

# FROM SURVIVING TO THRIVING: A MODEL BREAKING NEGATIVE CYCLES



A Social Return on Investment evaluation  
of the Sidney Myer Haven Program



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**DISCLAIMER**

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# Executive summary

## Providing hope and breaking cycles

**The Sidney Myer Haven (SMH) program is enabling people to transform their lives and the lives of their children and families in the most profound ways.** Individuals come to SMH after experiencing family violence, homelessness, mental illness, drug and alcohol abuse or financial insecurity. Many have a young baby or child. Upon entry at SMH, they find an affordable and safe roof over their head, a network of support tailored to their individual needs and aspirations, and a social program to equip them with the skills and mindsets needed to make positive change in their life. SMH is much more than safe and affordable housing; it is a trusting, learning and healing living environment which is non-judgemental, caring and safe, and in which participants can realise long-term positive change for themselves and their families.

This report outlines the results of a Social Return on Investment (SROI) evaluation that examined the social and economic value created since the SMH program commenced in October 2015, through to June 2018. The SROI evaluation found that **for every dollar invested in the Sidney Myer Haven program, between \$10.24-\$11.92 of social and economic value is created.** This value includes value to SMH residents, their children, and significant value to the Victorian State Government.

## Supporting individuals through crisis

For the individuals and families who come to SMH, SMH is a holistic and highly effective solution to many areas of significant need. For adult residents, these needs include physical safety and security from family violence, social support to overcome mental health or drug and alcohol challenges, and a stable and affordable home from which to recover and rebuild. 70% of SMH residents are escaping family violence at the time of their entry to the program, and the secure and stable housing provided by SMH is critical to their safety. Many of the residents interviewed for this evaluation stated that they couldn't bear to imagine where they would have been without SMH. Some feared they might be dead.

Just as significant as the needs of SMH's adult residents are the needs of their children. Literature shows that a child's experiences and environment in the first few years of life are critical to their social, emotional and cognitive development. Experiencing neglect, instability, violence and poor health in the first few years of life can have significant scarring effects that persist throughout the life course and negatively influence a child's life opportunities and outcomes. **47% of the children supported by the program have been less than 2 years of age,** and by supporting parents and their children in these first years of life, SMH sets children on a more positive life path. When needed, SMH has also involved child protection to ensure that the wellbeing of children is protected, at the same time as providing the needed support to build the skills, confidence and capacity of parents. Without this intervention, many children may have been at serious risk. The value of SMH in supporting children and changing their life trajectories cannot be overstated, and this SROI model is a conservative estimate of this value.

*"We have a routine, I love being a mum now"*

- SMH resident

## Breaking intergenerational cycles

Evidence shows us that disadvantage can be 'passed down' through generations, with the experiences and life outcomes of parents often echoing in and influencing those of their children. The value created by SMH in breaking these intergenerational cycles of disadvantage is most



evident when considered in light of the intergenerational disadvantage that many SMH residents have already experienced:

- 55% of SMH residents presented with AOD issues.
- **62%** reported that their parents had also had issues with AOD.
- 70% of residents had experienced family violence.
- **47%** reported that their parents experienced family violence.
- **80%** of residents have a mental health diagnosis.
- 61% of residents had parents with a history of mental health issues.

## Delivering value

In this context of crisis, violence and intergenerational disadvantage, the SROI evaluation demonstrates that families and Government experience significant positive outcomes as a result of the SMH program.



- SMH residents experienced the majority of the social and economic value created, experiencing **51% (\$11,383,329) of the total value** that had been created by the program. This value for residents was experienced in the form of **better mental health (23%), expanded healthy social networks (21%), increased personal safety for those escaping family violence (16%), expanded confidence and capability to parent (11%) and better emotional health (5%)**.
- The Victorian State Government experienced **31% (\$7,026,271)** of the total value. 49% of this value related to the avoided costs for Government as a result of the outcomes realised for children, and 51% related to the avoided costs resulting from the outcomes achieved for adult participants. These avoided cost figures are considered to be conservative, as they do not account for the avoided costs over a lifetime.
- Children experience **16%** of the total value (**\$3,679,571**), the value of which is also considered to be conservative. The majority of the value experienced by children (56%) is from improved social and emotional development, and 21% is from improved physical health and wellbeing.

## Pioneering family violence support

The 2016 Royal Commission into Family Violence called for improved housing options for women and children, greater integration of support services and agencies, more targeted support for children, and more flexible and individualised approaches. This review found that SMH is already embodying this approach, providing safe and affordable housing, coupled with highly individualised and holistic support for both parents and children. With 70% of SMH residents affected by family violence, this review found that SMH is already leading best practice and delivering significant value to Government in a sector that is otherwise struggling for answers.

**The voices of SMH residents and the findings of this review clearly show the lifechanging nature of SMH and its work. It is a model that should be seen and valued for its impact, and which is fully deserving of ongoing support.**

# Glossary

The following terms relating to Social Return on Investment are used in this report:

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## ACTIVITY

An activity is the action and effort undertaken to create change (i.e. outcome).

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## ATTRIBUTION

An assessment of how much of the outcome was caused by the contribution of other organisations or people.

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## BENEFIT PERIOD

The period beyond the intervention that benefits last.

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## DEADWEIGHT

An assessment of what would have occurred anyway, in terms of achievement of outcomes, in the absence of the intervention/activity.

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## DISPLACEMENT

An assessment of how much of the change is a net benefit (i.e. a new change) or simply the movement of change from one place to another.

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## DROP OFF

The rate at which outcomes deteriorate over time.

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## FINANCIAL PROXY

Social value is calculated by placing a financial value on the quantified change commensurate with the degree of change experienced by stakeholders. These financial values are known as *financial proxies*.

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## MATERIALITY

Information is material if its omission has the potential to affect the readers' or stakeholders' decisions. Materiality requires a determination of what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact.

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## OUTCOME

Is a measure of change as a result of an activity

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## OUTPUT

Outputs are a quantitative measure of an activity.

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## SOCIAL RETURN ON INVESTMENT (SROI)

SROI is a framework for measuring and accounting for the broader concept of social value. It tells the story of how change is being created for the people and organisations that experience or contribute to it, by identifying and measuring social outcomes. Monetary values are then used to represent those outcomes.

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## STAKEHOLDER

People, organisations or entities that either experience change as a result of the activity that is being analysed or contribute to the change taking place.

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## THEORY OF CHANGE

The theory of change tells the story of how stakeholders are impacted by the program or intervention and their perception and belief of how their lives have changed as a result.

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# 1. Introduction

## 1.1 Purpose of this report

The Sidney Myer Haven Program couples safe and affordable housing with an intensive program of support to enable residents to realise long-term positive changes for themselves and their families. The program is run by Haven Home Safe; a community housing organisation that has been helping the homeless, displaced and disadvantaged for 40 years. Located in Bendigo, Victoria, the affordable housing site comprises a residential complex, consisting of a central education centre and 19 one-and-two-bedroom units that house a mix of singles, couples and families. They are supported 24/7 by an on-site support worker. The majority of residents have complex issues, all have experienced homelessness or housing vulnerability, and most are new parents.

This model of support, coupling safe and affordable housing with an intensive program of support, is unique. To understand the social and economic value created by the model, Haven Home Safe commissioned this Social Return on Investment (SROI) evaluation. The evaluation examined the value created by the program since it commenced in October 2015 through to June 2018. It found that for every dollar invested in the program, \$10.24-\$11.92 of social and economic value is created.

## 1.2 About Social Return on Investment

Social Return on Investment (SROI) is an evaluation approach that draws on well-established methodologies in economics, accounting and social research. It is underpinned by seven principles which ensure that the analysis understands the changes that take place and the additional value that has occurred through the activities being delivered<sup>1</sup>.

The SROI Guide's (Social Value International, 2012) SROI process is underpinned by the following seven principles:

- Involve stakeholders
- Understand what changes
- Value the things that matter
- Only include what is material
- Do not over claim
- Be transparent
- Verify the result

A SROI calculation provides an indication of cost effectiveness, by comparing the investment required to deliver the activities with the value of the outcomes experienced by all beneficiary stakeholders. Social value is calculated by placing a financial value on the quantified change commensurate with the degree of change experienced by stakeholders as a result of the Sidney Myer Haven program. These financial values are known as *financial proxies*.

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<sup>1</sup> The SROI evaluation was conducted in accordance with 'A Guide to Social Return on Investment' (the SROI Guide) published by the SROI Network in 2012 (now known as Social Value UK). Available at: <http://www.socialvalueuk.org/resources/sroi-guide/>



The value of the outcomes represents 'additional value' that would not have occurred in the absence of the activities. Value that would have happened anyway (deadweight) or that is attributable to other actors (attribution) has been deducted.

In accordance with the principle 'Do not over claim', a conservative approach has been adopted for decisions on data and assumptions used in the SROI calculation. It is therefore possible that the values presented in this report under-state the actual value created. A sensitivity analysis is provided in section 5.1, illustrating the influence of key assumptions on the social and economic return.

The social value is calculated as follows:

**Outcome Incidence (number of people experiencing the outcome)**

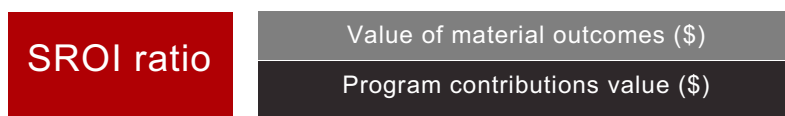
= Number potential individuals in the stakeholder group

X % residents that experience net positive change

**Social Value**

= Outcome incidence X Financial proxy

This value was then discounted to determine the value associated with this outcome that could be attributed to Sidney Myer Haven, including **attribution** (how much of the value is a result of Sidney Myer Haven), **deadweight** (what would have happened anyway), **displacement** (how much is a net benefit), **benefit period** (how long does the value last), **drop-off** (how much does this value decrease over time). The SROI is calculated by adding the value of all the discounted outcomes divided by the input contributions required to deliver the program

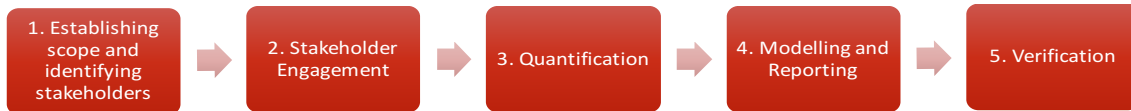


The complete SROI model is included in Appendix A.

## 1.3 Summarised methodology

The following section provides a summary of the methodology used to evaluate the Sidney Myer Haven program.

A five-phased methodology was undertaken to complete the evaluation, as illustrated below:



The scope of the SROI evaluation included working with Sidney Myer Haven staff and stakeholders to establish the scope of the evaluation, and to develop the Theory of Change needed to understand and illustrate the change that occurs for participants of SMH.

This approach was as follows:

- A Theory of Change Workshop was held with key staff from SMH to review the issues being tackled, define the services offered, identify key research and evidence underpinning SMH's activities, identify stakeholders for engagement, and sketch out the potential outcomes from SMH and associated initiatives.
- A series of stakeholder interviews were then undertaken with current and past residents, community service partners and SMH staff to clarify the outcomes emerging from the activity, and to ascertain the materiality of the stakeholders in relation to the SROI analysis.
- A set of questions were developed to quantify the outcomes for distribution to current residents. This took the form of a survey distributed through SurveyMonkey.
- Results of the surveys were used to quantify the outcome incidence for current residents based on the net positive change as a result of the program (i.e. including attribution). Research was undertaken to identify suitable financial proxies and to determine appropriate discount factors (i.e. deadweight, displacement, benefit period and drop-off).
- The SROI model was developed to calculate the value created for each stakeholder and outcome. The results of the SROI analysis were presented to SMH and residents for validation and feedback before the model and report were finalised.

