm to continue to achieve excellent outcomes for participants.

Service development:

- The Good Life Farm may be able to further develop the service offering[2] that includes assessment and the development of a care plan that cements the recovery experienced while in the GLF program

- The Good Life Farm may be able to offer new and or additional services that enable the proposed care plan to be implemented

- The Good Life Farm may be able to respond child safety issues disclosed in the process of undertaking a more deliberate and better-informed assessments

- The Good Life Farm assessments may identify education and training opportunities (and service responses) to aid parents and carers and schools to implement the care plan strategies and goals

[2] This may be within a partnership

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Contents

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Tables

Figures

VERSO

1   Introduction

1.1   Background

1.1.1   The Good Life Farm

The Good Life Farm provides an integrated model of therapeutic care for the health, wellbeing and personal development of vulnerable young people (see definition at 2.4) from various backgrounds. Through life's difficulties and varying situations these young people can present with physical, emotional and psychological challenges that can lead to low self-esteem, anxiety, depression, poor social and educational skills and an inability to develop lasting and positive attachments.

The Good Life Farm offers the opportunity for young people to develop behavioural regulation, social relatedness, affective regulation, physical skills and cognitive development through providing them with a stable, safe and natural environment surrounded by highly trained staff who provide unconditional positive regard, genuineness and empathetic understanding.

The Good Life Farm model bases its practices on numerous theories and approaches that suggest that, through developing healthy relationships with young people, returning to a natural setting and providing experiences that encourage exploration and learning, positive pro-social behaviours can develop, resilience and self-esteem can increase and the formation of positive, meaningful and lasting relationships can occur.

The model is implemented by providing two programs to young people aged between 7 and 17 years of age (although previously enrolled participants may continue beyond their 18th birthday). Programs include a semi-structured 10-week wellbeing program and an individualised life and social skills program. Young people attend the farm for one day every week for ten weeks (aligned to school terms). The typical day will deliver the program to six to eight young people, supported by three to four workers at a ratio of 1:2 unless individual support is being provided.

1.2   Project Objective

1.2.1   Current observed outcomes

Participant outcomes include observed positive behavioural changes. These changes are observed by Good Life Farm staff and the referrer. Observed positive outcomes are typically framed based on the referral needs of the participants. Referral needs vary with behaviours that are impacted by a background of influences that may include autism, trauma, grief and developmental/behavioural, mental health and other diagnoses/symptoms. The age of the young person is also a factor in relation to referral needs.

1.2.2   Evaluation Scope

The Good Life Farm sought to externally validate the observed outcomes, and therefore engaged Verso Consulting (Verso) to formally evaluate the outcomes being achieved through the work of Good Life Farm (the program), the needs of the participants and the application of valid and sensitive measures to understand the outcomes for the

participants. The evaluation included an appreciation of the conditions under which the outcomes are achieved (through the Good Life Farm model of care). The evaluation also addressed how the outcomes for the participants may have wider impacts, such as reductions in:

- Family breakdown
- Out of home care placements

- Increased statutory involvement
- Amplified risk taking and harm

The outcomes and impact framework developed for the evaluation is expected to provide an ongoing framework for monitoring and evaluation.

1.2.3 Outcomes

The evaluation outcomes will support the Good Life Farm in the following manner:

- Provide a peer reviewed evidence base for the unique Good Life Farm model

- Support official recognition (accreditation) of the model as alternate education and validation as a therapeutic intervention

- Support growth of the service (reaching more vulnerable young people)

- Secure additional and ongoing private and public funding for the program

- Attract and increase the number of service delivery partners

- Replicate the program across Australia

1.3 Methodology

The project incorporates a number of stages as outlined in Table 1 and described below.

Table 1: Project Stages

Stage	Description
Stage 1	Theory of Change and Logic Model
Stage 2	Quantitative and Qualitative Research
Stage 3	Findings and Implications

1.3.1 Stage 1: Theory of Change and Logic Model

This stage focused on articulating the foundational elements of the Good Life Farm model. It involved a workshop with key Good Life Farm staff to:

- Discuss theory of change

- Confirm program logic

- Develop/confirm evaluation questions

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The workshop was conducted in May 2021, with follow-up discussions to finalise each element in June.

A desktop review was also conducted from May-August 2021 to identify:

- Program inputs

- Program throughputs

- Program outputs

- Workforce structure/qualifications/skills

- Revenue and costs

1.3.2   Stage 2: Quantitative and Qualitative Research

Stage 2 activities are focused on data collection and include:

- Quantitative research conducted over 12 months using tools aligned to program logic with academic supervision of methods

- Qualitative research including a document review of grey and published literature and consultations with key stakeholders

As part of the latter step, a project consultation plan was developed, encompassing:

- Confirmation of stakeholders to be consulted

- Confirmation of questions and processes, including consent protocols, protocols for use of recording devices, tools to gather client demographic/background information, methods to engage with Good Life Farm staff and identification of other stakeholders

1.3.3   Stage 3: Findings and Implications

Following the completion of the previous activities, Verso undertook cross analysis of all data collected to facilitate a discussion (workshop) of the findings and implications with Good Life Farm, conducted in August 2022. This discussion confirmed the meaning and context of findings prior to the preparation of the final evaluation report.

This final report includes recommendations as relevant/appropriate and outlines proposed actions/next steps.

1.4   Consultation Approach

The purpose of consultation activities is to gather a range of perspectives on the operation and effectiveness of Good Life Farm:

- internal including Good Life Farm staff

- external including referrers and other sector professionals

- external including Good Life Farm clients/family

- governance, reflective interviews with board members

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In addition, interviews were conducted with a sample of similar programs, and specialists with relevant experience.

Protocols were documented to guide engagement with each consultation cohort, including information and consent forms, interview guides, post interview actions and data management.

Consultations commenced in September 2021 and concluded in July 2022.

The following table summarises consultations conducted by category:

Table 2: Consultations by Category

Category	Number	Consultees
Good Life Farm staff	8	Ash, Bron, Cassandra, Dave, Jules, Lesley, Olivia, Sarah, Tenille, anonymous (as per preferred identification)
Referrers	10	Ewan Hay (DFFH/DHHS), Geoff Gowans (school), Lisa Lawther (agency), Michael Corr (school), Nerae Preece (school), Philippa Adgemis (school), Shaun O'Brien (professional), Tessa Wijeyesinghe (agency), Tracey Smedley (school), Trish Enzinger (school)
Clients/family	2	Fiona, Lisa
Board members	6	Current board members are: Frank Dixon, Lesley Porter, Richard Meredith, Shannon Wight, Stephan Friedrich, Susan Bond, Tania Parker, Tenille Porter
Similar programs	4	Flash Farm (Victoria), Forest Therapy Victoria (Victoria), rehab4rehab (Victoria), Westwood Farm (ACT)
Other	2	Adela Holmes (Uniting), Christina Melrose (Uniting) Stephan Friedrich (as Knightlamp)

Consultation findings have aided data interpretation and informed other analysis.

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2   Good Life Farm Therapeutic Model

2.1   Purpose and Origin

The Good Life Farm was founded by Lesley Porter in 2005 for the purpose of contributing to the health and well-being of young people deemed to be vulnerable. The Good Life Farm is passionate about all young people. Whether they have suffered severe trauma and are at risk of disengaging from school and criminal behaviour or simply have limited life experience and low levels of anxiety or depression, the Good Life Farm is passionate about the empowerment of all individuals.

Through two specifically tailored programs the Good Life Farm uses the interaction with people, animals and the environment to give young people back their sense of hope and broaden their ideas of what's possible for them. These new possibilities assist in altering previous perceptions about who these young people believe they are, their values and beliefs and the ways they conduct their lives (**Transformative Learning Theory**). Individuals are awoken not only to their ability to make choices about their behaviour but also their ability to cope with life's challenges and successes.

2.2   Operating Model

The Good Life Farm offers children and youth a unique form of animal assisted learning to fulfil their need to interact with nature. A permaculture-based farm, the property allows the young people to spend time in a natural setting where they have access to an array of animals, living organisms and environments. This "grassroots healing" approach provides an enormous benefit, as the children and youth have numerous opportunities to develop healthy relationships and attachments to other participants, the staff and a number of different animals (**Attachment Theory**).

The Good Life Farm acknowledges the therapeutic advantages of spending time in the natural world. By engaging in nature young people can reconnect with their five senses and allow them the time and the space to process their situations. This alternative therapeutic environment allows for more spontaneous self-disclosure and allows these to be explored without time pressures. Additionally, environmental exploration shifts the young person's attention to their external surroundings and their overall connectedness to the world, strengthening their sense of belonging. By being mindful of the world around them, the young people are able to acknowledge and appreciate the present moment encouraging a reduction in stress and promoting self-regulation (**Biophilia Hypothesis**).

The friendly and supportive environment provided on the Good Life Farm allows the children and youth attending the farm to engage in experiential learning about social skills, animal husbandry, building and construction, permaculture, cooking and diet, and outdoor recreation (**Experiential Learning Theory**). These activities allow the children and youth to experience equality and to further develop a sense of belonging. It also fosters a sense of self and promotes community involvement (**Psychological Wellness Theory**).

At the foundation of the program's activities are the Good Life Farm staff, who are chosen and educated in trauma informed practices so that they are able to provide targeted treatment plans to optimise the healing process for the young people (**Neurobiology of Trauma and Attachment Research**). The main focus of staff is developing quality relationships using a client centred approach consisting of three core values which governs the young person- staff interaction. These consist of genuineness, unconditional positive regard and empathetic understanding.

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Staff are therefore congruent between their actual selves and their helping selves. They accept the young people attending the farm unconditionally and without passing judgement. Finally, the staff show the young person empathy, acceptance and an understanding of their behaviour (**Client-Centred Approach**). By developing healthy attachments, the young people are able to learn through observing staff and others who engage appropriately when carrying out tasks and activities how to behave suitably in interpersonal interactions, as well as reduce disruptive behaviours (**Attachment Theory; Social Cognitive Theory**). Additionally, the Good Life Farm focuses on guiding and encouraging self-discovery and exploration (**Object Relations Theory**).

References listed at page 44.

2.3 Workforce

The Good Life Farm employs youth workers on a casual basis. The youth workers interviewed commenced with the Good Life Farm within the past few years: one in 2019, one in 2020, two in 2021 and one in 2022.

The current youth workers interviewed bring diverse experience and training to the role:

- **Qualifications** include certificates (horticulture, training & assessment, youth work), bachelor degrees (arts, nursing, psychology, social work), post grad qualifications (psychiatric nursing, mental health, youth work), master degrees (counselling, international development).

- **Work experience** (previous/ongoing) includes roles in climate action, community development, counselling, disability services, legal services, nursing, out of home care, outdoor education, youth work and with a women's refuge.

Factors motivating youth workers in their role at the Good Life Farm included:

- Being out in nature is energising

- The positive energy of the Good Life Farm, and Lesley in particular

- Enjoying working with young people and being around animals

- Teaching young people social skills, caring for animals

- Hearing the young people's stories and the challenges they have overcome

- Giving young people some tools and resources so they are not defined by their stories

- Seeing changes in young person over the term/s they are at the farm

- The positive impact of the program on young people

- It's so worthwhile

Youth workers assessed the impact of the program as follows:

- The young people change over time, you can see the change, their energy seems lighter

- The young people come out of their shells and group interactions improve

- From initially being socially isolated even at the farm, the young people become part of the group

- The young people become more confident around the animals

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Positive feedback from parents and teachers was also reported.

2.4 Target Cohort

The Good Life Farm has identified its target cohort as vulnerable children and young people aged 7 to 17 years (although previously enrolled participants may continue beyond their 18th birthday).

Contemporary Australian literature defines 'vulnerable children and young people' as those who "experience poorer health and well-being outcomes than the general population, are at an increased risk of harm, have more complex needs and have increased barriers to accessing health and support services" (Jones et al 2020).

The concept of vulnerability is multifaceted and takes into account "a wide variety of risk factors that traverse economic, educational, social and cultural dimensions" (Niklas et al 2017).

This understanding of vulnerability is consistent with the demographic information provided at referral, as reported in 4.1 Administrative Data.

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2.5 Theory of Change and Logic Model

Thorough review of these documents and discussion with Tenille Porter (clinician and board member) informed development of the following Theory of Change and Logic Model.