## 1.4 Evaluation scope

The evaluation examined the social value created for the entire duration of the Sidney Myer Haven program from October 2015 to June 2018.

The activities examined included:

- Provision of affordable housing in the 19 one-and-two-bedroom units provided to **49 adult participants and 56 children**
- Provision of an intensive social curriculum program for up to 24-months that includes in-house activities and activities provided by external or partner organisations.



### **Michelle and Tyler**

Michelle has always had dreams, but never imagined that she would be preparing to undertake study to become a registered nurse. Michelle says that none of this would have been possible without Sidney Myer Haven. Before Sidney Myer Haven, Michelle was living in her car with her son Tyler, in a vulnerable and insecure environment.

The program has given her the confidence to pursue her study and to be the parent that she wants to be. She and her son Tyler have been living in their own private rental home for 12 months since moving on from SMH, after having engaged in the program for just over 24 months. She and her family are safe and secure. Michelle now stays connected with SMH and visits at least once or twice per week, to be a part of the family dinner or to play netball and meet friends. Michelle is inspiring others in the Sidney Myer Haven community to realise their dreams.

## 2. The need Sidney Myer Haven addresses

Sidney Myer Haven (SMH) supports individuals who are at a crisis point in their lives. The majority are women, and many are experiencing family violence (70%), financial stress (60%), mental health issues (80%) or have a history of drug and alcohol use (54%). Most are unemployed (55%), and are either homeless, couch surfing, in crisis housing or living out of their car (72%). Many are parents with babies or young children (69%), and for those who are experiencing or escaping family violence, physical safety is a real and immediate concern for both themselves and their children.

Without support, individuals face housing instability and homelessness, unemployment and financial insecurity, all of which can exacerbate mental and physical health issues. Importantly, without support, the long-term prospects for the children of SMH residents are also significantly affected by their parents' situation. The trauma and neglect experienced by many of the children, as well as their limited engagement in maternal child health and education settings, have the potential to exert long-term scarring on their life outcomes, perpetuating negative intergenerational cycles of disadvantage. In this context, SMH plays a critical role in breaking these cycles, and provides an opportunity to improve the life chances of both SMH residents and their children.

### 2.1 Enabling positive child development

Many of the residents at SMH are parents of babies and young infants; children who are in the most critical stages of their development. Evidence shows that the conditions experienced by a child from conception through to the child's second birthday, as well as the attachment and relationship they form with their parents, have direct and significant implications for their future health and wellbeing. While positive nurturing during this period can provide solid foundations for a healthy future, neglect or insufficient care during this time can have precisely the opposite effect<sup>2</sup>. The environment in which a child is raised can also have major impacts on their long-term life experiences; in particular, exposure to family violence, insecure housing and social isolation during childhood can exert long-lasting negative effects on a child's life.

#### 2.1.1 The First 1000 Days

The First 1000 Days framework and movement highlights that the first 1000 days in a child's life is the window of maximum developmental plasticity, and that the child's environment and experiences during this time have the greatest potential to sow the seeds of positive health and wellbeing later in life. Originally developed by the United Nations, the globally-recognised framework highlights the critical role of maternal health and infant nutrition in a child's development, as well as the significance of several key factors that can exert a marked influence on children's developmental trajectories (Table 1).

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<sup>2</sup> UNICEF, The First 1000 Days of Life: The Brain's Window of Opportunity. Sarah Cusick, PhD and Michael K. Georgieff, MD.

Individual level	Family and community level	Social level
Nutrition during pregnancy.	Parent-child attachment styles.	Poverty in pregnancy and infancy.
Parental drug and alcohol use.	Family violence during pregnancy and infancy.	Impact of intergenerational trauma and discrimination (esp. for indigenous populations).
Parental stress during pregnancy.	Child abuse.	
	Contribution of fathers or male caregivers.	
	Child temperament and susceptibility.	
	Access to social and community support.	
	Physical environment and housing.	

Table 1: Relevant influences on child development in the first 1000 days of life

As highlighted in Table 1, evidence underpinning The First 1000 Days framework draws a clear link between many of the environmental factors experienced by SMH residents (e.g. family violence, nutrition, drug and alcohol use, homelessness and social isolation) and the risk of suboptimal child development. In this context, the research evidence also points to the importance of early intervention strategies (such as the program provided by SMH) to prevent these long-term scarring effects.

### 2.1.2 Attachment theory

Evidence underpinning psychological attachment theories demonstrates that the nature and quality of the attachment that forms between an infant and their mother has direct consequences for the social, emotional and cognitive development of the child, and has long-term impacts on the child's behaviour, personality and actions throughout the life course<sup>3</sup>. 'Secure attachment' is developed when a mother is responsive to their child's needs in early infancy, and when the child's bids for attention, food and comfort are consistently met by the mother. This form of attachment provides the child with the sense of a 'secure base' and a 'haven of safety' from which they feel confident to explore their environment. By contrast, infants whose mother does not respond to their needs, or who is unpredictable in their responsiveness, are typically less confident and willing to explore, more anxious and more emotionally withdrawn<sup>4</sup>.

Mothers who are experiencing mental health issues, using drugs and alcohol or facing the stress and pressures of family violence, unemployment and homelessness are often less able to attend consistently to the needs of their child, increasing the likelihood of an insecure attachment forming. The pressures experienced by many SMH residents prior to entry into the program therefore stand to exert major impacts on their children's nature and long-term behaviour, in ways that can influence the child's life outcomes and experiences. For example, research has shown that children with secure attachment tend to show greater enthusiasm for learning in

<sup>3</sup> The Origin of Attachment Theory: John Bowlby and Mary Ainsworth. By Inge Bretherton. *Developmental Psychology* (1992), 28, 759-775.

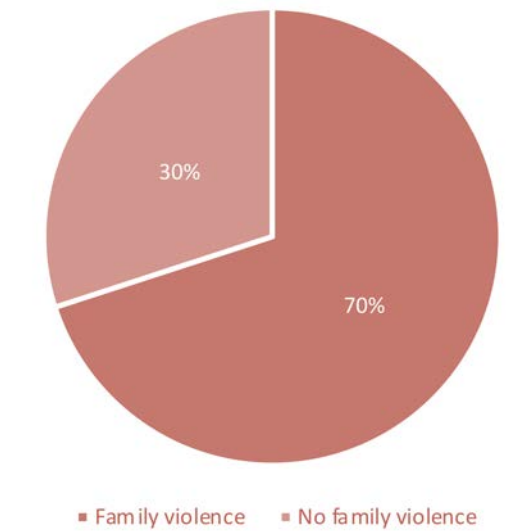
<sup>4</sup> Contributions of Attachment Theory and Research: A Framework for Future Research, Translation and Policy. Jude Cassidy, Jason D. Jones and Phillip R. Shaver. *Dev psychopathology*. 2013, Nov. 25 (402) 1415-1434.

school situations, as well as more positive and co-operative relationships with adults and peers<sup>5</sup>, whereas children with insecure attachment are at greater risk of depression, anxiety and dysfunctional relationships<sup>6</sup>.

Children's experiences, nurturing and attachment with parents during the first years of their life have major long-term impacts on their wellbeing and life outcomes. Supporting parents during this time is critical to breaking intergenerational cycles of disadvantage.

## 2.2 Providing safety from family violence

70% of SMH residents are experiencing or escaping family violence at the time of their entry into SMH. Family violence is a widespread phenomenon which exerts major long-term damage to the physical, mental, emotional, social and financial wellbeing of victims and their children. A 2016 study into the cost of violence against women and their children in Australia estimated that 467,000 Australian women experience physical or sexual violence each year, and that 509,780 women experience emotional abuse and stalking<sup>7</sup>. The Royal Commission into Family Violence in 2016 also found that children who experience or witness family violence during childhood may often go on to become victims or perpetrators of family violence later in their own life, perpetuating intergenerational cycles of violence and abuse.



<sup>5</sup> Attachment and bonding in infancy and childhood. By: Rieser-Danner, Loretta A., Slaughter, Virginia, Salem Press Encyclopedia of Health, 2013

<sup>6</sup> Insecure Attachment, Dysfunctional Attitudes, and Low Self-Esteem Predicting Prospective Symptoms of Depression and Anxiety During Adolescence. Adabel Lee and Benjamin L. Hankin. Journal of Clinical Child and Adolescent Psychology. 2009, Mar. 38 (2) 219-231.

<sup>7</sup> The Cost of Violence Against Women and their Children in Australia. KPMG, 2016.



The 2016 Royal Commission highlighted the inadequacy of existing policies and programmatic responses to family violence, and found that **all parts of the family violence system, including support services, police and courts, are overwhelmed and unable to meet the high levels of demand.** The Commission also found that:

- Responses and support services are not tailored to the particular circumstances of individuals affected, and more individualised responses are needed.
- There is a lack of targeted support to meet the needs of children and young people who are affected by violence.
- Current responses place the onus on women to leave their home to escape violence, however homelessness and housing systems are often unable to guarantee safe and affordable places for them to stay, resulting in homelessness or housing instability.
- The range of support services available for people experiencing family violence are generally not well co-ordinated, and navigating the system to gain access to support is difficult for many. The Commission found a need for agencies and services to co-locate or better integrate with one another to ensure holistic support for people experiencing violence.

*“A high proportion of victims [of family violence] are forced to leave their homes and seek alternative accommodation. The Commission heard consistent evidence about problems with the existing housing response to family violence. The availability of crisis accommodation is limited because of capacity restraints, eligibility requirements and other barriers to access, meaning victims end up in ad hoc emergency accommodation such as motels, caravans, rooming houses and, in some areas even tents. If they do gain access to a refuge, some older style communal refuges are not well suited to accommodating a wide range of families with varying needs.*

- Royal Commission into Family Violence, 2016

In this context, SMH represents a rare example of a program that provides safe and affordable accommodation for women experiencing violence, coupled with highly individualised and holistic support (including support navigating service and justice systems) and targeted support for their children – a best practice example that embodies many of the Royal Commission’s recommendations regarding the responses that are needed in the family violence sector.

**Women and children who are escaping family violence need a safe place to land, coupled with individualised and holistic support to recover and rebuild.**

## 2.3 Building community and stability

The majority of residents in SMH are experiencing isolation and exclusion prior to entry into the program; whether caused by family violence, mental health challenges or alcohol and other drug use. The 2016 Royal Commission highlights that to escape family violence, individuals often need to leave their local communities and support base, and research by Sane Australia shows that people affected by mental illness and mental health challenges are significantly more likely to experience social isolation and loneliness than the general population<sup>8</sup>. Evidence also shows that addiction to alcohol and other drugs can often lead to social exclusion and isolation, and that

<sup>8</sup> Mental Illness and Social Isolation: Research Report 1. Sane Australia, 2005.

individuals who are homeless generally experience marginalisation, isolation and lack of companionship<sup>9</sup>. Significantly, these experiences of exclusion and isolation may initiate vicious cycles; evidence shows that isolation and marginalisation are clear predictors of deteriorating mental health and increased alcohol and drug use, and that recovery from addiction and mental health challenges is less likely to occur once individuals are disconnected from relationships and social supports<sup>10</sup>. In this context, there is a clear need to foster social connections and networks of support for people experiencing these challenges; a core focus of the program and approach at SMH.

Many of the residents at SMH are also experiencing financial insecurity at the time of their entry to the program; relying on payday loans to sustain their housing and living costs, in arrears on bill or rent payments, and in some cases facing outstanding warrants for unpaid bills and fines. Women who are escaping family violence and who do not have employment and income of their own are also in a serious financial situation. Without access to the affordable housing provided by SMH, the majority of these individuals would struggle to sustain housing and avoid homelessness; a 2018 study by Anglicare Australia found that at the income level of the Newstart Allowance for single parents, the current housing market has few affordable properties available<sup>11</sup>. Those engaged with payday lenders are also at risk of snowballing debt issues that may culminate in homelessness<sup>12</sup>. These cycles of insecurity and the lack of a stable home base have been shown to have significant impacts on children's development, impacting concentration, memory and focus, and ultimately performance in education<sup>13</sup>. Accessing a secure and affordable home such as the residence at SMH is therefore a critical first step towards individuals regaining control and stability in their lives.

**Individuals who are experiencing family violence, mental illness, AOD use and/or unemployment are at significant risk of isolation, exclusion and homelessness. A stable and affordable home base, coupled with networks of social support and connection, are critical to regaining security and control.**

## 2.4 Breaking intergenerational cycles

As has been described above, there are clear known links between a parent's experiences of family violence, mental illness, financial insecurity, drug and alcohol use, unemployment and homelessness and their children's future life experiences and outcomes. Indeed, many of the residents at SMH had a family history of family violence, mental health issues and alcohol and drug use:

- 62% of residents reported that their parents had issues with alcohol and other drugs.

<sup>9</sup> Australian homeless persons' experiences of social connectedness, isolation and loneliness. Marlee Bower, Elizabeth Conroy and Janette Perz. *Health and Social Care in the Community*. Mar. 26 (2) 241-248.

<sup>10</sup> Social Exclusion and Addiction: 'Creating a Sense of Belonging'. The negative effects of social exclusion and isolation caused by substance addiction and methods of combating these effects by developing hope and a new sense of purpose. David Peters, *Mental Health Carers ARAFMI NSW Inc.* 2015.

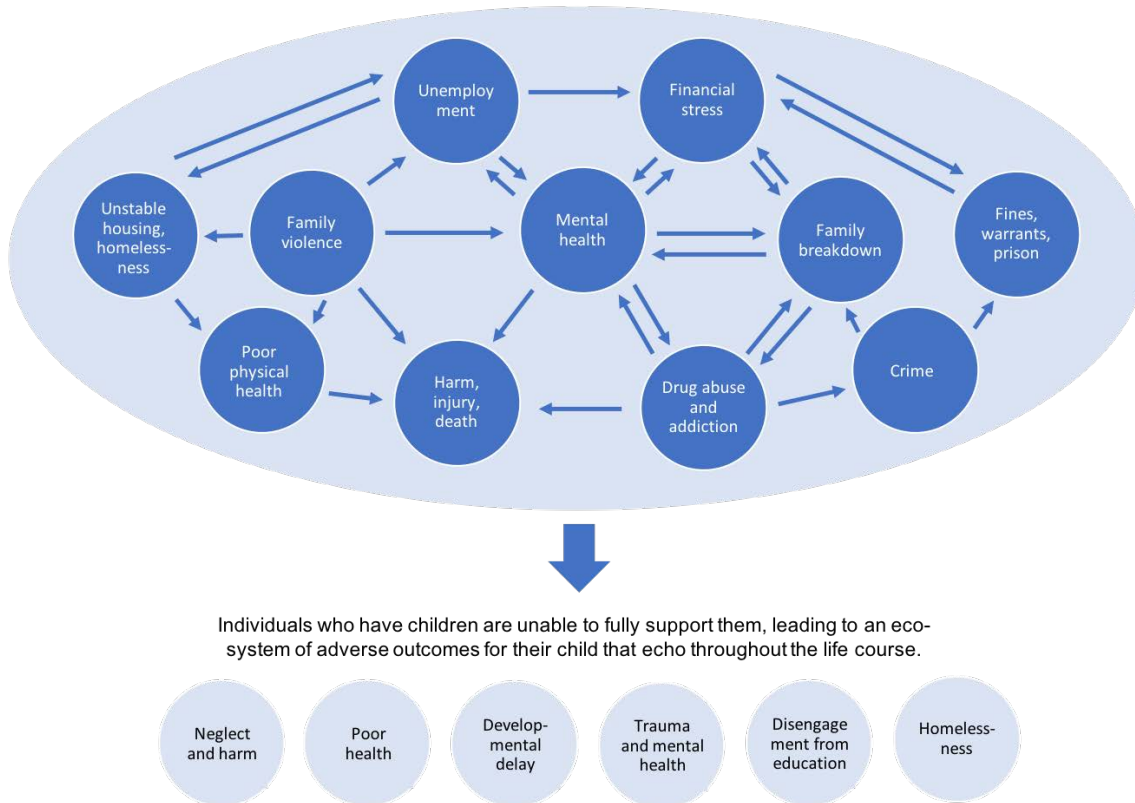
<sup>11</sup> <http://www.abc.net.au/news/2017-06-27/home-ownership-rates-continue-to-plunge-census/8654534>

<sup>12</sup> Financial services in distressed communities: framing the issue, finding solutions. James Carr and Jenny Schuetz, 2001. Retrieved from <https://www.innovations.harvard.edu/financial-services-distressed-communities-framing-issue-finding-solutions>.

<sup>13</sup> Stress and Child Development, Ross A. Thompson *The Future of Children* Vol. 24, No. 1, Helping Parents, Helping Children: Two-Generation Mechanisms (SPRING 2014), pp. 41-59

- 47% of residents reported that their parents had experienced family violence.
- 62% of residents reported that their parents had mental health issues.

In this context, providing targeted support for vulnerable parents and caregivers, in particular those experiencing hardship, unemployment and insecure housing, has a critical role to play in breaking these intergenerational cycles of disadvantage<sup>14</sup>. The diagram below depicts the cycles of interdependent adverse outcomes that are likely to have continued for SMH residents without support and intervention, as well as the flow-on effects in the lives of their children.



Sidney Myer Haven is responding to the needs not only of adult residents, but of the children whose lives stand to be affected by their parents' situation and experiences. In the SMH context, what is good for the parent is good for the child, and the outcomes experienced by residents should be constantly coupled and considered in light of their multiplier effects for the lives of their children. The following section describes the activities and supports that SMH offers, and how these create change in the lives of parents and their children.

<sup>14</sup> First 1000 Days of Life Evidence Review, An Evidence Paper. Moore, T.G., Arefadib, N., Deery, A., & West, S. (2017). The First Thousand Days: An Evidence Paper. Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute.

### 3. About Sidney Myer Haven

Located in Bendigo, Victoria, Sidney Myer Haven is an affordable housing site that comprises a residential complex, central education centre and 19 one and two-bedroom units that house a mixture of singles, couples and families. The site is gated and security-protected to ensure safety for individuals escaping family violence and has a worker onsite 24/7 to provide individualised support to residents.

But the Sidney Myer Haven program is also much more than safe and affordable housing. Residents also access an intensive social program of wrap-around support, tailored to each individual resident to address the challenges they are facing in their lives, improve their health and wellbeing, build parenting and living skills and minimise harmful behaviour. Program activities also foster friendships and positive networks of peer support between residents. The program is designed to be 24 months in duration, however there is no strict time limit, providing the space and time that residents need to make the changes they want for themselves and their children. Typically, however, residents do move out of SMH within 24 months. All residents to date have moved on into safe and secure housing, and none have moved into public housing after their time at SMH.

The majority of residents have complex issues upon entry; all have experienced homelessness or housing vulnerability, and most are new parents. In this context, the SMH program fills a critical gap in the support system; in particular for new parents and their young babies and children, who are born into vulnerable living situations. SMH staff walk a delicate path with parents and their children, providing emotional care and support at the same time as upholding their duty of care to intervene when they see children at risk. Upon entry, 7 children at SMH had previously been involved with child protection, and an additional 33 reports have been made to child protection by SMH staff whilst children have been living at SMH. SMH thereby supports existing service systems to engage with families and provide the support that is needed to build parents' skills and confidence, while also protecting the wellbeing of the children involved. Without SMH, it is likely that many of these families would not get the support they require, allowing them to slip through the cracks. In the most extreme cases, these children may be at serious risk of neglect, abuse and harm.

**“The system is overburdened with children in out of home care...something needs to be done...SMH is totally unique”**



*“For women leaving violent relationships...SMH is a cushion women can fall into”*

- SMH community partner

## 3.1 Key activity figures

The program commenced in October 2015, and as at June 2018 has supported **49 adults** and **56 children**. As at June 2018, 19 individuals are current residents at SMH.

Of these participants:

- 57% were previously homeless
- 15% were in community housing
- 10% were living with family
- 8% were in hospital
- 4% were in private rental.

Of the 10 individuals that were first to complete the program, eight are now in private rental, one has purchased their own home, and one person is recently deceased.

## 3.2 How change is created

Sidney Myer Haven provides wrap-around support to individuals and their families, consisting of several key components:

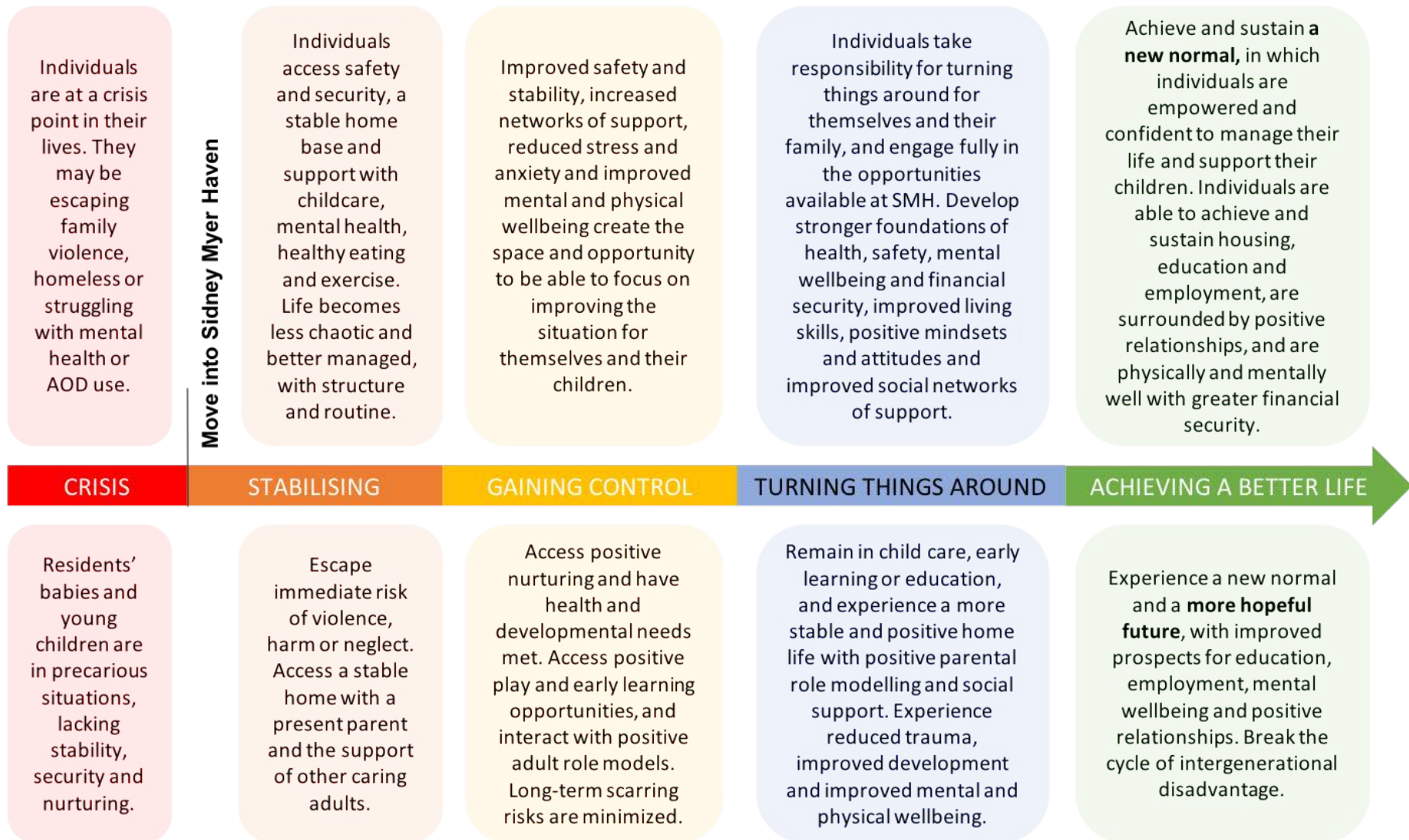
- Safe and secure housing.
- 24/7 onsite support from a dedicated support worker.
- A social curriculum program designed to develop residents' living and parenting skills.
- Individualised plans for education, employment, skills development and mental wellbeing.
- Opportunities to explore activities, training and courses from within SMH or in the community.
- Recreational spaces, secure children's play areas, and community gardens.