Theory Of Change	Children and young people (CYP) who are experiencing social and school disconnections experience a marked improved capacity to connect socially and with school through the support of skilled therapeutically informed key workers, by making connections with animals and by connecting to the environment in a unique program at the Good Life Farm.				
Inputs	**Throughputs**	**Outputs**	**Outcomes**	**Measures**	**Impacts**
Good Life Farm program design built on a milieu of therapeutic theories working synergistically with animals and environment.	School term participants in age matched groups Care of animals Bush walks Outdoor programs Education and play experiences in the outdoors, the bush and with animals	Number of children participating in the program Number of children completing their first full term Number of children completing a second term Number of children participating over 3 or more terms	Improved: i. mental and emotional health ii. peer relationships iii. empathy iv. self-care v. sense of self vi. sensory perception vii. reduced: 　• anxiety 　• refusal	Brann Likert Scales SDQ HoNOSCA Life Skills Likert Scales Sensory and Processing Likert Scales Records of reflective practice Feedback from parents/carers/schools Feedback from referring agency	Economic participation Social Participation Reduced health care costs Reduced reliance on social services Reduced participation in crime and the criminal justice system Reduced use of education funds Reduced child protection interventions and costs
Skilled key workers trained and supported to practice therapeutically	Supporting CYP shaping support to individual needs Building skills and reinforcing attainments Supporting CYP insights into behaviour and capacity to self-manage Aiding interactions with animals and environment to reduce anxiety and to deescalate	CYP participation over the term CYP engagement and interest in program and activities CYP social interaction with peers Individual CYP relationships Therapeutic practices	Attached relationships with: • People (key workers and peers) • Animals particularly animal/s they bond with and subsequently care for • The natural environment Key Worker job satisfaction and positive retention rates		

Inputs	Throughputs	Outputs	Outcomes	Measures	Impacts
Assessments provided to Good Life Farm on CYP entry Therapeutic Specialist supporting staff and developing and monitoring practice	Assessments Care planning Support key worker practice Training Post exit plan	Treatment focused practices Reflective practice meetings Individual strategies Continuous improvements Referrals to other specialists to create longer term strategies and plans to support a continuation of treatment focused interventions	Effective treatments are matched to the Good Life Farm assessments and strategies Good Life Farm has an increased impact and capacity to support CYP recovery Longer-term ongoing social and educational improvements Attainment of educational and developmental milestones	Inadequate measures Inadequate measures	Economic participation Social participation Reduced health care costs Reduced reliance on social services

Parent(s), Carer, Referring key worker	Reinforcing benefits of participating
	
	Supporting travel to and from Good Life Farm
	
	Advocating for ongoing support of CYP to continue in their enrolment
		Congruent messaging
		
		  Consistent attendance
		
		  Access to funds to enable attendance and ongoing attendance
		
		  Feedback from Good Life Farm regarding CYP progress
			Positive CYP outcomes (above)
			
			Numbers of CYP who enrol and who re-enrol
				Number of enrolments
				
				Attendance records
				
				Feedback
					Reduced participation in crime and the criminal justice system
					
					Reduced use of education funds
					
					Reduced child protection interventions and costs

Funding:
  • Schools/Education Dept
  • DFFH
  • Private
  • NDIS
	Payment of program cost to deliver core program including salary costs	Sufficient funds to deliver the Good Life Farm program	Value for money
			
			Program viability
				Feedback
				
				Number with ongoing participation beyond one term
				
				Enrolment numbers
				
				Financial records	

Donations	Farm Animals Feed Buildings/plant and equipment Materials Sponsor participants	Required infrastructure and materials to run the program and support the animal welfare	Sustain the Good Life Farm program Financial sustainability	Financial Records	

Inputs	Throughputs	Outputs	Outcomes	Measures	Impacts
Voluntary Board	Governance Strategy External representation	Maintain: • Compliance legislation Child Safe • Risk Management • CQI • Strategy	Good Life Farm is solvent Good Life Farm complies with legislation Good Life Farm mitigates risks Good Life Farm improves its services Good Life Farm acts to secure ongoing impact and outcomes for CYP	Financial records Internal audit processes Management reports Board Strategy documents and board minutes	
Marketing and information activities	Channels that effectively convey Good Life Farm's theory of change and value proposition Showcase events Opportunities for CYP to visit and connect before enrolment Information that supports potential participants to understand: viii.　Costs ix.　Enrolment processes Funding access (eligibility) processes and funding potentially available	Calls/contacts received Attendance at showcase events CYP attend and connect Parent(s), carers, referring agencies access adequate funding	CYP who after initial contact willingly enrol, participate in the program and complete each term	Register of enquiries Registration Referral data	Economic participation Social participation Reduced health care costs Reduced reliance on social services Reduced participation in crime and the criminal justice system Reduced use of education funds Reduced child protection interventions and costs
Evaluation	Data collection, literature reviews, consultations, analysis, report writing	Reports and workshops	Evidence of outcomes Options for improvements Improved outcomes for CYP	Evaluation tools and processes	Increased government and philanthropic interest and support for Good Life Farm

3   Targeted Document Review

3.1   National and International Models

This targeted document review identifies a range of models and frameworks that may aid in unpacking the Good Life Farm "black box" or secret ingredients that facilitate the reported outcomes.

Search terms included:

- autism, ASD, autism spectrum disorder

- proprioception, motor development, sensory modulation, self-regulation, social functioning, proprioceptive dysfunction, gravitational insecurity, postural insecurity

- therapeutic horseback riding, equine assisted activities, enriched environment, sensory stimulation, olfaction, tactile, sensory integration, animal therapy

- green care, care farming, therapeutic horticulture, therapeutic communities, animal assisted therapy, AAT, farm animals, biophilia

3.1.1   Summary of findings from literature

The therapeutic benefit of natural settings has increasingly been the subject of research and evaluation. Specific models which have been studied include Green Care, Therapeutic Care Farms/Care Farms, Animal Assisted Therapy and Equine Therapy. Applicability of these models to different symptomologies and diagnosis has also been a significant area of investigation.

Both casual observation and structured studies "support the notion that green space can provide a buffer against the negative health impact of stressful life events" (van den Berg et al 2010). This is due to "positive and restorative effects on human health and overall well-being" (Zhang & Choo 2019). "…nature and its influence on our health has gained a larger presence in medical and social science research in past years, and more and more people are aware that through care farming activities, the healing and development in a natural environment is possible. Therefore, the value of natural environment should be recognised and incorporated into people's lives in some capacity, especially those with autism" (Zhang & Choo 2019).

With a focus on Gen Z young people with an "increased reliance on technology," Cruze and Remus examined the benefit of increasing "nature-based activities."   They found benefits of participation in nature-based activities included "relaxation, restoration, and increased awareness to sensory stimulation and self" (Cruze & Remus 2013). Schreduer et al specifically linked this with young peoples' [enhanced] ability to recognise and then utilise available resources for personal growth, protection and health promotion" (Schreuder et al 2014). In the context of youth care farms in the Netherlands, the farm environment was described as "calming, however, as structuring as well…[creating] opportunities for learning: making sense, interpreting and giving meaning to resources and stressors" (Schreuder et al 2014).

Literature suggests that enriched environments that facilitate sensory exposure can contribute to emotional re-centring and empowerment for individuals living with a range of mental health conditions and neurodevelopmental disorders (Zhang & Choo 2019; Reynolds et al 2010). Particular conditions and symptoms referenced in the literature include "anxiety, hypersensitivity, repetitive behaviours or heightened levels of stress" (Reynolds et al

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2010), "schizophrenia, bipolar disorder, and major depression" (Loue et al 2014), as well as issues such as "deficits in social behaviour, social participation, or impairments in learning and memory" (Reynolds et al 2010).

The combination of "novelty in the environment, and active engagement in challenging cognitive, sensory, and motor tasks" (Reynolds et al 2010) and "their therapeutic use of farming-related activities, including organic farming and animal care" (Loue et al 2014) contributed to "psychological health and wellbeing outcomes" (Zhang & Choo 2019). Loue et al observed that Therapeutic Care Farm programs may encompass a broader range of activities and learning opportunities, such as "mood management, dialectical behaviour therapy, creative expression, equine assisted learning, meditation, education, money management training, and independent living skills activities (planning, shopping, cooking, healthy living), and medication management" (Loue et al 2014).

The potential for nature-based programs to form part of autism spectrum disorder (ASD) therapy and intervention approaches is an area of active and ongoing investigation globally. This is particularly due to the sensory seeking/avoiding behaviour of many people living with ASD, as well as the value of rhythm and routine which are implicit in farm settings.

Extending this to encompass cognitive measures of children living with ASD, Woo and Leon found that environmental enrichment was "effective in ameliorating some of the symptoms of autism" (Woo & Leon 2013). This investigation involved "olfactory/tactile stimulation along with exercises that stimulated other paired sensory modalities…[which] provided a clear improvement in cognition" (Woo & Leon 2013). As an example, horse riding has been linked with "greater sensory seeking, sensory sensitivity, social motivation, and less inattention, distractibility, and sedentary behaviours" (Bass et al 2009).

The motor skill impact of ASD has also been noted, with Riquelme stating "Both sensory and motor impairments should be assessed and treated in children with ASD" (Riquelme et al 2016). Proprioception is the "subconscious and conscious awareness of the spatial and mechanical status of the musculoskeletal framework" (Chu 2017). Inhibited proprioception is not limited to individuals living with ASD but is a common symptom. As observed at the Good Life Farm, exposure to and participation in farm activities may contribute to improved motor skills, including proprioception.

"The interrelationships between nature, health and wellbeing are increasingly recognised and incorporated into therapeutic interventions" (Cacciatore et al 2020), including grief and trauma therapy. This link is oriented to "effects of trauma [being experienced] as an inability to appropriately regulate and organise sensory responses. This results in sensory modulation dysfunction associated with emotional and behaviour difficulties" (Joseph 2021). ""In order to change, people need to become aware of their sensations and the way that their bodies interact with the world around them. Physical self-awareness is the first step in releasing the tyranny of the past" (van der Kolk 2015). Sensory treatments "may improve regulation and support trauma processing" (Warner et al 2013).

The importance of a skilled workforce able to facilitate a nature-based therapeutic program cannot be underestimated. As identified by Zhang and Choo, "it is…important to develop a cadre of professionals who are well equipped to provide effective interventions" (Zhang & Choo 2019).

Observations of individuals with a range of mental health, developmental and other symptoms/diagnoses in a nature-based therapeutic setting consistently reflect positive outcomes: "The health and well-being outcomes that result from participating at a care farm influence multiple elements of the human condition and apply amongst vulnerable people with a wide range of personal needs. Care farms have access to a potentially unique range of resources that can support many service users in becoming happier and healthier individuals" (Leck et al 2015). Likewise, van der Kolk observes that "Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives" (van der Kolk 2015).

3.1.2   Animal factors

In the course of undertaking the targeted literature review, Barnhart et al's Animal Assisted Interventions on Therapy Farms for those with Autism was reviewed. Given its strong relevance to Good Life Farm, a section of this paper has been reproduced in table form for ease of reference.

Notes:

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- The Good Life Farm does not have all the animals referenced in Table 3; those not at the Good Life Farm are shaded in grey for ease of identification. There is no current plan to expand the range of animals at the farm.

- The Good Life Farm program does not include horseback riding.

Table 3: Animal factors contributing to ASD symptomology reduction

Animal	Description
Alpacas	Alpacas target symptomology were social skills and tactile stimulation. The clients worked of socialisation skills by playing with the alpacas and shearing wool which provided an element of tactile stimulation. Some participants responded that at times the animal was avoidant of people, which others noted that alpacas were friendly and curious. Overall, the outcome of the interventions were useful as clients received tactile stimulation and worked on their socialisation skills.
Cats	Cats in this study were reported to help comfort visitors when they were around. It was observed that cats are fairly independent and that they could not be trained or counted on to interact with visitors. This frustrated visitors who came to see the cats. However, when the cats did come around, the visitors were delighted. Visitors were able to pet the cats when they allowed it and some sensory deficit issues were addressed.
Chickens	It was observed that some of the visitors did not like birds, however, many did. It was observed that the chickens made the visitors laugh. The farm workers tried to use the chickens to help with socialisation with the visitors. The visitors also learned about safety. As a result the workers observed that the visitors gained a sense of acceptance and that the chickens helped to soothe and comfort them.
Cows	Cows were reported to have effectiveness on target-based symptomology based on observed intervention outcomes. Cows which visitors were able to groom, milk, and interact with in close proximity were favoured over cows in herd groups that were not handled. Thus, the milk cows and their calves were favoured more than beef cattle in the field. Furthermore, cows that produced more milk and were exceptionally docile in nature were preferred over cows that appeared to be more aloof or temperamental. The observed effects of interventions according to interviewees were increased self-esteem, responsibility or a sense of duty and tolerance/patience, increased safety skills and friendships depending on the characteristics of individual cows as previously mentioned. Direct interventions consisted of socialisation through activities of naming new cows, assigning traits, milking, feed/water and grooming.
Dogs	Dogs were observed to be well liked by the farm visitors, and when interacting the dogs were always friendly, patient, and well trained. The visitors who spent significant time with the farm dogs displayed growth in the area of socialisation. The farm did not have a specific activity that included canines, however, visitors sent a significant amount of time simply being with them and staying in their company. The companionship of the canines was observed by the participants of this study to increase the visitors' ability to bond with animals and people, form friendships, and gain acceptance. The participant noted that visitors feel accepted by the dogs and are then willing to branch out and socialise once that confidence is established.
Donkeys	Participants recognised that some donkeys had the ability to recognise sadness as evidenced by the donkeys' efforts to comport those who were experiencing sadness. This worked well to help work on socialisation skills with clients. Overall, the donkeys helped provide comfort and emotional support to the clients.
Ducks	Ducks were wild animals that happened to take up residence on the farm. The visitors, often children, would feed and chase the ducks when they were in proximity. The children who fed the ducks showed an increase in empathy for the animals, while those who chased the ducks showed a greater awareness of personal safety. The only was the visitors interacted with the ducks was through feeding and by chasing them. According to the participants of this study,

	these activities helped to instil boundaries in the children, who reported that they enjoyed the experience of having dominion over another animal.
Geese	Geese were reported to be a helpful addition to therapy farms as they provided some socialisation opportunities for clients. However, they also posed danger in some instances. However, in the therapeutic sense, this helped therapists to work on instilling the notion of boundaries in some clients.
Goats	Therapy farm workers reported that overall, goats were mellow and that they each had personalities of their own. Workers also reported that some of the visitors found the goats to be scary, mostly because of their horns. However, the majority of the visitors liked visiting with the goats. Targeted symptomology were care and empathy for the animal as well as socialisation and a safety component. Visitors had the opportunity to groom and lead the goats out to pasture. Farm workers observed that the visitors enjoyed having dominion over something and that they were able to develop friendships and bond with the goats.
Guinea Pigs	Participants reported that guinea pigs helped to provide clients with socialisation skills and were often noted as the go-to animal when working with new clients. The participants shared that the guinea pigs provided humour and that clients with short attention spans were easily engaged with guinea pigs due to their constant moving and speed. Furthermore, clients enjoyed their small size.
Horses	Horses were observed to be a favourite animal among all of the visitors who attend the farms. The visitors who spent time with the horses displayed an increase in their socialisation, their ability to care for and empathise with the animals, as well as with other participants, and finally the participants increased their awareness for their safety, along with the safety of the animal. The farm designed activities and interventions for the participants to interact with the horses, such as grooming maintenance, cleaning, and trail rides. According to the participants of this study, these activities helped to build friendships, confidence, and happiness among those who attend the farm and spend time with the horses. The participants also indicated that that visitors enjoyed the experience of having dominion over another creature.[3]
Pigs	Pigs were reported to have target-based symptomology effects on visitors as increased social skills and friendships opportunities for visitors. This was observed through interactions between pigs and visitors in the form of assigning personality traits to them, naming them, grooming, and cleaning pens, alone or in cooperation with other visitors.
Rabbits	Participants shared that rabbits provided an element of socialisation skills for the clients as well as tactile stimulation. Participants also reported that the clients found the rabbits to be comforting. Clients also enjoyed holding the rabbits and found the rabbits to be docile in nature.
Sheep	Sheep were reported to have effectiveness on target-based symptomology as to the interactions and general relationships toward visitors by which individual farms utilised them. The general observed interactions between visitors and sheep were herding, sitting the field observing the sheep and grooming. The general target symptomology of increased self-esteem and companionship were reported as the primary effects of interactions.
Turkeys	Participants reported that the clients were drawn to the turkeys because the head both changes colours and in temperature, which were beneficial for sensory seeking clients. They also reported that the turkeys helped the clients to focus in therapy.

Source: Barnhart G, Silverwood A, Efird W & Wells, K (2020). Animal Assisted Interventions on Therapy Farms for Those With Autism. The Humanistic Psychologist, OnlineFirst, 1

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[3] Note: the Good Life Farm program does not include horseback riding

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4   Data Collection and Analysis

4.1   Administrative Data

4.1.1   Timeframe

Historical data (2017 - Term 2 2021) relating to referring agencies and young people referred to the program was provided initially and updated each term. Ultimately, data for five and a half years was provided: Term 1 2017 through to Term 2 2022. This was considered important, due to the significant disruption Covid-19 caused the program.

4.1.2   Demographic Information

Participant Age and Home Circumstances

As shown in Figure 1, the majority of Good Life Farm participants are aged between 9 and 15 years; this typically equates to Victorian primary grades 3 to 6 and secondary years 7 to 9.

Given this developmentally and socially broad range, participants are typically grouped by age: seven to ten years, eight to 12 years, and teens. Flexibility in these age groupings allows for individual needs, challenges and preferences to be accommodated, particularly as aspects of the program are age sensitive to some extent. The "cool" factor is also a more significant consideration for teens as compared to primary school participants.

**Figure 1: Age Distribution, *n*=189**
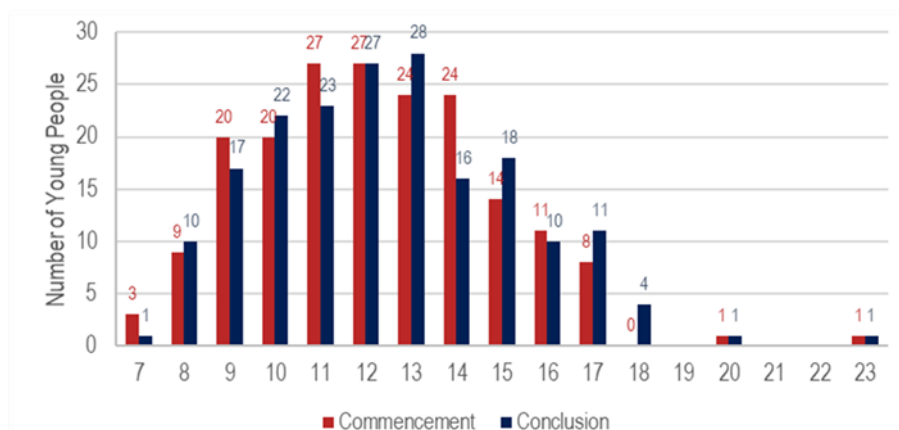
At their commencement with Good Life Farm, close to 75% of young people were living with their nuclear family (at least one parent); home circumstances were unknown for 8.5%. The balance were either living with other family in a formal or informal arrangement (13 young people, 6.9%); 19 young people (10.1%) were in an out of home care placement of some type.

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Table 4: Home Circumstances at Commencement, *n*=189

Home circumstances	Detail	#	%
Home with nuclear family	Both parents	59	31.2%
	Single/separated family	71	37.6%
	Blended family	7	3.7%
	No further detail	4	2.1%
	Total	**141**	**74.6%**
Living with other family or in kinship care	Grandparent/s	3	1.6%
	Relatives	4	2.1%
	No further detail	6	3.2%
	Total	**23**	**6.9%**
Out of Home Care	Home based care/foster care	13	6.9%
	Transition care	1	0.5%
	No further detail	5	2.6%
	Total	**19**	**10.1%**
Other/not stated		**16**	**8.5%**

At commencement at Good Life Farm, 65% of young people lived with a 40km distance from the farm; a further 25.7% lived within 40-60km; 17 lived 60+km away as illustrated in Figure 2.

Figure 2: Home Suburbs by Distance from Good Life Farm at Commencement, *n*=183
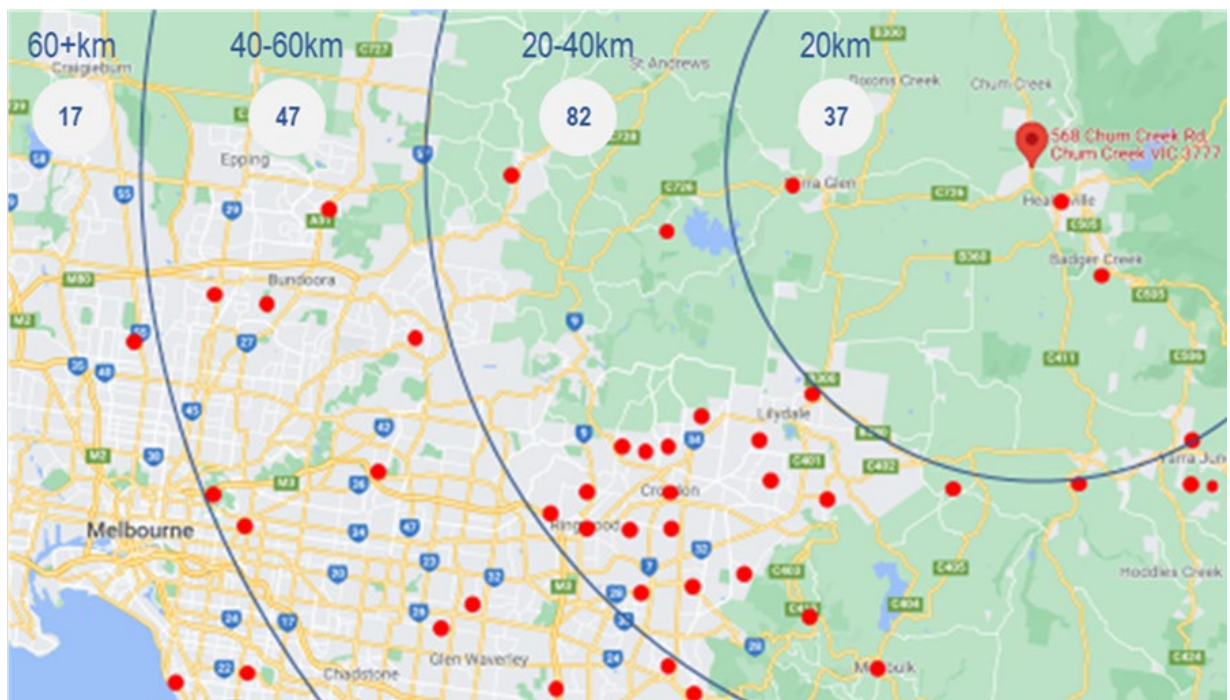
Bearing in mind that road and traffic conditions, road use density and speed limits can significantly impact travel time over the same distance from different locations, travel times from each of the home suburbs to Chum Creek have been provided in Table 5.

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Table 5: Home Suburbs at Commencement, *n*=183

Travel time	# YP	Suburbs & travel distance[4]		
<15 min	33	• Badger Creek 7.7km • Chum Creek 4.4km	• Healesville 4.6km	• Yarra Glen 14.8km
15-29 min	34	• Chirnside Park 27.8km • Coldstream 21.9km • Don Valley 18.9km • Gladysdale 28.4km • Gruyere 19.1km	• Kangaroo Ground 32.7km • Launching Place 20.7km • Lilydale 24.3km • Montrose 30.6km	• Mt Evelyn 27.2km • Seville 24.5km • Woori Yallock 18.2km • Yarra Junction 22.4km
30-44 min	77	• Bayswater 39.5km • Bayswater North 37.1km • Boronia 40.1km • Buxton 43.4km • Cockatoo 39.5km • Croydon 34.1km • Croydon Hills 36.8km • Croydon North 32.4km • Croydon South 37.1km • Diamond Creek 40km	• Donvale 44.8km • Emerald 41.2km • Ferntree Gully 43km • Kilsyth 35.1km • Kinglake West 44.1km • Marysville 36.8km • Millgrove 31.9km • Monbulk 38.1km • Mooroolbark 31km • Olinda 39.1km	• Powelltown 40km • Ringwood 38.7km • Ringwood East 39.4km • Ringwood North 40.9km • Vermont 44.5km • Wantirna 42.4km • Warburton 31.9km • Warrandyte 41.9km • Warranwood 36.8km
45-59 min	22	• Alphington 60.1km • Belgrave 49.3km • Belgrave South 50.7km • Burwood East 50.9km • Dandenong 60.2km • Doncaster 49.9km	• Forest Hill 47.1km • Glen Waverley 51.5km • Mill Park 51.8km • Montmorency 44.8km • Pakenham 28.8km • Reservoir 55.8km	• Rowville 54.3km • Scoresby 51.4km • Taggerty 56.4km • Tecoma 47.3km • Upwey 46.7km
60-74 min	8	• Abbotsford 66.3km • Edithvale 70.9km • Fawkner 60.4km	• Frankston 79.7km • Hawthorn East 61.7km • Keilor East 71.5km	• Narre Warren South 75.4km
75-89 min	5	• Caroline Springs 83.1km • Caulfield North 74.8km	• Elwood 71.9km • Pyalong 113km	• Sunshine West 77.9km
90< min	2[5]	• Inverloch 144km	• Lakes Entrance 316km	

The time and distance families, teachers or workers are prepared to transport young people to participate in the Good Life Farm program suggests a number of scenarios:

• There is a shortage of appropriate alternate programs available (actual programs and/or places available)

• The Good Life Farm offering is recognised as particularly valuable for a specific cohort/s of young people

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[4] Travel distance has been calculated using Google Maps, with the parameters being "568 Chum Creek Road, Chum Creek" and "suburb/locality name" for each. Google Maps uses the "centre" of the suburb/locality. Where Google Maps returned multiple travel routes (and therefore different travel distances) the shortest distance has been used.

[5] Further investigation regarding some of the outlier locations revealed that while the young person may reside at a significant distance from the Good Life Farm, there was a relative living close to Chum Creek, and attendance at the farm became an overnight trip.

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Attendance

Analysis of the number of terms completed at Good Life Farm reveals that 43.9% (83 young people) completed a single term; 27.0% (51) completed two terms; and 11.6% (22) completed three terms. These young people comprise 82.5% (156) of the total number reviewed (189). A small number (19 young people, 10.1%) completed between four and six terms, and 14 young people (7.4%) completed between eight and 12 terms. No young people in the population reviewed completed seven terms.

Data and anecdotal reports suggest that after two terms, many young people have developed the skills and confidence to better engage in educational and social settings; a significant number "graduate" from Good Life Farm at this point. Analysis of the current status of 60 Good Life Farm participants over the period term 3 2021 through to term 2 2022 identified that five young people (8.3% of the 60) did not engage with the Good Life Farm program; 23 young people (38.3% of the 60) were still attending the Good Life Farm.

Figure 3 shows the current status of the remaining 32 former Good Life Farm Participants (53.3% of the 60). It can be seen that the majority of these participants (23; 38.3% of the 32 former participants) have established a positive engagement either at school (18; 56.3% of the 32 former participants), at an alternate program (2; 6.3% of the 32 former participants), or in employment (3; 9.4% of the 32 former participants). The status of the remaining nine young people (28.1% of the 32 former participants) is unknown as they did not respond to the request for an update or DFFH was unable to provide an update.

Figure 3: Participant status post Good Life Farm attendance, *n*=32
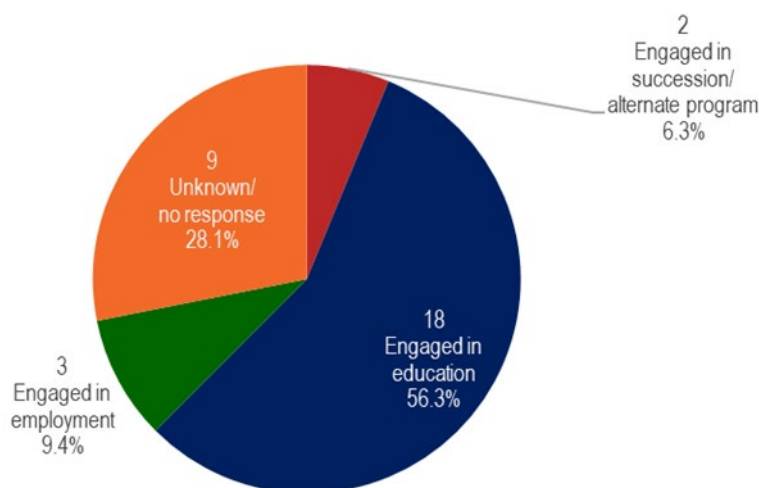
Data and anecdotal reports suggest those participants who continued beyond two terms continued to experience positive change, although typically at a lesser/incremental rate. These longer-term participants tend to access the Good Life Farm via their NDIS package.

Charts in the next section (Client Outcome Indicators) focus on data relating to young people's terms one to three at the Good Life Farm, as beyond that point numbers are significantly smaller and less likely to be representative of the broader Good Life Farm participant group.

Daily attendance at the Good Life Farm varies across the course of the young person's tenure, as shown in Table 6.

Table 6: Good Life Farm Daily Attendance, *n*=189

Term	Start/End	Not regular/consistent	50-80% attendance	Above 80% attendance
YP's 1st term	Start	24%	14%	62%
	End	11%	8%	81%
YP's 2nd term	Start	22%	30%	48%

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	End	17%	17%	65%
YP's 3rd term	Start	31%	13%	38%
	End	31%	19%	50%

Good Life Farm staff and management reflection on attendance data is based on knowledge of each young person, and understanding their motivation, personal growth and continuing challenges.

Good Life Farm personnel consider increased attendance in the young person's first term is reflective of initial nervousness about being in a new (unknown) environment, which transitions to excitement and anticipation over the course of the term. Term two data is seen to reflect that young people are enjoying and looking forward to their days at the Good Life Farm.

It is observed that the level of commitment/engagement of the majority of young people, declines through term three. It is speculated that this is a positive given that school engagement is typically improved, and young people are motivated to return to a more conventional school and social environment. Age is also likely to be a factor in this transition.

School Engagement at Commencement

Poor levels of school engagement is a common characteristic of young people referred to the Good Life Farm, with significant issues with school engagement reported for close to 55% of participants, as shown in Table 7. It should be noted that the descriptions used below are drawn/inferred from referral notes prepared by referrers with diverse perspectives and expectations around school attendance and engagement.