Taken together, the program enables individuals to work through a change journey as depicted in the diagram below.

*“Knowing we can refer [to SMH]...provides us with a sense of hope”*

- SMH community partner







## 4. The value created

### 4.1 Key findings

As a result of SMH I now like where my life is going (78%). I like planning for the future (67%) and I can see myself achieving my goals (78%)

The evaluation found that for every dollar invested in the program, between **\$10.24-11.92** of social and economic value was created.



- SMH residents experienced the majority of the social and economic value created, experiencing **51% (\$11,383,329) of the total value** created by the program. This value for residents was experienced in the form of
  - better mental health (23%)
  - expanded healthy social networks (21%)
  - increased personal safety for those escaping family violence (16%)
  - expanded confidence and capability to parent (11%)
  - better emotional health (6%).
- The Victorian State Government experienced **31% (\$7,026,271)** of the total value. 49% of this value related to the avoided costs for Government as a result of the outcomes realised for children, and 51% related to the avoided costs resulting from the outcomes achieved for adult participants. It is well documented that the costs to Government of homelessness, family violence, justice, housing and unmanaged mental illness are significant. Indeed, the avoided cost figures presented in this report are considered to be conservative, as they do not account for the avoided costs over a lifetime.
- Children experience **16% (\$3,679,571)** of the total value, the value of which is also considered to be conservative. The timing of the program in the child's life is critical to the future value that can be realised, with **47% of children less than 2 years of age**. The majority of the value experienced by children (56%) is from improved social and emotional development, and 21% is from improved physical health and wellbeing. Upon entry, only **37%** of the children were up to date with their immunisations. **100%** are now up to date. In addition, parents are provided the opportunity to improve their parenting confidence and capability in support of keeping families safely together.

- A maximum benefit period of 5 years has been included in the model, however it is likely that many children and adults will realise ongoing value. This is due to the new and more positive life trajectory which SMH catalyses for many residents, with engagement at SMH representing a critical turning point.

*“When you have a care team, wrapping around the families, and you support each other it is not such a burden”*

## 4.2 Input contributions

The SROI model considers the input costs associated with all of the activities conducted by the program from October 2015 to June 2018. This includes the financial and non-financial inputs required to deliver the program, which equated to \$2,088,062 (or \$773,356 for a typical 12-month period).

Over 50% of the costs are associated with SMH staff, including three full-time staff and support workers that are on-site to ensure 24/7 service.

The value of in-kind and volunteer time contributed during the period equated to 6% of the total input costs. This included the furniture and other goods donated for the SMH families, and time given by various specialists to build the skills and confidence of residents, which included self-defence and martial arts trainers, resume writing and financial capability sessions. The input costs do not include the cost of capital in the model, because the value of this capital is appreciating and may therefore distort the model.



**Gary has a plan:** he's turning 40 soon, and he reckons it's high time he saw the bright lights of New York City.

Before arriving at Sidney Myer Haven, Gary could only dream of jetting off to America.

**Sidney Myer Haven was the first time Gary had ever had a place to call his own;**

previously, he'd relied on emergency accommodation or slept on the street. He turned to drugs and alcohol to cope, and although he tried going to rehab, it just didn't stick.

In fact, Gary was asked to leave Sidney Myer Haven after just 4 months because he wasn't ready to stay sober. The staff at Haven helped him to return to rehab – and this time, with their support, Gary was able to get clean. ***"Haven showed me there's hope out there"*** he says.

Even though he doesn't live there anymore, Gary is a regular fixture at Sidney Myer Haven. He stays involved in the Haven community, despite his other commitments – and there are many. Gary keeps busy playing cricket and footy, working for a prison ministry, and serving as a supervisor and mentor at his old rehab facility. On top of all that, Gary will soon begin working as an orderly at the local hospital. Most of all, he wants to work with young people to help and support them before they go down the wrong track.

## 4.3 Value created by stakeholder group

The program contributes significant value, not just to the families that are supported by the program. As illustrated in the figure below, adult participants and their children experience 68% of the total economic and social value created by the program. The Victorian State Government is also a significant beneficiary of the program, realising 30% of the value as a result of the avoided Government costs from the positive changes experienced by adults and their children.

The section below further describes the specific outcomes realised by each of the stakeholder groups. Volunteers were identified as a fifth stakeholder group contributing and experiencing value from the program, however the total value was not material (0.1%) so has not been included in the final model.

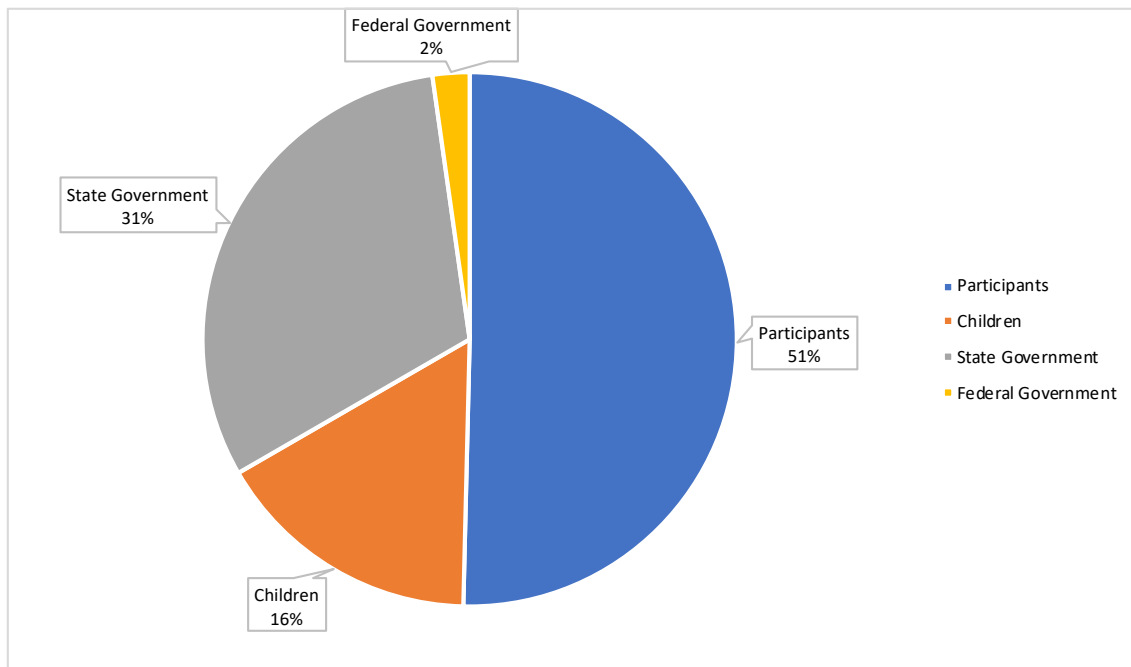


Figure 1: Social and economic value by stakeholder group.

### 4.3.1 SMH adult participants

The SMH program is available to singles or couples both with or without children. These adult participants are experiencing the most value from the program, with sixteen outcomes identified, of which twelve were considered material (>1% of the stakeholder value).

These outcomes included:

#### Health & safety

- Increased personal safety
- Better emotional health
- Better mental health management
- Better general health
- Expanded aspirations, motivation and self-efficacy

#### Improved skills and capability

- Improved financial position
- Improved financial capability and control
- Increased housing choices

- Enhanced educational progress
- Increased employability
- Increased employment
- Improved independent living skills
- Expanded confidence and capability to parent

### Connections

- Expanded healthy social network
- Increased community connection
- Improved family relationships

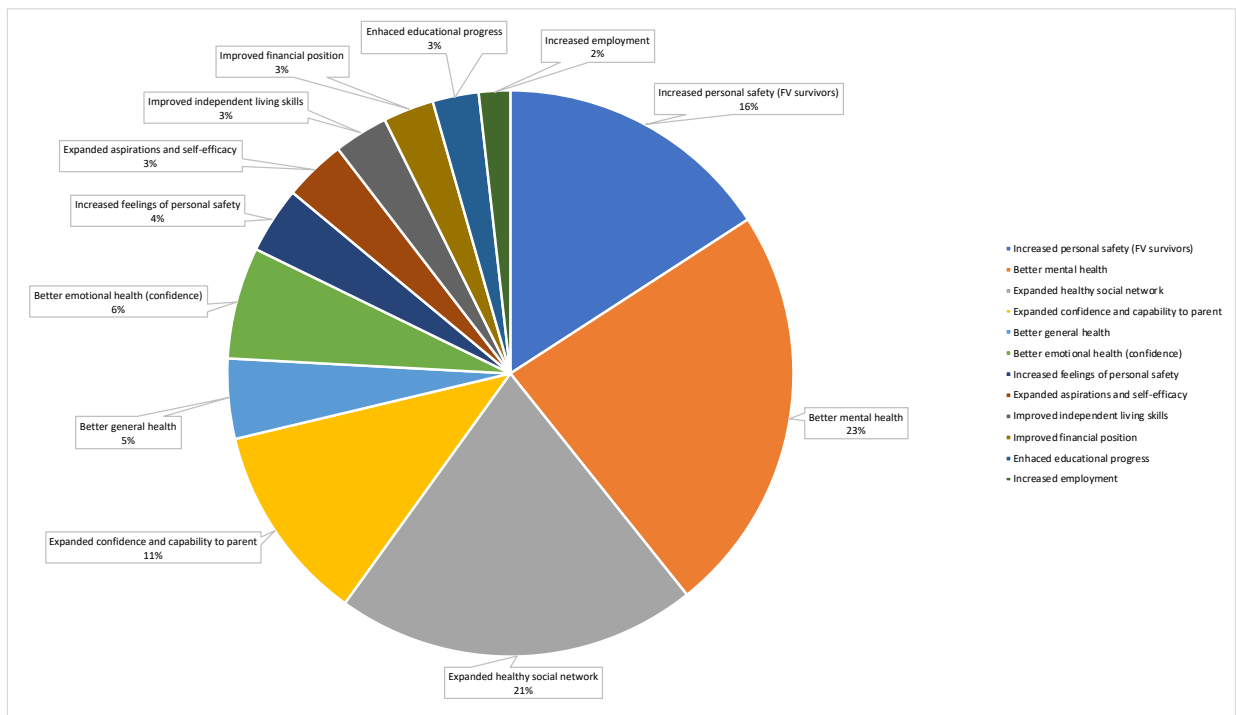


Figure 2: Social and economic value for adult participants by outcome

As illustrated, **over 70%** of the value experienced by SMH residents is experienced in relation to **four** key outcomes:

- Better mental health management (23%)
- Expanded healthy social networks (21%)
- Increased personal safety for people escaping family violence (16%)
- Expanded confidence and capability to parent (11%)

The most valuable outcome for adult participants is from **better mental health management** (23%).