See 4.3.1 Education Engagement for analysis on outcomes correlated to Good Life Farm attendance.

Table 7: School Engagement at Commencement, *n*=106

Engagement	Detail	#	%
Attending school	Home schooled	8	7.5%
	Full attendance	11	10.4%
	Mainly attends	10	9.4%
	Modified attendance	4	3.8%
	Total	**33**	**31.1%**
Issues with school engagement	Sporadic attendance	8	7.5%
	Poor attendance	5	4.7%
	Attends, disengaged	15	14.2%
	Regular school refusal	23	21.7%
	Suspended/expelled	7	6.6%
	Total	**58**	**54.7%**
Other	Enrolled, no further detail	13	12.3%
	No enrolment	1	0.9%
	Aged out	1	0.9%
	Total	**15**	**14.2%**

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4.1.3   Diagnoses and Conditions

Referral/intake notes were reviewed to identify diagnoses and conditions. While referrers bring training and experience to their roles, it is not assumed that they have the qualifications to make formal diagnoses; rather this data set reflects their informed observations. In some cases, formal diagnoses have been made. For the purposes of this evaluation, no distinction has been made between formal and observational diagnoses.

Multiple diagnoses were included on referral information for many young people, meaning that numbers exceed the n count. This evaluation did not further investigate individual cases, but the perspective of a range of psychologists on multiple diagnoses, as summarised by Bessel van der Kolk in The Body Keeps Score, provides some cause for reflection:

"Eighty two percent of the traumatized children seen in the National Child Traumatic Stress Network do not meet diagnostic criteria for PTSD. Because they often are shut down, suspicious, or aggressive they now receive pseudoscientific diagnoses such as 'oppositional defiant disorder,' meaning 'This kid hates my guts and won't do anything I tell him to do,' or 'disruptive mood dysregulation disorder,' meaning he has temper tantrums. Having as many problems as they do, these kids accumulate numerous diagnoses over time. Before they reach their twenties, many patients have been given four, five, six, or more of these impressive but meaningless labels. If they receive treatment at all, they get whatever is being promulgated as the method of management du jour: medications, behavioral modification, or exposure therapy. These rarely work and often cause more damage" (Van der Kolk 2015).

Table 8: Developmental/Behavioural Diagnoses, *n*=189

Developmental/behavioural diagnoses		
• Autism spectrum disorder, 56 • ADHD, 52 • Oppositional defiance disorder, 29 • Poor impulse control, 16 • Intellectual disability, 12 • Aggressive behaviour, 11	• ADD, 10 • Verbal aggression, 10 • Dyslexia, 6 • Sensory processing disorder, 6 • Learning disorder, 5 • Sexualised behaviour, 5	• Dysgraphia, 2 • Foetal Alcohol Syndrome Disorder, 2 • Global Development Delay, 2 • Tourette's, 2 • Dysarthria, 1

Table 9: Mental Health Diagnoses/Symptoms, *n*=189

| Mental health diagnoses/symptoms		
• Anxiety, 101 • Emotional dysregulation, 37 • PTSD/trauma history, 32 • Low self-concept, 26	• Depression, 22 • Obsessive compulsive disorder, 6 • Body dysmorphia/issues, 4 • Eating disorder, 4	• Suicide ideation/self-harm, 4 • Attachment disorder, 1 • Bipolar disorder, 1

Table 10: Other Diagnoses/Symptoms, *n*=189

Other diagnoses/symptoms		
• Epilepsy & other seizure disorders, 4 • Motor skills disorders, 4 • Sleep disorders, 4	• Physical disability, 3 • Asthma, 1 • Exercise intolerance, 1	• Frequent headaches & stomach aches, 1 • Hearing impairment, 1

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4.1.4 Referral Sources

It is important for the Good Life Farm to understand referral sources. This information, however, has been significantly impacted by covid over the past two years. Nevertheless, it can be seen in Figure 4 that NDIS referrals have proportionately increased since 2017, with the full rollout of the NDIS (commenced 2016) being an obvious factor. School-based referrals have proportionately declined over the same time period, while agency referrals have increased. Consultations and staff interviews suggest that these changes may be related: students who previously may have been referred and funded by schools may now be referred and funded by agencies, given changes in where potential funds may be accessed.

Figure 4: Referral Sources, Change Over Time
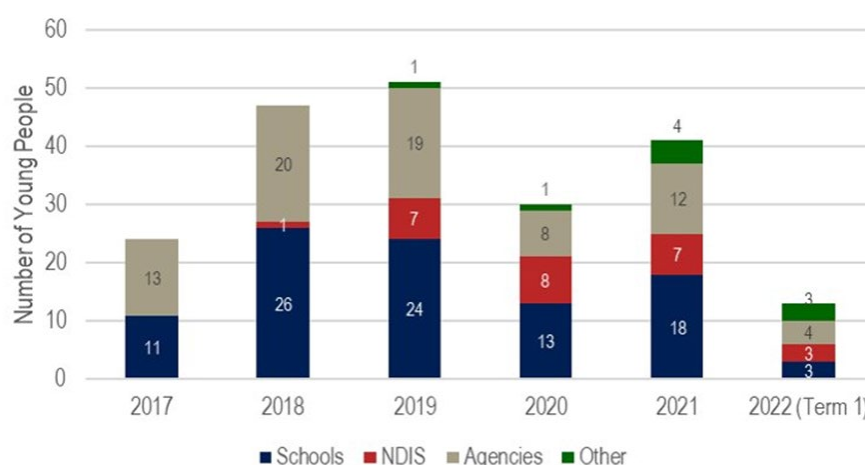
4.2 Client Outcome Indicators

4.2.1 Timeframe

The initial timeframe for in program data collection was three terms[6]. In early 2022 it was agreed to extend the in-program data collection for an additional term[7] to increase the sample size.

4.2.2 Data Arrangement and Coding

While data was collected over four chronological school terms, outcomes data has been reported according to each young person's participation at the Good Life Farm.

Charts in this section of the report use the coding format "YP-T1" to represent data relating to participant's first term at the Good Life Farm, "YP-T2" to represent their second term and so on. It is important to note that these terms relate to each young person's engagement with the Good Life Farm, not chronological school terms.

> For example, 26 young people participated in Term 2, 2022.
>
> For eight young people, this was their first term at the Good Life Farm (YP-T1); for another eight young people, this was their second term at the Good Life Farm (YP-T2); for four it was their third term (YP-T3); for two was their fourth term; for one it was their fifth term; for two their sixth term; for one their tenth term.

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[6] Term 3 2021, Term 4 2021 and Term 1 2022

[7] Term 2 2022

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Further, charts in this section focus on data relating to young people's terms one to three at the Good Life Farm, as beyond that point numbers are significantly smaller and less likely to be representative of the broader Good Life Farm participant group, as discussed in 4.1.2

4.2.3   Data Collection Tools

In addition to internationally benchmarked psychometric tools which allow comparison of complexity against general and specific populations (Strengths and Difficulties Questionnaire [SDQ] and Health of the Nations Outcome Scales for Children and Adolescents [HoNOSCA]), two non-validated tools developed by Verso and used in multiple previous service reviews and evaluations (allowing comparison) were selected for use: Brann Likert Scales (modified version) and Life Skills Likerts.

In response to observed changes in young people's functioning over the course of their participation in the Good Life Farm program, a short series of "sensory and environment" questions were developed. The questions were informed by published research and consultation with a paediatric physiotherapist.

4.2.4   Data Collection Protocols

The full suite of data was collected at commencement and completion of each school term. The collection was referenced to the young person's Good Life Farm participation. Accordingly, data relating to term 12 was collected for one young person. The following table sets out the distribution of data collected, by number of terms at Good Life Farm.

Table 11: Data Collected by Number of Terms at the Good Life Farm

# Terms	# Young people	# Terms	# Young people
One	19 participants	Seven	none
Two	13 participants	Eight	1 participant
Three	11 participants	Nine	1 participant
Four	2 participants	Ten	3 participants
Five	1 participant	Eleven	2 participants
Six	2 participants	Twelve	1 participant

As shown in Table 11, there was a significant drop in numbers of young people who completed four terms as compared to three terms. Accordingly, outcomes data relating to young people's first, second and third terms at the Good Life Farm has been reported in this section.
See 4.2.2 Data Arrangement and Coding for further explanation.

4.2.5   Assumptions and Limitations

- Due to the Good Life Farm's peculiar model, there is a lack of directly relevant comparison data for similar cohorts of children and young people participating in similar programs; normative population benchmarks are utilised where notionally applicable

- Previous evaluations (eg Faircloth et al 2011) have shown data trend correlation between SDQ, HoNOSCA and Brann Likert Scales, evidencing internal integrity

- The Sensory and Environment tool was developed for this evaluation; while it is well founded in literature, the baseline and significance of changes is unknown

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- Outcomes data was collected and change over time is reported for each term completed by young people at the Good Life Farm; outcomes data does not reference young people who commenced but did not complete a term

- Intake and outcomes data suggest NDIS funded participants and more complex clients attend the Good Life Farm for a greater number of terms than other participants; this is reflected in outcomes data in that the YP-T3 cohort has different characteristics to the YP-T1 and YP-T2 cohorts. See 4.2.2 for further explanation of coding protocol

- *n* counts:

  - YP-T1 (1st term) *n* = 37
  - YP-T2 (2nd term) *n* = 24
  - YP-T3 (3rd term) *n* = 17

4.2.6   2.8.5.   Strengths and Difficulties Questionnaire

The SDQ is comprised of five sub-scales organised into three categories:

- **Externalising category**: Emotional problems and Peer problems sub-scales

- **Internalising category**: Conduct problems and Hyperactivity sub-scales

- **Pro social category** and sub-scale

For ease and consistency of comparison and interpretation, SDQ scores are reported in bands, which represent:

- Close to average: 80% of the normative population

- Slightly raised (pro social lowered): 10% of the normative population

- High (pro social low): 5% of the normative population

- Very high (pro social very low): 5% of the normative population

| SDQ Chart Interpretation Guide |
| --- |
| In the SDQ figures following, **positive change is indicated by increase in the size/proportion of the blue and green bands**. |
| Columns represent a time series. Therefore, **positive change over time can be seen by comparing the size/proportion of the blue and green bands from one column to the next: increases represent positive change**. |

Emotional Scales

These scales consider the nature and prevalence of aches, worries, unhappiness, clinginess and fears in the young person's life. Consistent positive change can be seen from the start of the young person's first term (YP-T1 Start) through to the end of the young person's second term (YP-T2 End).

Bearing in mind the distinct composition of the YP-T3 cohort, there is a decrease at YP-T3 Start, but by YP-T3 End, the outcomes are comparable to YP-T2 End, and the distribution is more positive than the normative population (80:10:5:5).

The proportion of orange/red bands also decreases over the course of the three terms.

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Figure 5: SDQ Band Distribution – Emotional Scales
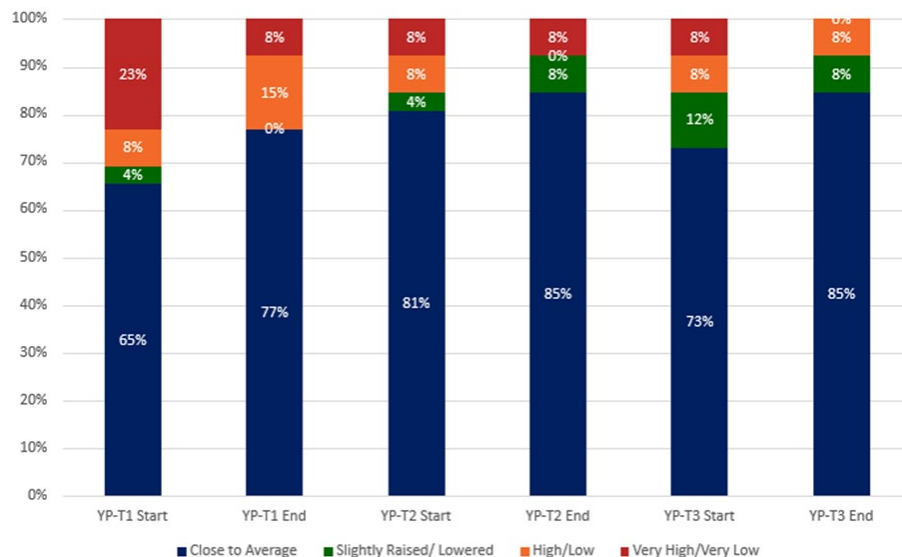

Peer Problems Scales

These scales consider the nature and prevalence of solitude, friends, popularity, victimisation and interaction with adults in the young person's life. Positive change is evident YP-T1 Start through to YP-T2 End.

The more complex YP-T3 cohort reported a lower "close to normal" band proportion at YP-T3 Start, although by YP-T3 End outcomes are broadly consistent with the normative population distribution.

The proportion of orange/red bands decreased over the course YP-T1 and YP-T2, and this trend is also seen over YP-T3.

See 4.3.2 Social Skills and Confidence for analysis on social functioning outcomes correlated to Good Life Farm attendance.

Figure 6: SDQ Band Distribution – Emotional Scales
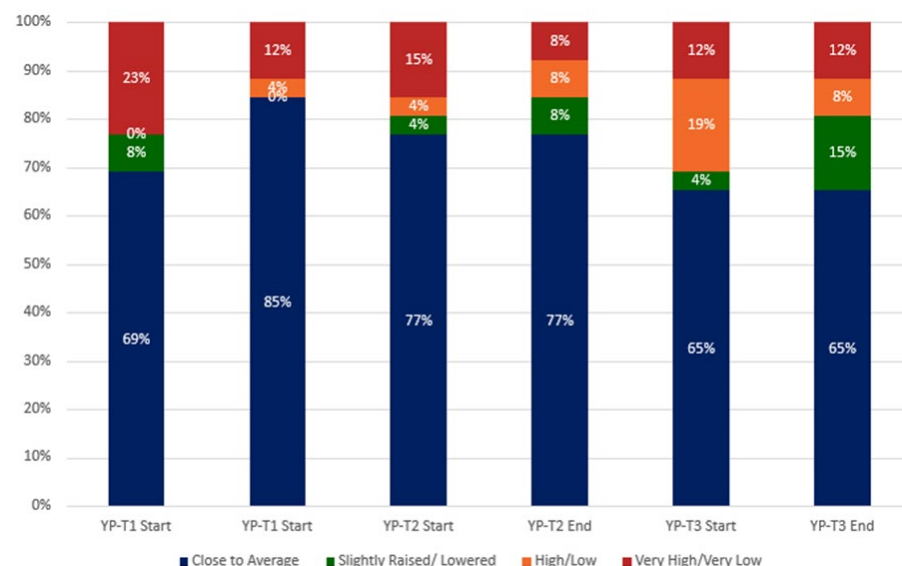

Conduct Scales

These scales consider the nature and prevalence of tempers, obedience, fights, lying/cheating and stealing in the young person's life. Significant positive change can be seen from start to end of YP-T1, with "close to average"

exceeding the 80% normative population benchmark. While the high figure of 96% "close to average" is not sustained across terms two and three, outcomes at YP-T2 End and YP-T3 End indicate positive change from the YP-T1 Start base, and exceeding the normative population benchmark distribution.

The proportion of orange/red bands consistently decreased over the course of the three terms.

**Figure 7: SDQ Band Distribution – Conduct Scales**
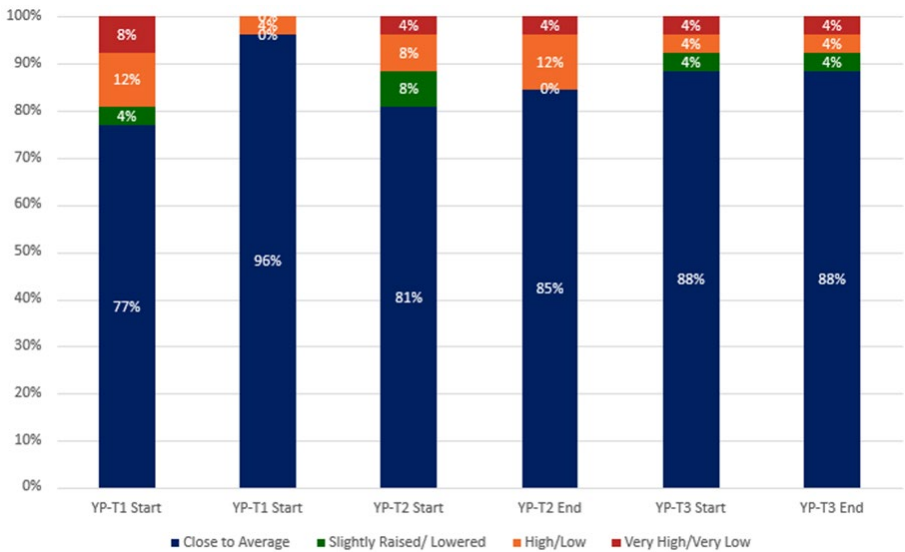
Hyperactivity Scales

These scales consider the nature and prevalence of restlessness, fidgeting, distractibility, self-reflection and attention in the young person's life. Consistent positive change can be seen over the course of YP-T1 Start to YP-T2 End, and is echoed (blue and green bands) through YP-T3 as well, and is also more positive than the normative population benchmark.

The proportion of orange/red bands decreased over the course of the three terms.

Figure 8: SDQ Band Distribution – Hyperactivity Scales
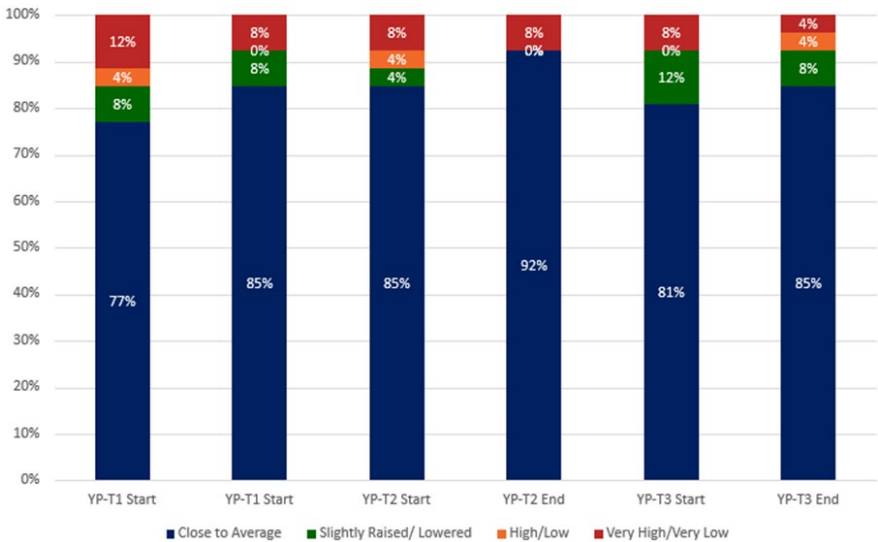

Pro Social Scales

These scales consider the nature and prevalence of being considerate, sharing, being helpful, being kind, and volunteering in the young person's life. A clear distinction between this and the other SDQ sub-scales is that the

Good Life Farm cohort start from a base of 96% reporting a "very low" (red band) pro social score, the balance scored in the "low" (orange) band.

Figure 9: SDQ Band Distribution – Pro Social Scales
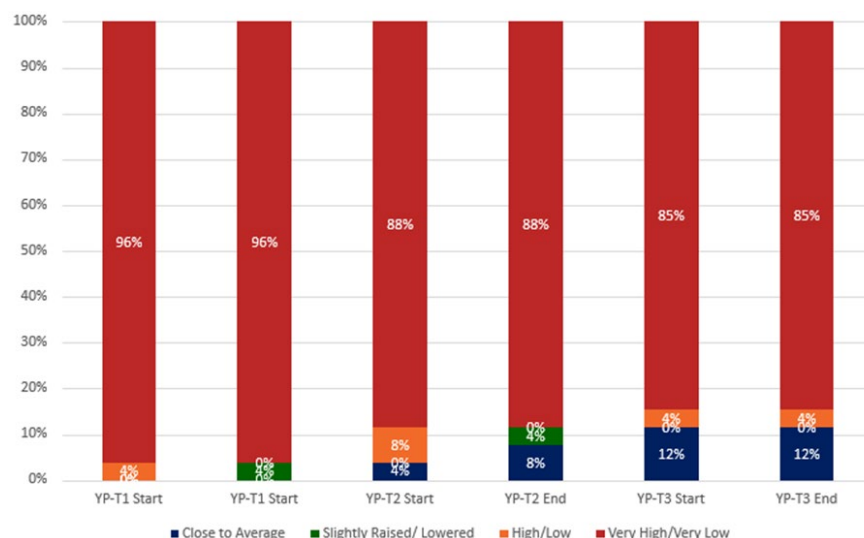
Incremental positive change can be seen over the course of YP-T1 Start to YP-T2 End. At YP-T2 End 12% of young people scored in the blue/green bands. This was maintained through YP-T3, despite the more complex profile of this cohort. While this is significantly lower than the normative population distribution, a positive trend is evident as the proportion of orange/red bands decreased over the course of the three terms.

See 4.3.2 Social Skills and Confidence for analysis on social functioning outcomes correlated to Good Life Farm attendance.

4.2.7   Health of the Nations Outcome Scales for Children and Adolescents

The HoNOSCA is comprised of four sub-scales:

- **Behaviour** – comprising four questions
- **Impairment** – comprising two questions

- **Symptoms** – comprising three questions
- **Social** – comprising four questions

HoNOSCA Chart Interpretation Guide
In the HoNOSCA figures following, **positive change is indicated by a reduction in scores**.
Columns represent a time series. Therefore, **positive change over time can be seen by comparing the size/proportion of columns from one column to the next: decreases represent positive change**.

Behaviour Scales

These scales consider the following:

- Problems with disruptive, antisocial, aggressive behaviour

- Non-accidental self-injury

- Problems with overactivity, attention or concentration

- Problems with alcohol, substance/solvent misuse

Overall improvement (reduction in symptom severity) can be seen across the three terms, although a slight increase from third term start and end is evident for the YP-T3 cohort.

Figure 10: HoNOSCA Behaviour Scales
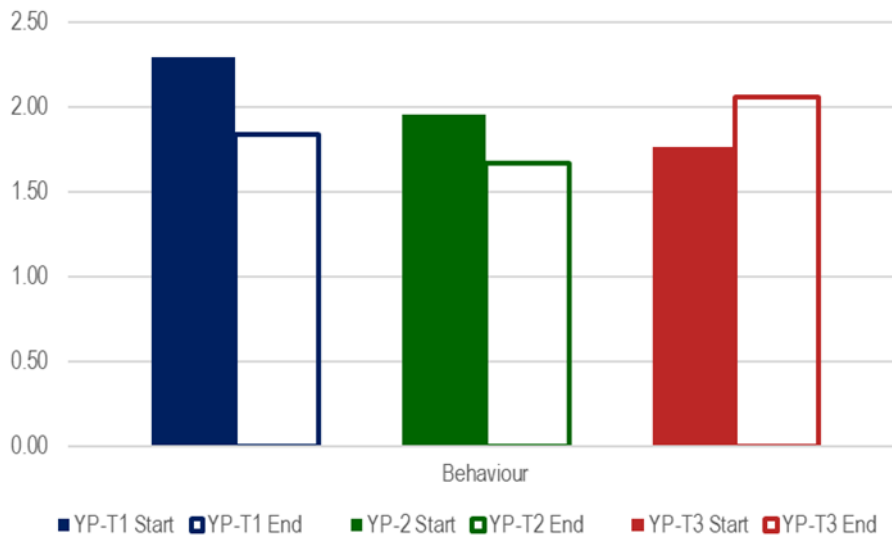
Impairment Scales

These scales consider the following:

- Problems with scholastic or language skills
- Physical illness or disability problems

Overall increase in symptom severity can be seen. This is consistent with the consultation and data finding that NDIS funded participants are likely to experience more than two terms at the Good Life Farm. At YP-T3, this cohort is the dominant group, and therefore the impairment scores are higher than those for YP-T1 and YP-T2.

**Figure 11: HoNOSCA Impairment Scales**
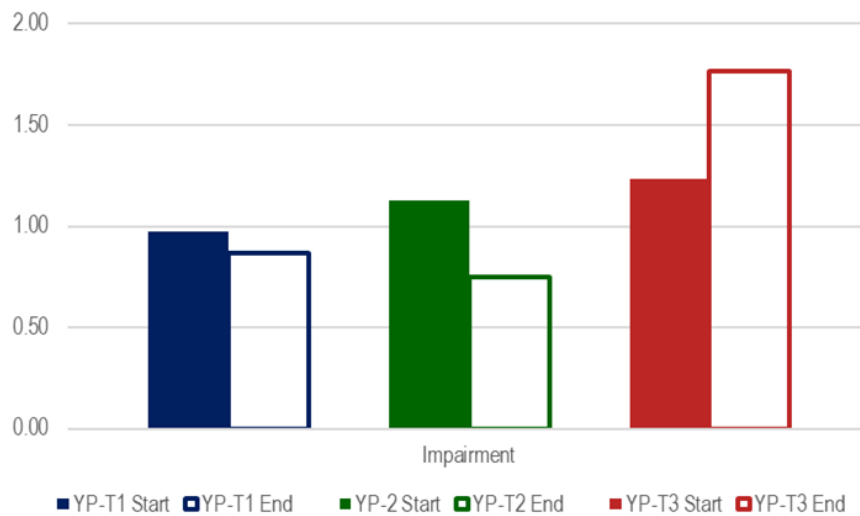
Symptom Scales

These scales consider the following:

- Problems associated with hallucinations, delusions or abnormal perceptions

- Problems with non-organic somatic symptoms
- Problems with emotional and related symptoms

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Improvement (reduction in symptom severity) can be seen for each term, as well as across the three terms, including for the more complex YP-T3 cohort.

Figure 12: HoNOSCA Symptom Scales
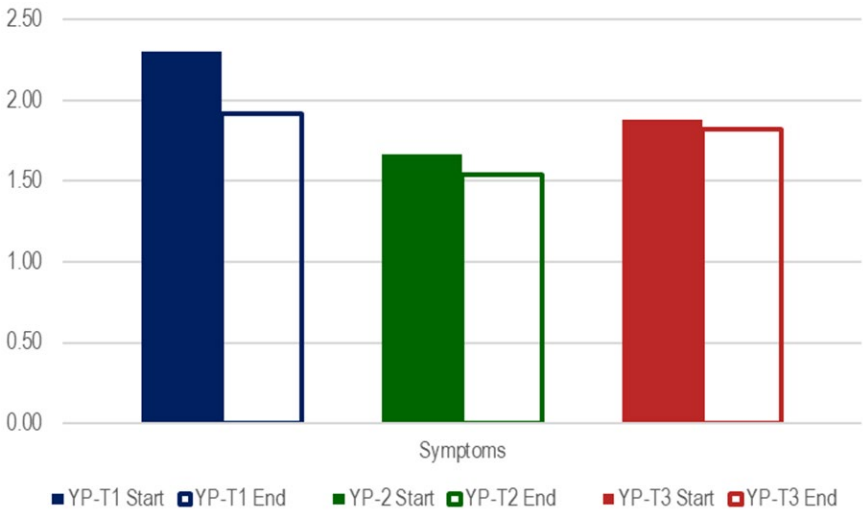
Social Scales

These scales consider the following:

- Problems with peer relationships
- Problems with self-care and independence
- Problems with family life and relationships
- Poor school attendance

Overall improvement (reduction in symptom severity) can be seen across the three terms, a slight increase being observed in relation to the YP-T3 cohort.

See 4.3.1 Education Engagement and 4.3.2 Social Skills and Confidence for further analysis correlated to Good Life Farm attendance.