*“I can now be up in the morning instead of the afternoon*  
 - SMH resident

## Increased personal safety

*"I can now sleep without needing weapons"*

- SMH resident

### 70% of SMH residents had experienced family violence prior to joining the program

This outcome was modelled from two different perspectives; increased personal safety for those escaping family violence, and for those that had not come from a violent living situation. This allowed for a different financial proxy to be used in the model, allowing for a higher value to be used for those escaping family violence.

SMH provides a highly secure living situation; a gated complex with onsite staff 24/7, located in a safe neighbourhood. All of these factors contribute to residents feeling safe and experiencing increased personal safety. Of those surveyed, 100% agreed or strongly agreed with the statement that as a result of SMH "I feel safe and secure in the area that I live in" and 88% agreed or strongly agreed that they felt safe at home. Residents described being in a "toxic cycle" before SMH, so this outcome is significant.

SMH also interacts with other services to support women into safe living situations, providing a point of referral. To acknowledge the contribution of other support services to enabling the outcome of increased personal safety, 70% was attributed to SMH in the model. The benefit period modelled was between five and one year, accounting for the length of time that people stayed in the program.

*"It is nice to know that you are referring a client to an organisation with similar values and safety"*

- SMH community partner

## Better mental health and mental health management

*"When you have mental health issues you can sit in your own home and sit there for days and go under the radar"*

- SMH resident

*"My mental health has improved. With stability of a safe home, knowing there is support... has taken such a weight off my life"*

- SMH resident

80% of residents have a mental health diagnosis, including depression, anxiety, post-natal depression, schizophrenia and bi-polar disorder. The program provides residents with an opportunity to engage in the support and treatments that they require, and to rebuild mental health stability. This outcome equates to 23% of the value experienced by residents. This is one of the key outcome areas in which SMH focusses their efforts, with an acknowledgement that better mental health management and stability is a critical enabling outcome for other key outcomes – including capacity to parent and to engage in education and employment.



## Better emotional health

*“Not many people hang on...it [SMH] gave me hope”*

- Past SMH resident

This outcome was highly valued by participants, and was characterised as including increased feelings of confidence, self-worth and hope for the future. Of those surveyed, 78% agreed or strongly agreed with the statement that “I am in a better state of mind.” Better emotional health represented 6% of the value experienced by residents.

*“I got ok myself, now easier to deal with the kids”*

- SMH resident

## Expanded positive networks and better connections

*“As a result of SMH I now have more friends and more support”*

- SMH resident

The friendships and support networks established as a result of SMH were very highly valued by program participants; this outcome equated to 21% of the value experienced by adult participants. Of those surveyed, 67% agreed or strongly agreed with the statement “I have people in my life who are a good influence on me” and “I have people in my life I can turn to for help”. The financial proxy used to value this outcome was based on a study that applied a wellbeing technique to value the difference in life satisfaction between an individual who visits friends or relatives once or twice a week and someone who visits them most days. By design, SMH encourages residents to check-in daily and to spend time in the communal living space, where there is a lounge room and kitchen and staff available for a chat or support with parenting.

Further evidence of this outcome is the ongoing and regular contact that people have with SMH even after they have moved out of the unit. A regular Sunday night dinner provides an opportunity for people to stay connected, as well as to share support and mentoring with current residents who are on a similar journey. However, despite these positive connections, only 44% of current residents agreed or strongly agreed with the survey statement that “I don’t feel alone.”

Although not material outcomes (i.e. <1% of the value experienced by adult residents), many SMH participants also experienced improved family relationships and increased community connections as a result of the program. The SMH program has an active netball team, and many are encouraged to reach out to their local community. For some, their improved family relationships are with their children and partners, whereas for others this improvement has meant having less contact with their family and building other healthier networks. The percentages in the list below represent the proportion of residents who agreed or strongly agreed with the following statements about their sense of community connection:

- “I feel more connected to my local community” (89%)
- “My relationships with my family have improved” (56%)
- I take part in community events outside of my home as much as I want (56%)



## Better general health

### 55% of SMH residents had a history of AOD issues

SMH provides an opportunity for residents to engage regularly in physical activity, and residents are also actively encouraged and supported to have a healthy and nutritious diet. This includes sharing a meal once per week, which provides the opportunity to discuss healthy eating and to role-model healthy eating routines. The program also supports people to avoid alcohol and other drug use, which is significant for the majority of participants who have a history of AOD issues. The combination of healthy eating, exercise and reduced drug and alcohol use leads to improved feelings of general health for the majority of residents, with 59% of residents realising this outcome.

## Better money management and improved financial position

*“I can manage my money better and live comfortably”*

- SMH resident

By design, SMH provides affordable housing that offers housing stability and security to SMH residents. Before they arrive at SMH, many of the residents relied on payday loans to sustain their housing and living costs, are in arrears on bill or rent payments, and in some cases are facing outstanding warrants for unpaid bills and fines. The program actively supports residents to build their money management skills and confidence, with 78% of those surveyed reporting that their financial position had improved as a result of the program. Improved financial position represented 2.9% of the total value experienced by the resident stakeholder group.

## More housing choices

### 100% of Sidney Myer Haven graduates are no longer in public housing

Although not a material outcome (<1% of the value experienced by this stakeholder group), this is a significant outcome with great value to Government. Whereas only two out of the 49 adult participants had been in private rental prior to entry at SMH, all participants who have completed the program are now living in secure housing, with a majority managing private rental, and no participants have moved into public housing after SMH. For many, the rental history accrued during their tenancy at SMH is a critical enabler for accessing private rentals, as are the skills developed in independent living, money management and housing management. The avoided costs to Government of this outcome is substantial and discussed later in this report.

## Improved education and employment pathways

*"I now have confidence to do stuff like my Diploma of nursing...I have always had dreams"*

- SMH resident

SMH has successfully improved residents' engagement in education, employability skills and employment. Before entering SMH, only 6% of residents were engaged in any formal education, whereas 53% of residents have engaged in education since entering SMH. This includes returning to school to complete a year 12 or equivalent certificate, apprenticeships and diplomas and tertiary degrees. This is a significant outcome, as many SMH residents previously had little belief in their own ability to undertake study. Although not material outcomes (<1% of the value experienced by this stakeholder group), SMH offers support to build residents' employability skills, and many of the residents realised improved employability skills and gained new employment as a result of the program.

*"I have been able to go back to school to support my two kids"*

- SMH resident

## Improved independent living skills

*"I now have a drivers license...and more organized"*

- SMH resident

Improved independent living skills equated to 3% of the total value experienced by adult participants. 67% of residents nevertheless agreed or strongly agreed with the statement that as a result of SMH, "I feel confident I can sustain living in the community with limited supports". Past participants described the value and freedom they experienced as a result of gaining their driver's license, and how much they enjoyed being more organised at home as a result of the healthy routines and habits gained whilst at SMH. 89% also agreed or strongly agreed with the statement that "I know where to get help when I need it".

## Expanded aspirations, motivation and self-efficacy

*"I'm dealing with my issues when they arise instead of avoiding them"*

- SMH resident

Before entering SMH, many residents had little hope for the future, low aspirations and low self-esteem and self-belief. Many were using alcohol and other drugs to deal with their challenging circumstances, and many were caught in negative cycles that they could not see or sense a way out of. The SMH program provides residents with the stability and security needed to work through these challenges, as well as providing additional coaching, peer support and guidance to help residents take greater control over their lives and reimagine a more positive future for themselves and their children. As a result of SMH:

- 78% of residents agreed or strongly agreed that "I now like where my life is going".
- 67% of residents agreed or strongly agreed that "I like planning for the future".
- 78% of residents agreed or strongly agreed that "I can see myself achieving my goals".

This outcome represented 3.5% of the total value experienced by SMH residents.

## Expanded confidence and capability to parent

*"I am becoming the kind of parent I want to be to my daughter"*

- SMH resident

For the SMH residents who are parents, a critical outcome experienced through the program is increased confidence and capability to parent. The SMH program provides targeted support and mentoring for residents to improve their parenting skills and confidence, including peer support and the involvement of maternal child health services. As a result of their involvement in the program:

- 78% of parents agreed or strongly agreed that "I am more confident caring for my kids".
- 63% of parents agreed or strongly agreed that "I have energy for my kids".
- 100% of parents agreed or strongly agreed that "I feel safe around my children".

This outcome represented 11% of the value experienced by the resident stakeholder group, however its significance is difficult to fully capture given the significant long-term impacts on parents' relationships with their children and their children's development. The following section describes the value created for the children at SMH.

*"We have a routine, I love being a mum now"*

- SMH resident

### 4.3.2 Children outcomes

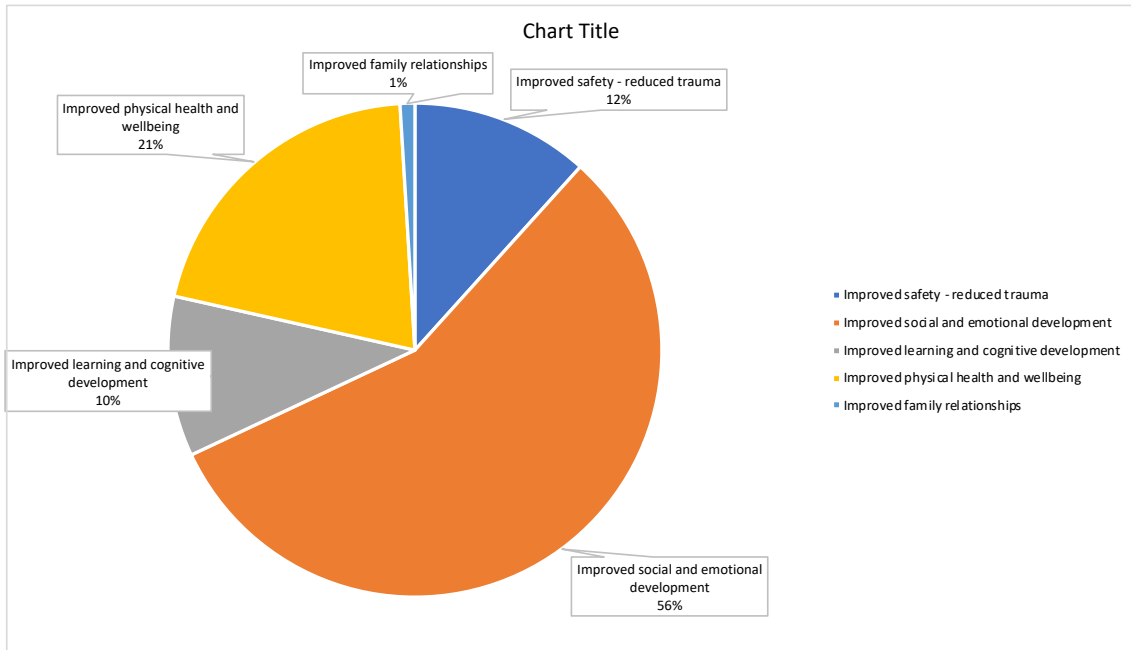


Figure 3: Value experienced by SMH children by outcomes

SMH has been home to 56 children during the period of the SROI evaluation, and these children have experienced 15% of the total value created by SMH in this time. Given the significant long-term implications of these outcomes for the children's development and life trajectories this value is considered conservative. Five key outcomes were identified for children, of which four were considered material (i.e. >1% of the stakeholder value). These outcomes included:

- Improved safety (reduced trauma)
- Improved social and emotional development
- Improved learning and cognitive development
- Improved physical health and wellbeing
- Improved family relationships, home life and dynamics