Figure 13: HoNOSCA Social Scales
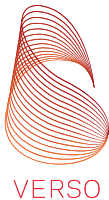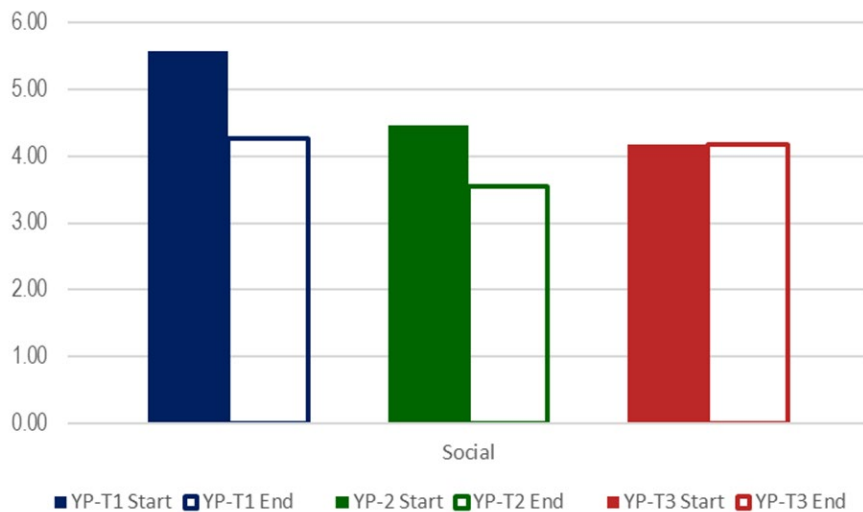
4.2.8   Brann Likert Scales

A selection of the Brann Likert Scales, developed in 2009 to measure outcomes against the (then draft) National Standards for Out of Home Care, were identified as relevant to the Good Life Farm cohort and program. The selected questions covered the domains of:

- Health and wellbeing
- Peer functioning

- Sense of self
- Aggression and self-harm

- Contact – carers and family (quality of contact)

| Brann Likert Scales Chart Interpretation Guide |
|---|
| The five domains measured are represented by a five-section column graph, with a section corresponding to each domain. Within each section, a column represents each time point (ie start/end of each term).
Lower scores are more positive/preferred (0 = optimal/most positive). |

As illustrated in Figure 14, positive change can be observed for all domains, albeit a marginal overall improvement in the Aggression & self-harm domain. The greatest proportional improvement was reported for Sense of self (34.4%) and Health & wellbeing (30.8%). As identified in relation to SDQ and HoNOSCA YP-T3 outcomes, the greater complexity of this cohort is evident, although improvement is observed across all domains.

See 4.3.2 Social Skills and Confidence for further analysis of positive change correlated to Good Life Farm attendance.

Figure 14: Brann Likert Scales (selected), YP-T1, YP-T2 & YP-T3
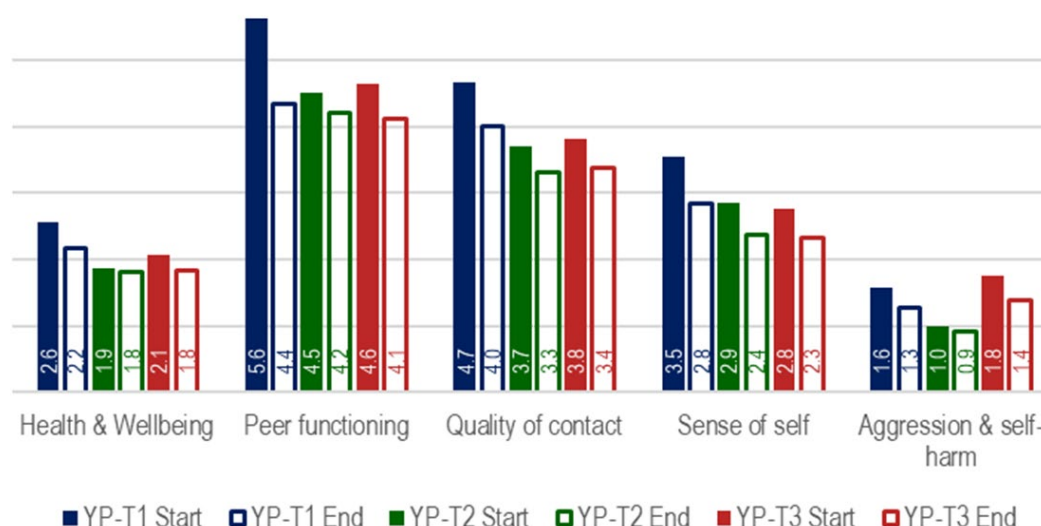
4.2.9   Life Skills Likerts

The Life Skills Likerts comprise ten indicators organised into two categories:

- **Internal characteristics**: sense of self, insight into personal skills/capacity, motivation to develop personal skills/capacity, insight into issues in their life, confidence to make decisions/take action regarding issues in their life, able to plan for their future

- **External characteristics**: ability to engage with adults, participation in pro social/community activities, participation in risk taking/illegal activities, seek support in life areas where they need assistance

Aggregated Good Life Farm participant data indicates overall improvement in life skills across the three terms. For nine of the ten indicators (the exception being "not engaged in risk taking behaviour"), clear improvement is evident in Figure 15. Slight negative change (ie an increase in engagement in risk taking/illegal behaviour) is apparent, however this is likely to be attributable to the age of the young people attending the Good Life Farm, with adolescent risk-taking behaviour peaking around age 15 due to "development imbalance between the socioemotional and cognitive control systems following puberty" (Murray et al, 2021).

Figure 15: Life Skills Likerts Radar, YP-T1 & YP-T
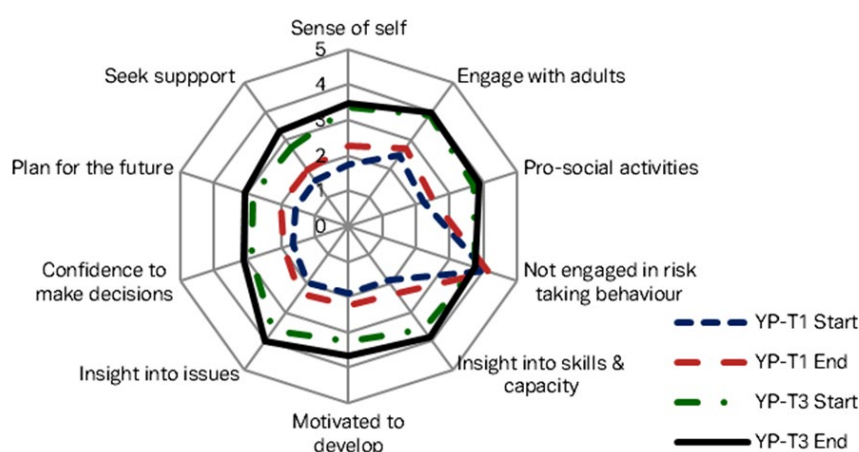
4.2.10   Sensory & Environment

A customised sensory and environment tool was developed for this evaluation based on observations of the Good Life Farm staff and management that children and young people experience positive change relating to their sensory awareness of the environment. The custom sensory and environment tool sought information relating to the young person's engagement with the Good Life Farm environment, and covered the domains outlined in Table 12. The evidence base for this tool is outlined in Section 3 Targeted Document Review.

Table 12: Sensory and Environment Domains

Domain	Question focus
Sensory	Sensory seeking: touching animals, picking up items, writes too hard, plays rough, bangs or shakes feel while sitting, chews, bites and likes tight clothes
	Poor motor planning/control and spatial awareness: difficulty going up and down stairs, bumps into people and objects frequently, difficulty riding a bike
	Poor balance/posture control: slumps, unable to stand on one foot, needs to rest head on desk while working
	Sensory avoidance: avoids touching animals, doesn't mix feed, avoids noise/unfamiliar sounds
Nature	Young person's level of comfort spending time in nature
	Young person's ability to identify/articulate linkages between their own wellbeing and connection with the natural world
	Likelihood of young person to actively seek out time in nature as a way of fostering their wellbeing

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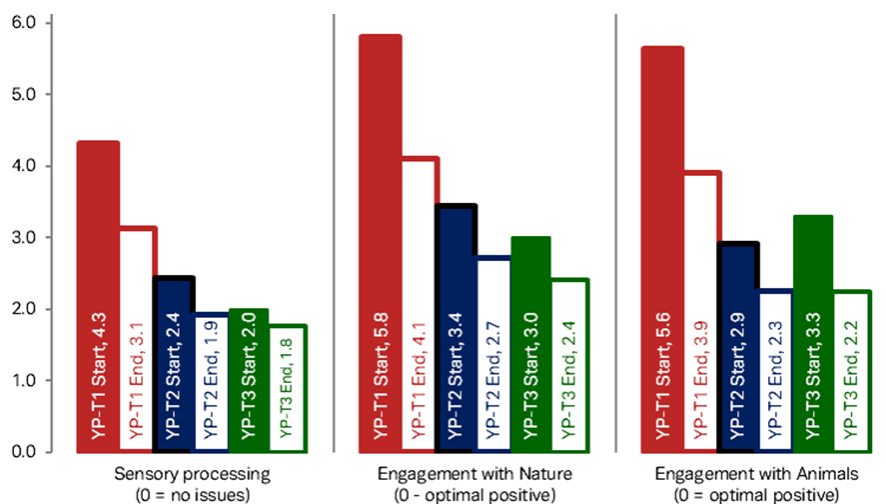| Animals	Young person's level of comfort spending time with animals
	Young person's ability to identify/articulate linkages between their own wellbeing and connection with animals
	Likelihood of young person to actively seek out time with animals as a way of fostering their wellbeing

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Sensory and Environment Chart Interpretation

The three domains measured are represented by a three-section column graph, with a section corresponding to each domain. Within each section, a column represents each time point (ie start/end of each term).

Optimal/positive processing/engagement is indicated by lower scores (0 = optimal/most positive).

As shown in Figure 16, positive change was observed for all domains, across the three terms. This is consistent with Good Life Farm staff reported observation of young people who when first attending the Good Life Farm were "tripping over their own feet", "couldn't open a gate" and "couldn't work out how to use a shovel." Within a short time, these young people were more coordinated and had a better sense of their body and its place and space.

Figure 16: Sensory and Processing Scales

Sensory processing (0 = no issues): YP-T1 Start, 4.3; YP-T1 End, 3.1; YP-T2 Start, 2.4; YP-T2 End, 1.9; YP-T3 Start, 2.0; YP-T3 End, 1.8

Engagement with Nature (0 - optimal positive): YP-T1 Start, 5.8; YP-T1 End, 4.1; YP-T2 Start, 3.4; YP-T2 End, 2.7; YP-T3 Start, 3.0; YP-T3 End, 2.4

Engagement with Animals (0 = optimal positive): YP-T1 Start, 5.6; YP-T1 End, 3.9; YP-T2 Start, 2.9; YP-T2 End, 2.3; YP-T3 Start, 3.3; YP-T3 End, 2.2

4.3   Focused Analysis

Analysis of Good Life Farm intake information revealed a range of health, mental health and circumstantial factors affecting their capacity to constructively engage in educational and social settings. The outcomes data found that the Good Life Farm experience (encompassing staff interaction, time in nature and caring for animals) enabled participants to gain confidence, life skills and strategies to manage stressors, and the self-awareness to recognise this was the case.

The following "deep dives" provide a thematic review of educational and social engagement findings. While these themes are connected, there are specific findings in relation to each.

Details regarding the factors considered in the HoNOSCA scales discussed below are drawn from the Glossary for HoNOSCA Score Sheet (Gowers et al, 1998).

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4.3.1   Education Engagement

Poor level of school engagement is a common characteristic of young people referred to the Good Life Farm, with significant issues with school engagement reported for close to 55% of participants at referral. It should be noted that this assessment is drawn/inferred from referral notes prepared by referrers with diverse perspectives and expectations around school attendance and engagement.

A theme throughout consultation discussions with referrers was the need for a "circuit breaker" to reset the young person's functioning in their current setting. This was particularly evident in consultations with school-based referrers, but not exclusive to this group.

HoNOSCA item 13 specifically rates Poor school attendance, and includes consideration of truancy, school refusal, school withdrawal and suspension for any cause. Table 13shows aggregated scores across participants' first three terms, showing improved school attendance at the end of each term as compared to the start of the term.

Table 13: HoNOSCA Poor School Attendance Response Distribution

Rating	YP-T1 Start	YP-T1 End	YP-T2 Start	YP-T2 End	YP-T3 Start	YP-T3 End
No problems of this kind.	40.5%	62.2%	47.8%	54.2%	58.8%	52.9%
Slight problems, e.g. late for two or more lessons.	13.5%	5.4%	17.4%	16.7%	11.8%	5.9%
Definite but mild problems, e.g. missed several lessons because of truancy or refusal to go to school.	13.5%	5.4%	8.7%	4.2%	5.9%	17.9%
Marked problems, absent several days.	18.9%	18.9%	13.0%	16.7%	11.8%	17.6%
Severe problems, absent most or all days. Any school suspension, exclusion or expulsion for any cause.	13.5%	8.1%	13.0%	8.3%	11.8%	5.9%

Review of average scores, Figure 17, shows overall improved school attendance from YP-T1 Start to YP-T3 End, although a slight increase from start to end of YP-T3 is observed (remained an improvement on YP-T1 Start).

Figure 17: HoNOSCA Poor School Attendance Scale, average scores

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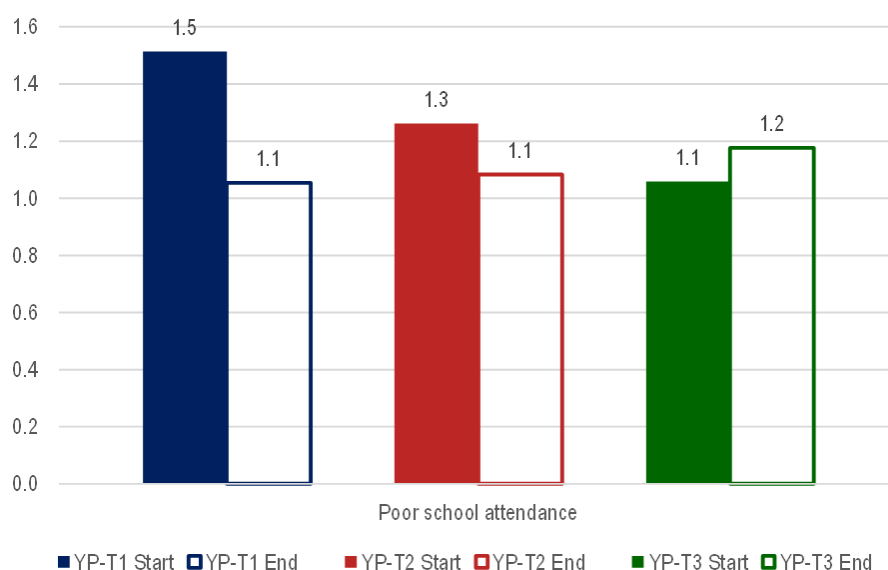
Drawing on consultation findings, these changes are seen to represent growing confidence and skills to operate in a structured context, such as a school setting. This is supported by the observation that after two terms, many young people have developed the skills and confidence to better engage in educational and social settings; a significant number "graduate" from Good Life Farm at this point.

While collection and analysis of longitudinal school engagement data is outside scope of this evaluation, available feedback from Good Life Farm staff and referrers indicates that the Good Life Farm is a successful "circuit breaker" intervention for many young people.

4.3.2   Social Skills and Confidence

Many young people are referred to the Good Life Farm due to challenges in social settings. The causes and effects are varied and complex, and include:

- aggressive/other inappropriate behaviour (verbal/physical aggression, poor impulse control/emotional dysregulation, bullying [victim and/or perpetrator],

- isolating symptoms/behaviours (anxiety, depression, low self-concept, trauma history, attachment disorder)

Improved ability to develop and maintain positive relationships is a goal commonly sought by referrers.

The SDQ Peer problems and Pro social scales provide insight into change over time correlated to Good Life Farm participation. As reported at 4.2.5, these scales indicate positive change over time, with the proportion of "close to average" responses increasing and responses reflective of dysfunction reducing over time – in most cases including for the more complex YP-T3 cohort. Examination of three specific SDQ items provides good insight into change over time in relation to social functioning:

- SDQ item 11 Has at least one good friend

- SDQ item 14 Generally liked by other young people

- SDQ item 19 Picked on or bullied by other young people

Reduced symptom severity (positive change) is shown in Figure 18by lower scores; accordingly, it can be seen that young people's scores on these items across YP-T1 and YP-T2 reflect clear positive change and improved social functioning. YP-T3 scores for "Generally liked by other young people" and "Picked on or bullied by other young people" indicate no change in these measures.

Figure 18: SDQ Select Peer Problem Items, average scores

Legend: ■ YP-T1 Start □ YP-T1 End ■ YP-T2 Start □ YP-T2 End ■ YP-T3 Start □ YP-T3 End
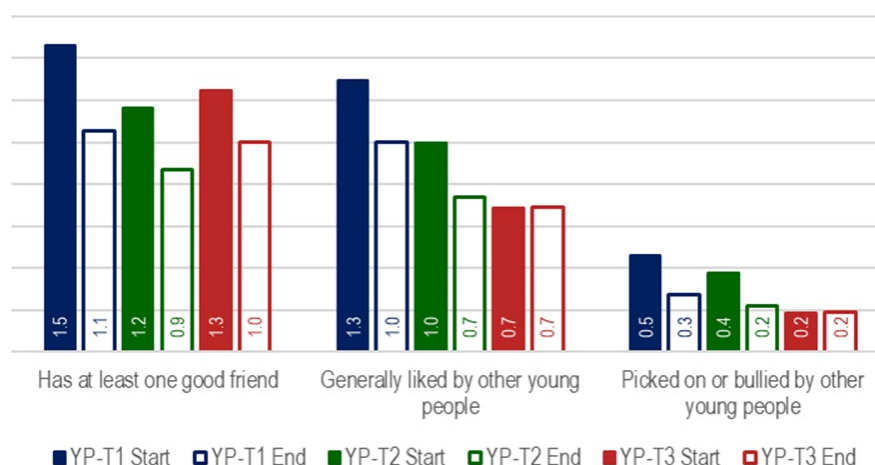
Likewise, the HoNOSCA Social scales provide a picture of overall improving function in this area, especially scales relating to Problems with peer relationships and Problems with family life and relations.

HoNOSCA item 10 specifically rates Problems with peer relationships and includes consideration of problems with school mates and social network, problems associate with active or passive withdrawal from social relationships or problems with over intrusiveness or problems with the ability to form satisfying peer relationships, and social rejection as a result of aggressive behaviour or bullying. Table 14 shows aggregated scores across participants' first three terms, showing a decrease in the proportion of young people with moderate and severe issues, and a marked increase in those with either no significant or occasional problems.

Table 14: HoNOSCA Problems with Peer Relationships Response Distribution

| Rating	YP-T1 Start	YP-T1 End	YP-T2 Start	YP-T2 End	YP-T3 Start	YP-T3 End
No significant problems.	21.6%	24.3%	33.3%	45.8%	17.6%	11.8%
Either transient or slight problems, occasional social withdrawal.	21.6%	29.7%	20.8%	33.3%	52.9%	58.8%
Mild but definite problems in making or sustaining peer relationships. Problems causing distress due to social withdrawal, over-intrusiveness, rejection or being bullied.	21.6%	35.1%	25.0%	12.5%	5.9%	17.6%
Moderate problems due to active or passive withdrawal from social relationships, over-intrusiveness and/or to relationships that provide litter or not comfort or support, e.g. as a result of being severely bullied.	24.3%	5.4%	8.3%	0.0%	17.6%	11.8%
Severe social isolation with no friends due to inability to communicate socially and/or withdrawal from social relationships.	10.8%	5.4%	12.5%	8.3%	5.9%	0.0%

Review of average scores, Figure 19, shows overall reduced problems with peer relationships from YP-T1 Start to YP-T3 End, including a reduction over YP-T3.

Figure 19: HoNOSCA Problems with Peer Relationships Scale, average scores

Problems with peer relationships

■YP-T1 Start □YP-T1 End ■YP-T2 Start □YP-T2 End ■YP-T3 Start □YP-T3 End
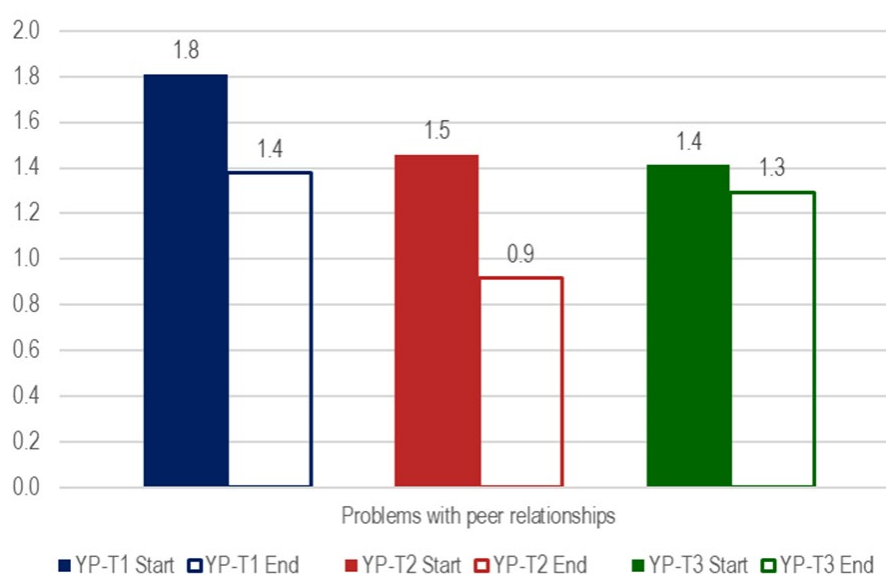
Brann Likert Scales provide another window on social functioning, in respect to relationships with both staff and peers in the Good Life Farm setting. Consistent with other findings, the trend over the three terms is positive, even for the more complex YP-T3 cohort (Figure 20). The greatest improvement is evident across YP-T1.

Figure 20: BLS Quality of Contact, average scores
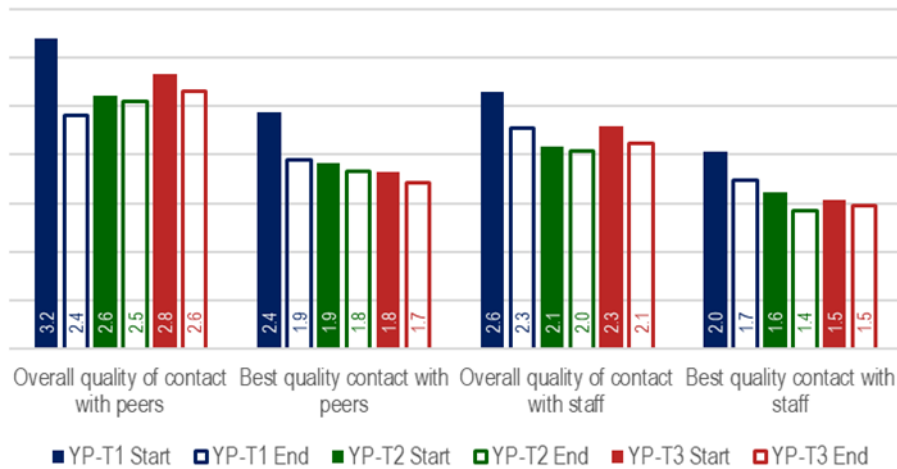
Sense of self is a significant factor affecting confidence in social settings: "Self-esteem has an impact on the decision-making process, relationships, emotional health and general well-being...Low self-esteem can make it difficult to connect with others and communicate one's needs...When we have high self-esteem, we can set appropriate boundaries in relationships and sustain positive relationships with ourselves and others" (Sruthika et al, 2022).

Change in relation to sense of self was measured by the Brann Likert Scales and the Life Skills Likerts, as shown in Figure 21 and Table 15respectively. Both measures show improved (positive) sense of self over the three terms, including for the YP-T3 cohort.

Figure 21: BLS Sense of Self, average scores
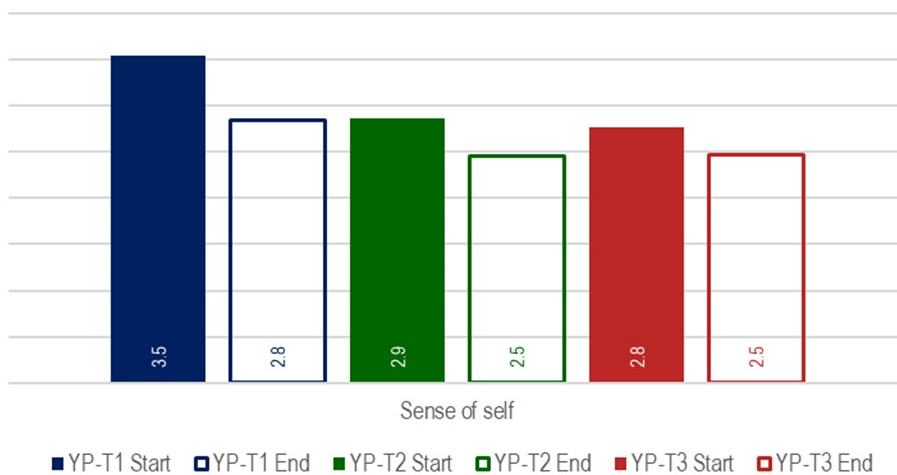
While the Life Skills Likerts response distribution shows marginal change in the proportion of "unsure" responses from YP-T1 Start to YP-T3 End, the proportion of "agree/strongly agree" responses shifts from 16.2% at YP-T1 Start to 58.3% at YP-T2 End, and "disagree/strongly disagree" shifts from 18.8% at YP-T3 Start to 12.5% at YP-T3 End.

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Table 15: Life Skills Likerts Sense of Self Response Distribution

The young person generally has a positive sense of self	YP-T1 Start	YP-T1 End	YP-T2 Start	YP-T2 End	YP-T3 Start	YP-T3 End
Strongly Agree	0.0%	2.7%	4.2%	0.0%	0.0%	6.3%
Agree	16.2%	48.6%	41.7%	58.3%	68.8%	43.8%
Unsure	40.5%	32.4%	33.3%	25.0%	12.5%	37.5%
Disagree	27.0%	13.5%	16.7%	16.7%	12.5%	12.5%
Strongly Disagree	16.2%	2.7%	4.2%	0.0%	6.3%	0.0%

HoNOSCA item 12 specifically rates Problems with family life and relationships, and includes consideration of problems with parent-child and sibling relationship problems, (including foster parents, social workers/teachers in residential placements), relationships in the home and with separated parents/siblings; problems with emotional abuse such as poor communication, arguments, verbal/physical hostility, criticism and denigration, parental neglect/rejections, over restriction, sexual and/or physical abuse; sibling jealousy, physical or coercive sexual abuse by sibling; problems with enmeshment and overprotection; problems associated with family bereavement leading to re-organisation.

While the Good Life Farm program does not directly intervene in family relationships, Table 16 shows aggregated scores across participants' first three terms, showing a decrease in the proportion of young people with moderate and severe issues, and a marked increase in those with either no significant or occasional problems. It has been theorised that participants' improved social functioning may include better impulse regulation and greater ability to positively/constructively connect with family members, thereby reducing the risk/occasion of them experiencing problems in the home environment.

Table 16: HoNOSCA Problems with Family Life and Relationships Response Distribution

Rating	YP-T1 Start	YP-T1 End	YP-T2 Start	YP-T2 End	YP-T3 Start	YP-T3 End
No problems of this kind.	27.0%	29.7%	37.5%	33.3%	23.5%	23.5%
Slight or transient problems.	5.4%	10.8%	12.5%	16.7%	17.6%	17.6%
Mild but definite problem, e.g. some episodes of neglect or hostility or enmeshment or overprotection.	32.4%	35.1%	20.8%	33.3%	29.4%	41.2%
Moderate problems, e.g. neglect, abuse, hostility. Problems associated with family/carer breakdown or re-organisation.	24.3%	21.6%	20.8%	12.5%	29.4%	17.6%
Serious problems with child feeling or being victimised, abused or seriously neglected by family or carer.	10.8%	2.7%	8.3%	4.2%	0.0%	0.0%

Review of average scores, Figure 22, shows overall reduced problems with family relationships from YP-T1 Start to YP-T3 End, although the YP-T3 End score represents a slight increase on YP-T2 End.