### Improved safety (reduced trauma)

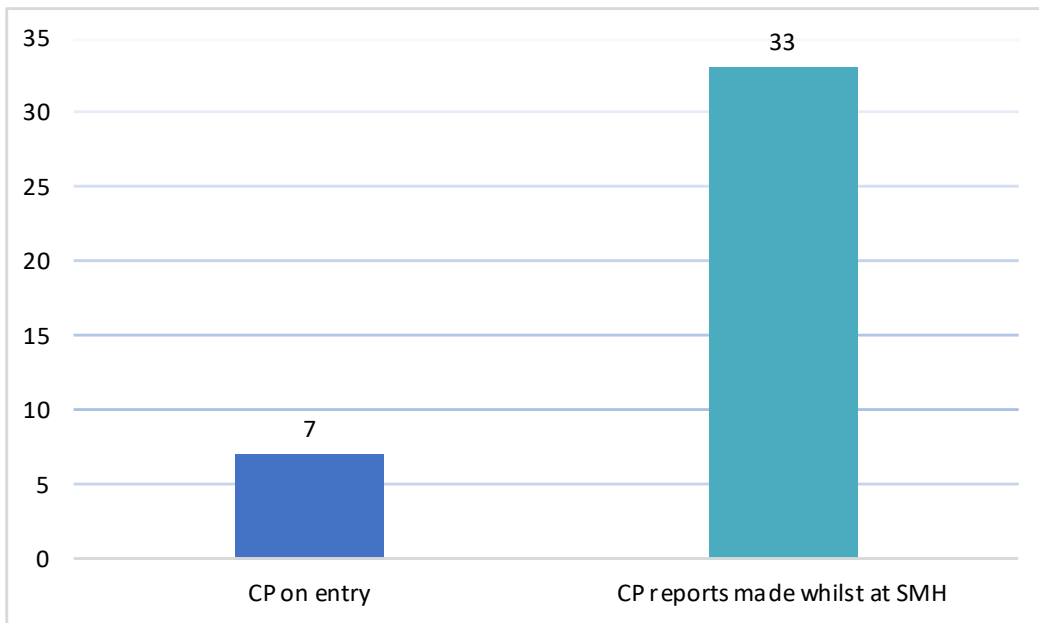


Figure 4: Child Protection involvement on entry and whilst at SMH

Many of the children were at risk of harm, neglect or abuse before entering SMH. Upon starting the program seven children had existing child protection orders in place. A further 33 reports were made by SMH during their time in the program. Many of these children are likely to have fallen through the cracks.



## 47% (22) of the families at SMH have current child protection orders, with 86% adherence

The nature of the SMH program enables SMH staff to identify children who are at risk of harm or neglect, while the safety of the complex also protects children from the perpetrators of family violence. In turn, by reducing children's exposure to violence and harm, SMH reduces the trauma that children may otherwise have experienced and its potential long-term scarring effects.

### Improved physical health and wellbeing.

This outcome equated to 21% of the social value experienced by children. Before entering SMH, the vulnerable situation of their parents meant that many were not accessing maternal child health services, getting adequate nutrition, and only 37% had up-to-date immunisations. 100% of children now have up-to-date immunisations, there are more opportunities for maternal child health specialists to engage with families, and improvements in diet and play opportunities have contributed to improved physical health.

## 37% children did not have up-to-date immunisations upon arrival at SMH.

### Improved social and emotional development

*"My child trusts and likes the workers [Early Childhood Education Centre] and enjoys their company and hanging with them"*

- SMH resident

This outcome equated to 56% of the social value experienced by children. The children at SMH are exposed to a network of supportive adult role models, as well as to play and socialisation opportunities with other children. They are also afforded the opportunity of closer connection with their parents, who have the space and capacity at SMH to be more attentive and responsive to their children's needs (without the pressures of homelessness or violence, and less affected by mental illness, drugs and alcohol). Finally, the children are less exposed to violence and trauma. This environment therefore supports the positive social and emotional development of children, as well as the development of healthy attachment and relational styles that can have long-term impacts on their character, behaviour and life experiences.

## "I have the energy to be a good Mum 😊 – take her to parenting groups and parks"

### Improved learning and cognitive development

Prior to SMH, few of the children had been engaged in stable schooling or early education. SMH provides a program of support that includes child care and early learning opportunities for young infants, as well as providing a stable home from which children can engage in stable schooling. Parents are also better able to support their children's development by having much needed

*"I have energy to be a good mum now"*

- SMH resident

respite from the daily demands of parenting. This respite provides time for self-care and personal growth which contributes to building their parenting confidence and skills.

### Improved family relationships

Although not a material outcome (<1% of the value experienced by this stakeholder group) children benefit from improved family relationships. With stable and secure housing, and parents who are experiencing less anxiety, stress and better mental health management, they are more able to attend to and care for their child. This improves the parent-child relationship, creating a more positive home environment for the child.

*“More confidence as a mum...living in our own house...more energy”*

- SMH resident

### 4.3.3 Government

The SROI evaluation found that 33% of the total value created by Sidney Myer Haven is experienced by Government (31% State Government and 2% Federal Government). To identify the value created for Government through the Sidney Myer Haven program, the likely trajectories of residents and their interactions with various Government-funded service systems was plotted in consultation with SMH staff. These prospective trajectories were also validated through a literature review to identify the likely costs of each individual to the Government system without the intervention and support provided by SMH. This analysis identified nine material outcomes of value to the Government (four further outcomes were identified but found to be immaterial, including the avoided costs of prison and community correction orders, reduced hospitalisations due to alcohol and other drugs, reduced instances of crime due to alcohol and other drugs, and the costs of enforcing outstanding warrants).

The nine outcomes of material value to Government (in order of significance) were:

- Avoided homelessness costs (residents).
- Reduced costs of child neglect and abuse.
- Avoided homelessness costs (children).
- Reduced instances of hospitalisation due to mental illness (residents).
- Reduced costs associated with developmental delay and educational disengagement of children.
- Reduced instances of hospitalisation due to mental health (children).
- Reduced demand for public housing.
- Reduced justice system interactions due to family violence.
- Reduced interaction with health system due to family violence.

The relative value of these outcomes is shown in Figure 5.

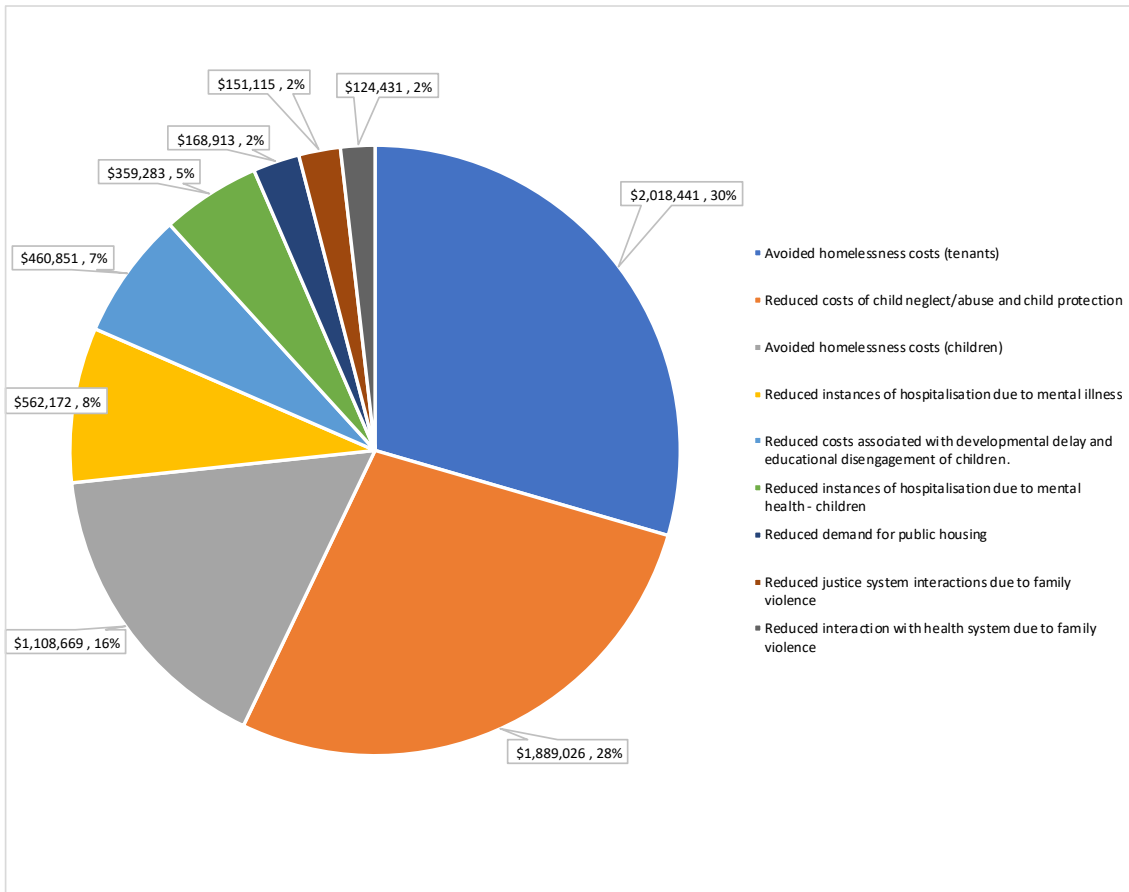


Figure 5: Value created for Government

### Avoided homelessness costs (residents): \$2,018,441

27 residents were homeless prior to entering Sidney Myer Haven, and 100% of these residents avoided re-entry into homelessness as a result of the program. The avoided costs of homelessness to Government include reduced demand on the health and justice services that are often accessed by homeless people.

### Reduced costs of child neglect and abuse: \$1,889,026

Staff at SMH are uniquely positioned to identify children who are at risk of neglect and abuse, and who might not otherwise have received adequate support. While living at Sidney Myer Haven, SMH initiated child protection reports for 33 children who were deemed as being at risk of child abuse or neglect. Of these 33 children, it is estimated that 40% might otherwise have progressed to higher levels of Government intervention (e.g. out-of-home-care) if the child protection intervention had not been initiated by SMH, which improved and stabilised their situation. As such, costs to Government of child neglect and abuse (particularly including out-of-home-care and intensive family support services) were avoided for 40% of the children who were reported to child protection.

### Avoided homelessness costs (children): \$1,108,669

Prior to entry at SMH, 32 children were experiencing homelessness with their parent. All of these children avoided homelessness during their period at SMH, reducing the costs to Government of youth homelessness, including the reduced usage of health and justice services that might otherwise have been required. It is also assumed that the majority of these young people will avoid homelessness in the future.

### **Reduced instances of hospitalisation due to mental illness (residents): \$562,172**

21 residents had been hospitalised due to mental illness before entering Sidney Myer Haven, and it is assumed that many would have gone on to experience further hospitalisations without the support of SMH. Of these residents, 20 avoided further mental illness-related hospitalisation (95%), with no hospitalisations during their stay at SMH. This created significant cost savings to government, avoiding the cost of hospital stays for these residents.

### **Reduced costs associated with developmental delay and educational disengagement of children: \$460,851**

As described earlier, developmental delay and disengagement from early learning and education can have major long-term scarring effects on children, with the cost to government of educational disengagement (equivalent to that of early school leaving) including lost taxation income and increased expenditure on health, welfare, justice and further education services. None of the children were evaluated as having their developmental needs met upon entry to SMH. It was assumed that 60% of the children avoided developmental delay and education disengagement as a result of SMH reducing costs for Government.

### **Reduced instances of hospitalisation due to mental health (children): \$359,283**

25% of the children at SMH were engaged with Children and Adolescent Mental Health Services (CAMHS) while at SMH, dealing with trauma and emergent mental health issues stemming from the vulnerable upbringing they had experienced. Without the intervention and support of the CAMHS, it is likely that many of these children would have gone on to develop mental illness that would have likely resulted in hospitalisation. By receiving early intervention and support, these potential costs to Government are avoided.