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Figure 22: HoNOSCA Problems with Family Life and Relationships Scale, average scores

Problems with family life and relationships

■ YP-T1 Start □ YP-T1 End ■ YP-T2 Start □ YP-T2 End ■ YP-T3 Start □ YP-T3 End
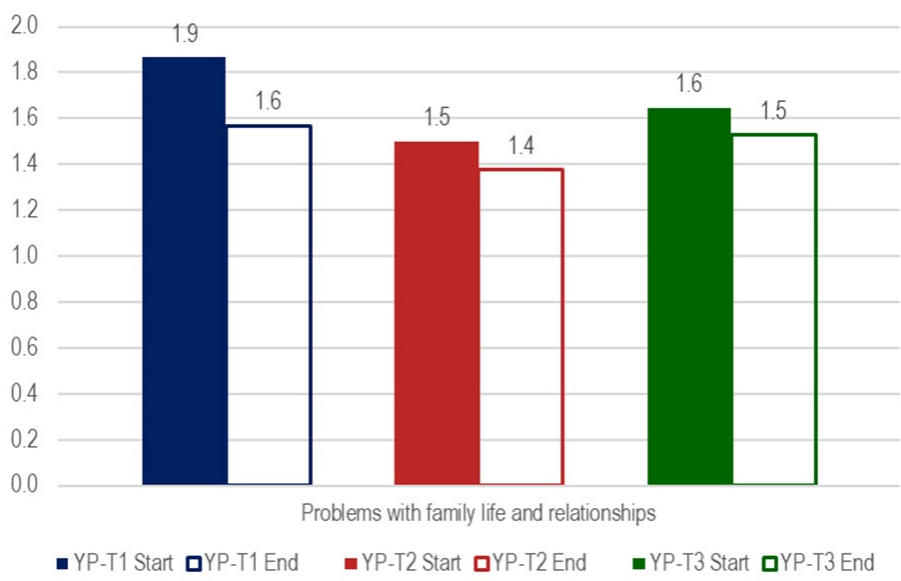
5   Summary Findings and Analysis

5.1   Key Findings

- Analysis of 55 client profiles found participants are living with a range of health, mental health and circumstantial factors that significantly affect their capacity to constructively engage in educational and social settings, to the extent that the Good Life Farm was identified as an appropriate program to meet their needs

- The psychometric and observational tools confirmed positive change for participants during their time at the Good Life Farm, with the most marked change indicated over their first two terms

- Evidence suggests after two terms, many participants have developed the skills and confidence to better engage in educational and social settings; a significant number "graduate" from Good Life Farm at this point

- Those participants who continued beyond two terms experienced continued positive change, although typically at a lesser/incremental rate; these participants typically had more complex needs, and their participation was more likely to be funded via an NDIS package

- The outcomes are significant as they demonstrate positive change for the young people across multiple domains that include:

  - Improved mental and emotional health
  - Improved sense of self
  - Improved peer functioning

  - Improved engagement with education
  - Improved sensory functions
  - Reductions in negative and damaging behaviours

- The significance of the change can be understood not only in the improvements, but also in relation to disrupting the escalating trajectory of school refusal,[8] unmanageable behaviours and poor peer functioning

- The outcomes are being achieved through application of three therapeutic interventions applied in a synergistic manner. The three interventions share 'attachment theory' as a common core theory however this is not at the exclusion of other therapeutic strategies. These three interventions include:

  - **Positive connection to a trusted adult** – the adult is skilled and trained to practice therapeutically building on attachment and trauma theories and supported by a therapeutic specialist; this connection to the key workers enables them to coach and assist children and young people to build positive peer functioning

  - **Positive connections to domesticated farm animals** (on the working farm - the Good Life Farm) building on the evidence base of the therapeutic benefits and impacts of 'animal assisted' therapy

  - **Positive connection and appreciation to the natural environment** including the Good Life Farm, operating on permaculture principles, and the surrounding bush environment

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[8] School refusal is a term that deflects the behaviour onto the child or young person in a manner that may lead the reader to consider that the child or young person has a choice. It is possible/probable that pain and/or distress experienced by the child or young person causes them to feel they are not able to attend. The term has been used by referring agencies and therefore it is used with caveat detailed in this note.

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5.1.1   Findings from Literature

Summary finding from the literature research support the observations of the Good Life Farm and empirical evidence relating to positive improvements (benefits) experienced by participants.

The Good Life Farm and other natural environment experiences:

"support the notion that green space can provide a buffer against the negative health impact of stressful life events" (van den Berg et al 2010). This is due to "positive and restorative effects on human health and overall well-being" and "Therefore, the value of natural environment should be recognised and incorporated into people's lives in some capacity, especially those with autism" (Zhang & Choo 2019).

The Good Life Farm as a natural environment:

"The health and well-being outcomes that result from participating at a care farm influence multiple elements of the human condition and apply amongst vulnerable people with a wide range of personal needs. Care farms have access to a potentially unique range of resources that can support many service users in becoming happier and healthier individuals" (Leck et al 2015).

The Good Life Farm as a structured learning environment:

Schreduer et al specifically linked this with young people's [enhanced] ability to recognise and then utilise available resources for personal growth, protection and health promotion" (Schreuder et al 2014). In the context of youth care farms in the Netherlands, the farm environment was described as "calming, however, as structuring as well…[creating] opportunities for learning: making sense, interpreting and giving meaning to resources and stressors" (Schreuder et al 2014).

The Good Life Farm as an environment for sensory stimulation:

The motor skill impact of ASD has also been noted, with Riquelme observing "Both sensory and motor impairments should be assessed and treated in children with ASD" (Riquelme et al 2016). Proprioception is the "subconscious and conscious awareness of the spatial and mechanical status of the musculoskeletal framework" (Chu 2017). Inhibited proprioception is not limited to individuals living with ASD but is a common symptom. As observed at the Good Life Farm, exposure to and participation in farm activities may contribute to improved motor skills, including proprioception.

Farm animals:

van der Kolk observes that "Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives" (van der Kolk 2015). The Good Life Farm builds on safety with people and delivers the therapeutic impacts of positive attachments with the natural environment and with animals. Barnhart et al's Animal Assisted Interventions on Therapy Farms for those with Autism was reviewed. Their review demonstrates that different animals provide connections that have differing therapeutic impacts. This is consistent with the observation of the Good Life Farm that children and young people bond and/or are drawn to different animals according to their need and symptoms.

5.2   Outcomes Discussion

The evaluation outcomes are significant as school refusal and/or increasing disengagement with education and poor peer and social functioning are indicators of poor future life outcomes. The consultations consistently highlighted the need for a 'circuit breaker' (something to break the trajectory of increasing disengagement/refusal from school and poor peer functioning). The escalating trajectory outcomes without an effective 'circuit breaker' are significant.

5.2.1   Outcomes Trajectory

The insights from literature and consultations have been used to identify the outcomes likely to be experienced by the children and young people who attend the Good Life Farm without the intervention of the program. This information helps to validate the finding that the intervention outcomes are significant.

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The focus of the quantitative evaluation paid particular attention to peer and broader relational functioning. The multiple indicators used demonstrate positive program effect from the application of the multiple therapeutic interventions. Communities that Care (an initiative of Rotary and Royal Children's Hospital) have published risk and preventative factors for youth that provide insight into how the Good Life Farm supports the development of preventative factors for poor mental health and suicide. Table 17 details risk factors that are commonly observed in cohort of children and young people at entry to the Good Life Farm.

Table 17: Communities that Care - Risk and Protective Factors Extract

Domain	Risk factors	Protective factors
School	• Academic Failure (low academic achievement) • Low commitment to school • Bullying	• Opportunities for prosocial involvement in school • Recognition of prosocial involvement
Peer/individual	• Rebelliousness • Early initiation of problem behaviour • Favourable attitudes toward problem solving • Antisocial behaviour • Interaction with friends involved in problem behaviour • Sensation seeking • Rewards for antisocial involvement	• Social skills • Belief in moral order • Emotional control • Interaction with prosocial peers

Source: https://www.communitiesthatcare.org.au/how-it-works/risk-and-protective-factors, accessed 07/12/2022

The broader international literature provides insight into the relationship between school absenteeism, school refusal, truancy and poor outcomes. Some of the literature discusses the casual relationship between school absenteeism, school refusal and truancy suggesting that these factors have a cause in early life adversity and/or family life and with deprivation being a factor. Regardless of the causal or causative relationship, there is a link between school absenteeism, school refusal, truancy and a raft of poor outcomes.

When the Good Life Farm intervention breaks the escalating occasions of class disruption, suspensions, school absenteeism, truancy and school refusal, this outcome should be understood to be a significant positive outcome and to be impactful to the broader society. The economic impact of supporting children and young people to re-engage with education may be substantial in relation to avoiding future costs related to criminal offending, poor health, incarceration and dependency on other Government services.

The literature identifies that school absenteeism and dropout leads to poor-to-very poor education outcomes with the resultant lifetime impact on economic, health and social participation. For example, Gottfried et al's review of broader literature found that "increased absences…raise sociological, health, and economic concerns. Sociologically, students who are absent more frequently often exhibit greater behavioural issues, including disengagement and alienation," that "highly absent students also tend to engage in both current and future health-risk behaviours, such as smoking and alcohol and drug use" and that "economically, students who are more frequently absent also face greater future economic hardships, such as unemployment." (Gottfried et al 2014).

Amongst the findings of Henry et al is that "for the early adult outcomes, dropout is a significant mediator of the effect of earlier school disengagement on serious violent crime, official arrest/police contact, problem alcohol use, and problem drug use. These findings suggest that earlier school disengagement affects young adult problem behaviours via high school dropout. Taken together, these core findings add to the current literature on the long-term effects of school disengagement on problem behaviours" (Henry et al 2012).

Further, Heyne et al summarises a range of findings related to poor outcomes: "School is a central context for development. A youth's absence from this context has the potential to create or compound deviations in normal development. Nonattendance affects learning and achievement, and higher rates of nonattendance are associated

with greater declines in achievement. There is a risk for drug use, early school dropout, and unemployment. A significant number of nonattending youth become juvenile offenders, invoking the school-to-prison pipeline and ending their school career. Nonattendance can seriously disrupt a youth's social-emotional development and many youth who have difficulty attending school have mental health disorders. The need for effective intervention for school attendance problems (SAPs) is evident. Intervention is informed by assessment, but the assessment process is complicated by several factors" (Heyne et al 2019).

Armfield et al state "School absenteeism and truancy is generally considered to be one of the most important indicators of poor educational outcomes. It is associated with significant long-term deleterious effects such as criminal activity and adult psychiatric problems and is a better predictor of school dropout than poor academic performance" (Armfield et al 2020).

The discussion identifies the key insights that include:

• Disruption to the critical stages of adolescent developmental and social functioning

• A higher potential for children and young people to engage with the criminal justice system as CYP and as adults

• Increasing poor mental health including a reduction suicide protective factors

• Poor to very poor education outcomes with the resultant lifetime impact on economic and social participation

Consultations likewise indicate that school absenteeism and school refusal may be one of a range of indicators that can escalate to a point where child protection become involved which increases the likelihood that the child or young person may be placed out of home care.

5.2.2   Therapeutic Outcomes – Implications and Insights

As the evaluation outcomes (qualitative and quantitative) have been analysed and documented additional consultations were undertaken with clinical psychologists working in out of home care and child and family services. The key elements explored through these consultations have been why therapeutic interventions employed at the Good Life Farm; therapies that have been developed to promote healing for children and young people who have been impacted by developmental and complex trauma, are so effective with the Good Life Farm cohort.

Therapies targeted to children and young people impacted by developmental and complex trauma promote recovery in the neurobiological function of the brain of children and young people with developmental and complex trauma. Developmental trauma leads to a chronically elevated arousal baseline characterised by high levels of a stress hormone, cortisol, that can create a susceptibility to a threat response (fight/flight) even in non-threatening situations, as well as a chronic hypervigilance that primes the child to seek and find evidence of potential threat in their environment.

The Good Life Farm cohort have a broad range of diagnoses that are not highlighting trauma with only a small proportion (16.9%) having a trauma diagnosis. Based on the Good Life Farm outcomes consultees consider that the Good Life Farm participants are likely to have a significant under diagnosis of complex trauma and developmental trauma. The observation is consistent with their own practice observations and international literature (such as Bruce Perry and Bessel Van Der Kolk's contributions).

Implications for some children and young people attending the Good Life Farm include:

• They may have adverse early life or contemporary experiences that have not been diagnosed or disclosed

• The current agency and school diagnosis provided to Good Life Farm may be inadequate or misleading

• They may experience a 'stage' of healing but require the application of additional interventions and strategies to promote ongoing recovery and cement the early gains. This would require development of alternate or restructured approaches informed by an understanding of the neuro-sequential recovery pathways

It is reasonable to find from the literature and practice experience that disengagement with education is a clear indicator of underlying issues that are impacting on the children and young people's health and wellbeing.

The Good Life Farm has a unique window and opportunity to observe functioning and individual recovery that would assist a more accurate understanding of children and young people's adverse early life or contemporary experiences. This would support more accurate and complete assessments and interventions with long-term outcomes for the children and young people and impacts for broader society.

5.3   Implications

Key implications include the following:

- For most of the participants, their Good Life Farm experience (encompassing staff interaction, time in nature and caring for animals) enabled them to gain confidence, life skills and strategies to manage stressors, and the self-awareness to recognise this was the case. This is consistent with the objectives sought by referrers, and demonstrated in outcomes data

- Greater clarity regarding the Good Life Farm's potential to benefit two distinct participant cohorts (generally distinguished by whether NDIS package funds were utilised) will enable further nuance of the program, including recommended participation timeframes:

    - for non-NDIS funded participants – two school terms recommended

    - for NDIS-funded participants – minimum three school terms recommended, as per personal/package goals

- Such timeframes will also aid in providing greater job security for the skilled Good Life Farm workforce; staff group stability will enable the Good Life Farm to continue to achieve excellent outcomes for participants

- The Good Life Farm may be able to further develop the service offering[9] that includes assessment and the development of a care plan that cements the recovery experienced while in the Good Life Farm program

- The Good Life Farm may be able to offer new and/or additional services that enable implementation of the proposed care plan

- The Good Life Farm may be able to respond child safety issues disclosed in the process of undertaking a more deliberate and better-informed assessments

- The Good Life Farm assessments may identify education and training opportunities (and service responses) to aid parents and carers and schools to implement the care plan strategies and goals

The proactive approach employed by the Good Life Farm represents an opportunity to have social and economic impacts that justifies investment from government and philanthropy. AIHW report "Social, historical and economic disadvantage contribute to the high rates of physical and mental health problems, adult mortality, suicide, child removals and incarceration, which in turn lead to higher rates of grief, loss and trauma. Most mental health services address mental health conditions once they have emerged rather than addressing the underlying causes of distress, using a clinical approach that treats rather than prevents. Even so, early access to effective services can help diminish the effects of these problems and help restore people's emotional and social wellbeing" (AIHW, nd).

As an early intervention and proactive approach, the Good Life Farm program represents opportunities to identify and address underlying causes.

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[9] This may be achieved in a partnership

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6   References

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