### **Reduced demand for public housing: \$168,913**

Sidney Myer Haven has had significant success in transitioning individuals to secure and private housing after their time in the program. Seven residents were in public housing prior to SMH, and none of these individuals have moved back into public housing since SMH. Demand on the public housing system has therefore been reduced by SMH, and the value of this outcome is likely to underestimate the total cost saving – many more than seven residents are likely to have moved into public housing without the support of SMH, and the financial proxy for cost savings to government does not include the capital costs of providing public housing (including only the net recurrent costs of providing assistance to public housing).

### **Reduced justice system interactions due to family violence: \$151,115**

One of the many significant costs to Government of family violence is the cost involved in executing and administering intervention orders, and in dealing with criminal instances of violence. 33 of the residents at SMH were experiencing family violence prior to SMH, and it is assumed that they would by necessity have interacted with the justice system were it not for SMH. Instead, individuals have been kept safe from violent partners and have not had to access the justice system while at SMH.

### **Reduced interaction with health system due to family violence: \$124,431**

Another significant cost to Government of family violence is the cost to the health system when victims require medical treatment and hospitalisation. It is likely that all of the residents who were experiencing family violence prior to engaging with SMH would have been involved with the

health system were it not for SMH, however as a result of being kept safe at SMH, all avoided this cost.

## 5. The SROI model

### 5.1 Sensitivity analysis

The SROI model has been developed applying the seven principles of the methodology. In particular, where professional judgment has been required, a conservative approach has been used when specifying any assumptions. However, to test these assumptions, a sensitivity analysis has been conducted to understand the influence that these assumptions have had on the SROI model.

The following assumptions were tested, and the results summarised in the table below.

**Benefit period and drop-off:** The SROI model has assumed very conservative benefit periods for each of the outcomes, with no benefit period exceeding 5 years. In particular for children, the outcomes they experience early in life are likely to have a benefit period lasting far longer than 5 years. For many of the past participants, the SMH program has been a critical juncture in their lives, supporting them and their children onto a different life trajectory. From vulnerable housing, poor mental health and AOD addictions, to stable housing, education, meaningful employment and potentially life-long friendships. To test the impact of these benefit period assumptions, the analysis examined longer benefit periods.

**Deadweight:** Deadweight numbers were obtained from the resident survey, where residents were asked an open question about what they thought may have happened if they had not become involved in the SMH program. In all instances, the responses were negative. However, to test this value for all participants, the deadweight was increased from 5% to 25% across all outcomes for adults and children.

**Attribution:** Attribution figures for tenants were determined from stakeholder feedback with current and past residents when asked to reflect upon who else had contributed to the changes described. By design, the program is based on the interaction with other services, and therefore the attribution for each of the outcomes is shared with other community organisations and support activities. However, together, the intensive wrap-around support enables an overall net positive benefit for all efforts.

Table 2: Summary of sensitivity analysis results

Variable	Base Case	New Case	SROI Ratio
<b>STAKEHOLDER ADULTS</b>			
Benefit period– <i>expanded healthy social network</i>	Various from 4 to 1 year	5 years	11.44
Deadweight - <i>Better mental health management</i>	5%	25%	10.56
Deadweight – <i>Increased personal safety</i>	5%	25%	10.65
Deadweight – <i>Expanded confidence and capability to parent</i>	5%	25%	10.70
Deadweight – <i>Expanded healthy social networks</i>	5%	25%	10.59
Attribution – <i>expanded confidence to parent</i>	40%	80%	11.44
<b>STAKEHOLDER CHILDREN</b>			
Benefit period – <i>improved social and emotional development</i>	3 years	10 years	11.52
Benefit period – <i>improved learning and cognitive development</i>	5 years	10 years	10.90
Benefit period – <i>improved health and physical wellbeing</i>	5 years	10 years	10.97
Attribution – <i>all outcomes</i>	40%	60%	11.92
<b>STATE GOVERNMENT</b>			
Benefit period – <i>all outcomes</i>	5 years	3 years	10.24
<b>FEDERAL GOVERNMENT</b>			
Benefit period – <i>all outcomes</i>	5 years	3 years	10.78
Outcome incidence – <i>reduced costs associated with developmental delay</i>	60% children	20% children	10.68



## 6. Implications of results

“If their [investors’] motive is to really help people...I mean to really help people, then this is the first place you should invest”

The Sidney Myer Haven model **breaks negative cycles**. This evaluation has found that SMH’s provision of safe and affordable housing, wrapped around by intensive, individualised support, is a highly successful model that catalyses transformative and lasting change in the lives of the individuals they support. It is a unique and healing environment for individuals who are trapped in vicious cycles of violence, homelessness, mental illness, financial insecurity and drug and alcohol abuse. And it is a place from which positive futures can be reclaimed and rebuilt for children who might not otherwise be able to break free of intergenerational disadvantage.

The SMH model clearly responds to many of the interventions called for in the 2016 Royal Commission into Family Violence. The Commission calls for “a blitz to rehouse women and children who are forced to leave their homes, supported by expanded individual funding packages”. The Commission also calls for greater integration of support services and agencies, more targeted support for children, and more individualised approaches that respond flexibly to the unique needs of each person. Sidney Myer Haven is already embodying this approach, providing safe and affordable housing, coupled with highly individualised and holistic support (including support navigating service and justice systems) and targeted support for children. SMH therefore represents best practice and a clear guiding example for a sector that is searching for answers.

The model also plays a significant role in forestalling the negative lifelong outcomes that may be experienced by many of the children who come into SMH. As research and the First 1000 Days framework show us, the first years of a child’s life are the most critical for their long-term development. There is also a clear link in the literature between many of the environmental factors experienced by SMH residents (e.g. family violence, poor nutrition, drug and alcohol use, homelessness and social isolation) and the risk of suboptimal child development. In this context, the research clearly shows the importance of early intervention strategies such as those provided by SMH to prevent long-term scarring effects in the lives of children.

Finally, the SMH approach plays an important role in breaking cycles of social exclusion and isolation, which have been shown to worsen mental health outcomes, homelessness and drug and alcohol abuse. Recovery from addiction and mental health challenges is least likely to occur in isolation, and the access that SMH provides to positive and supportive social networks is therefore critical.

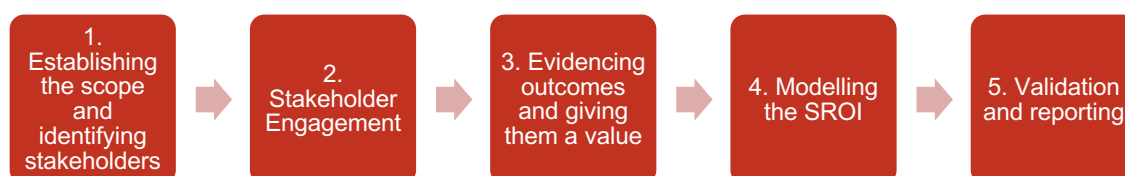
The voices of SMH residents clearly show the lifechanging nature of SMH and its work. It is a model that should be seen and valued for its outstanding impact, and which is fully deserving of ongoing support.

# Appendix A Methodology

The Social Return on Investment (SROI) evaluation of Sidney Myer Haven delivered by Haven Home Safe was undertaken in-line with the seven social value principles of Social Return on Investment:

1. Understand what changes
2. Involve stakeholders
3. Value the things that matter
4. Only include what is material
5. Do not over-claim
6. Be transparent
7. Verify results

A five-phased methodology was undertaken to complete the evaluation as illustrated:



- **Stage 1:** Establishing scope and identifying stakeholders – the boundary of the assessment was determined, and stakeholder consultation was undertaken to identify stakeholders to engage in stage 2.
- **Stage 2:** Stakeholder Engagement – stakeholder consultation was undertaken to identify stakeholder outcomes and the potential dynamics of change. This included a theory of change workshop to develop an intended theory of change.
- **Stage 3:** Evidencing outcomes and giving them a value – a survey was designed to evidence and quantify the outcomes identified in stage 2. The survey was distributed to all current residents. The survey included open questions regarding the change tenants have experienced as a result of SMH, to allow for beneficiary stakeholders to identify outcomes. Consultation with tenants was undertaken to verify the survey results and identify proxy values for change. A copy of the survey is provided in Appendix B.
- **Stage 4:** Modelling the SROI – all material outcomes were included in the model and factors were determined to discount the social value to account for deadweight, attribution, benefit period and drop-off.
- **Stage 5:** Validation and reporting – the model was developed for validation with SMH and beneficiary stakeholders. A sensitivity analysis was developed, and detailed report produced.

The following section outlines the detailed methodology undertaken to complete the evaluation.

## A.1 Establishing scope and identifying stakeholders

The first phase of the evaluation included:

- Inception meeting
- Workshop with Haven Home Safe to develop a Theory of Change
- Stakeholder mapping exercise to identify individuals to engage in the evaluation.

The evaluation examined the social value created by the program since it commenced in October 2015 to June 2018.

The activities within scope of the evaluation included:

- Provision of affordable housing in the 19 one-and-two-bedroom units provided to **49 adult participants and 56 children**
- Provision of an intensive social curriculum program for up to 24-months, which includes a suite of in-house activities and activities provided by external or partner organisations

In total, 10 stakeholder groups were identified as contributing to or experiencing change as part of the SMH Program. Of these 10 groups, five stakeholder groups were identified as experiencing material changes.

For the purpose of modelling, SMH residents and their children were segmented into four groups each, depending on the length of time individuals were in the program. For participants that were currently in the program, the outcome incidence was determined by the results of the tenant survey. For those not currently in the program, SMH staff considered the impact of the program on each individual participant and determined whether the outcome was realised (and to what extent). Engagement with past participants from each of the cohort groups was conducted to further understand the context and value experienced by these participants. Table 3 below summarises the stakeholder groups included or excluded from the SROI model based on the significance and relevance of the outcomes experienced.

Table 3 Overview of stakeholder groups

Stakeholder	# Stakeholders	Description	Included/ Excluded	Rationale for inclusion/exclusion
<i>Adult residents - current</i>	19	Adults are referred to the Sidney Myer Haven program if they need additional social support. The program is promoted as a 24-month program, however for some the length of time in the program can vary. To be accepted into the program the criteria requirements include being:	Included	They are the intended beneficiaries of the program and experience material changes.
<i>Adult residents ~24 months</i>	10		Included	They are the intended beneficiaries of the program and experience material changes.
<i>Adult residents – 3-24 months</i>	18	<ul style="list-style-type: none"> <li>• Aged between 17-40</li> <li>• Single or partnered with or without children</li> </ul>	Included	They are the intended beneficiaries of the program and experience material changes.
<i>Adult residents - evicted</i>	2	<ul style="list-style-type: none"> <li>• Motivated to improve your life and willing to participate in the program</li> <li>• Free from drug or alcohol substance abuse for more than 12 months</li> </ul>	Included	At first, it was assumed that adult residents who were evicted may not have experienced material outcomes. Stakeholder engagement with a past participant who was evicted revealed material changes, however, despite the short time in the program and eviction.
<i>Children residents – current</i>	21	Children of participants benefit in two ways; from the changes realised by their parents and from the direct impact of living in the SMH environment.	Included	They are the intended beneficiaries of the program and experience material changes.
<i>Children residents ~ 24 months participation</i>	11		Included	They are the intended beneficiaries of the program and experience material changes.
<i>Children residents 3-24 months participation</i>	19		Included	They are the intended beneficiaries of the program and experience material changes.

Stakeholder	# Stakeholders	Description	Included/ Excluded	Rationale for inclusion/exclusion
<i>Children residents - family evicted</i>	5		Included	At first, it was assumed that families who were evicted may not have experienced material outcomes. Stakeholder engagement with past adult participants who were evicted, however, revealed material changes.
<i>State Government (Victoria)</i>	1	Government Departments provide health, education, housing and justice services to SMH participants. Government benefits from the costs avoided as a result of the positive outcomes realised by the SMH participants.	Included	Outcomes realised by SMH participants result in avoided costs to Government that have a material value.
<i>Federal Government</i>	1	The Federal Government provides services to eligible participants including Centrelink payments and parenting payments. Government benefits from avoided costs as a result of the positive outcomes realised by the SMH participants.	Included	Outcomes realised by SMH participants result in avoided costs to Government that have a material value.
<i>Volunteers</i>	10	Volunteers involved in the delivery of the SMH program gain a sense of personal satisfaction, reward and value through their contribution to the program and to SMH residents/children.	Included	Outcomes realised by volunteers were included in the model, however the overall value was not significant enough to warrant detailed reporting.

Stakeholder	# Stakeholders	Description	Included/ Excluded	Rationale for inclusion/exclusion
<i>Community partners</i>	~ 25	Community partners include referral agencies and organisations providing support during the SMH program (e.g. family violence services).	Excluded	Community partners are key contributors to the program, supporting many of the outcomes for participants to be realised. However, the demand for services far exceeds the reduction in service needs as a result of SMH, and the potential value to community partners of reduced pressure on services is therefore not material.
<i>Extended family of participants</i>	49	Extended family members of SMH tenants may have provided temporary housing for their family member if not for SMH, and therefore gained value from the reduced pressure to provide temporary housing.	Excluded	These indirect benefits were not included in the model because they were considered not material.
<i>Local Government/ Community</i>	1	Local Government provides social and community services in the local area e.g. Maternal and Child Health Services. Local Government may benefit from the decrease in homelessness and anti-social behaviour associated with homelessness in their area.	Excluded	The demand for services far exceeds the reduction in service needs as a result of SMH and the reduction in anti-social behaviour was not determined to be a material outcome for Council.
<i>Local Schools</i>	1	SMH works closely with one local school to provide support to children transitioning into the school and community. Alongside SMH, they contribute to consistent wrap-around support.	Excluded	The school community is likely to experience a change, however in this context they are not considered material to the objectives of the program.



Stakeholder	# Stakeholders	Description	Included/ Excluded	Rationale for inclusion/exclusion
<i>Local Early Childhood Centres</i>	1	SMH works closely with the local child care centre providing support to children and families who are transitioning into the community. Alongside SMH they contribute to consistent wrap-around support.	Excluded	The child care community is likely to experience a change, however in this context this was not considered material to the objectives of the program.

## A.2 Stakeholder engagement

The stakeholder engagement phase included one-on-one interviews and small focus group discussions with 17 individuals. Engagement occurred between June – September 2018.

The stakeholder engagement process included:

- One-on-one interviews with past and current recipients (x9)
- Community support workers (x4)
- SMH staff (x4)

The interviews provided an opportunity to understand the context within which the change is occurring, and to develop a preliminary identification of outcomes (both intended and unintended, positive and negative). This in turn informed the development of surveys for the quantification stage (see below). An exploration of the value and relative value of the outcomes was also explored with stakeholders. This included using a stated preference technique to value outcomes. Stakeholder interviews also provided an opportunity to identify other stakeholder groups that may be experiencing change, assess the materiality of the change and validate the results.

## A.3 Quantification

A survey was designed and distributed to current residents to complete. In total, 11 responses were received from 19 potential respondents. The following section summarises the results of the survey.

Participants completed a Likert scale indicating the extent to which they agreed or disagreed with a set of statements regarding the impact of Sidney Myer Haven on their life. These statements, and the outcomes to which they correspond in the SROI model, are shown in Table 4 below.

**Table 4: Resident survey responses**

Outcome	Survey indicator As a result of SMH...	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	N/A	Average
Better general health	I am feeling healthier	0%	11.11%	0%	66.67%	22.22%	0%	4
	I do more things that are good for my health	0%	11.11%	11.11%	77.78%	0%	0%	3.67
Better emotional health	I am in a better state of mind	0%	11.11%	11.11%	44.44%	33.33%	0%	4
Increased feelings of personal safety	I feel safe in my home	0%	0%	0%	44.44%	44.44%	0%	4.33
Improved financial position	My financial position has improved	0%	11.11%	11.11%	77.78%	0%	0%	3.67
Increased financial capability and control	I don't rely on pay day loans to manage my budget	0%	11.11%	11.11%	44.44%	22.22%	11.11%	3.44
	I feel confident managing money	0%	22.22%	55.56%	22.22%	0%	0%	3
Increased housing choices	I don't feel anxious about my living situation	0%	0%	55.56%	22.22%	22.22%	0%	3.67
	I feel I have more choices about where I live	0%	0%	33.33%	33.33%	22.22%	11.11%	3.44

Enhanced educational progress	I am more likely to participate in education	0%	0%	33.33%	33.33%	33.33%	0%	4
Increased employability	I am much more employable than I was before	0%	11.11%	33.33%	33.33%	11.11%	11.11%	3.11
Increased employment	<i>Employment outcomes identified by SMH staff member.</i>							
Improved independent living skills	I know where to get help when I need it	0%	0%	11.11%	77.78%	11.11%	0%	4
	I feel confident I can sustain living in the community with limited supports	0%	0%	33.33%	66.67%	0%	0%	3.67
	I am able to better deal with problems	0%	11.11%	44.44%	22.22%	22.22%	0%	3.56
Expanded aspirations, motivation, self-efficacy	I am taking action to change my situation	0%	0%	11.11%	55.56%	33.33%	0%	4.22
	I like where my life is going	0%	0%	22.22%	66.67%	11.11%	0%	3.89
	I can see myself achieving my goals	0%	11.11%	11.11%	55.56%	22.22%	0%	3.89
	I like planning for the future	0%	0%	33.33%	55.56%	11.11%	0%	3.78
Expanded confidence and capability to parent	I feel safe around my children	0%	0%	0%	33.33%	55.56%	11.11%	4.11
	I am more confident caring for my kids	0%	0%	11.11%	22.22%	55.56%	11.11%	4
	I have energy for my kids	0%	11.11%	22.22%	22.22%	33.33%	11.11%	3.44

Increased community connection	I have people in my life I can turn to for help	0%	0%	11.11%	55.56%	33.33%	0%	4.22
	I feel more connected to my local community	0%	11.11%	22.22%	44.44%	22.22%	0%	3.78
	I take part in community events outside of my home as much as I want	11.11%	11.11%	22.22%	33.33%	22.22%	0%	3.44
Increased friendships and expanded healthy social network	I have people in my life I can trust	0%	0%	33.33%	33.33%	33.33%	0%	4
	I have more people in my life who are a good influence on me	0%	0%	22.22%	22.22%	44.44%	11.11%	3.78
	I don't feel alone	0%	11.11%	44.44%	22.22%	22.22%	0%	3.56
Improved family relationships	My relationships with my family have improved	0%	0%	44.44%	44.44%	11.11%	0%	3.67
	I feel positive about the SMH program	0%	0%	11.11%	44.44%	44.44%	0%	4.33
	My children are doing better at school	0%	0%	44.44%	0%	11.11%	44.44%	1.89

The survey also asked participants to describe what had changed for them, positive and negative, as a result of living at Sidney Myer Haven. An illustrative selection of responses is shown below.

- *“My mental health has improved. With stability of a safe home, knowing there is support I needed has taken such a weight off my life. I enjoy being a mother today. With routine in our lives, structure and play groups. I have gotten back into enjoying cooking... I set up goals to work toward my future career... starting to develop a life for myself with healthy friends and positive people. I started to like myself again, I look at myself as a strong woman. What this program has given me in 6 weeks is unbelievable. I’m grateful to this program. I couldn’t keep going at this world alone.”*
- *“I’m dealing with my issues when they arise instead of avoiding them, and I am becoming the kind of parent I want to be to my daughter.”*
- *“I have been able to go back to school support my two kids and been more independent. I can manage my money better and live comfortably”.*
- *“Starting to find more confidence.”*
- *More confidence as a mum, living in our own house, more energy, more friends and more support!”*

When asked to describe the change they have experienced as a result of Sidney Myer Haven in three words, participants used the words shown below.



The ways in which residents described these changes was incorporated into the Theory of Change and articulation of outcomes for the SROI model.

To ascertain deadweight, survey respondents were asked to describe what they think may have happened for them if they had not come to Sidney Myer Haven. Responses included:

- *“Dead...?”*
- *“I don’t want to answer this question. Makes me sad”.*



- *“I would have been couch hopping with a new born baby. My mental health would have deteriorated to an extremely unsafe place and I may have even been at risk of my baby being taken off me because of those reasons”.*
- *“I may not of been alive”.*
- *“My living arrangement would be awful, and also may not of got my son back. And wouldn't have pursued doing my life goal”.*
- *“I don't think I'd be as confident with bubs, possibly still couch surfing”.*

These survey responses provided confidence in modelling a low deadweight for the outcomes experienced by participants, as the responses demonstrated that these outcomes would have been extremely unlikely without the intervention of SMH.

## A.4 Modelling the SROI

Research was undertaken to identify suitable financial proxies that were commensurate with the outcomes described and valued by participants during stakeholder engagement. Discount factors were determined based on questions asked in the survey and during stakeholder engagement, relating to attribution and deadweight. The benefit period and drop-off were assumed based on the context of the change, length of time in the program and if the outcome was likely to have lasting value. The financial proxies used in the model are summarised in Table 3 below and discount factors for each outcome are shown in Table 4.

## A.5 Verification

A verification workshop and interviews were held in September with SMH staff and beneficiary stakeholders representing each of the participant stakeholder groups to review the relative value of each of the outcomes. The interviews provided an opportunity to provide feedback on the key findings of the report.

**Table 5 Summary of financial proxies used in the SROI model**

Outcome	Financial proxy	Rationale	Calculation and Source
<b>Adult participants</b>			
<i>Better general health</i>	\$9,201	SMH provides access to a personal trainer/coach and supports participants to improve their eating and lifestyle habits. A more active lifestyle, better nutrition and eating habits improves general health.	Outcome was equivalent to a local gym membership - weekly cost of \$8.95 for 52 weeks per year ( <a href="http://www.genesisfitness.com.au/gym/vic/Bundoora/join">www.genesisfitness.com.au/gym/vic/Bundoora/join</a> ) plus average weekly expenditure on food and non-alcoholic beverages per week. Reference: ABS 2015-2016 6530.0-Household Expenditure Survey, Australia: Income, Expenditure and Low Economic Resource Households. <a href="http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6530.02015-16?OpenDocument">http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6530.02015-16?OpenDocument</a> .
<i>Better emotional health</i>	\$19,422	Many participants presented with stress, anxiety and poor emotional health. SMH supports residents to engage with counselling and provides a supportive environment in which to improve their emotional wellbeing.	Equivalent to the yearly costs of a clinical psychologist. Commensurate with 3 sessions per week based on the Medicare rebate of \$124.50. Medicare rebate of \$83.25 - \$124.50 per session for up to 10 sessions can be claimed per calendar year + 10 group sessions. Reference: <a href="http://www.psychology.org.au/Assets/Files/2014-Table-of-MedicareBenefits_Web.pdf">www.psychology.org.au/Assets/Files/2014-Table-of-MedicareBenefits_Web.pdf</a>

Outcome	Financial proxy	Rationale	Calculation and Source
<i>Better mental health management</i>	\$54,600	Many participants presented with mental health issues. SMH supports residents to engage with treatment and therapy, improving mental health and minimising conditions such as depression.	Participants may avoid the level of disability associated with mental illness based on societal valuations of this state of mind. Value represents the statistical value of a life year (\$182,000) adjusted for the loss attributable to moderate depression 0.3 (disability weighting). Reference: Best Practice Regulation Guidance Note Value of statistical life December 2014 available at <a href="https://www.dpmc.gov.au/sites/default/files/publications/Value_of_Statistical_Life_guidance_note.pdf">https://www.dpmc.gov.au/sites/default/files/publications/Value_of_Statistical_Life_guidance_note.pdf</a>
<i>Increased personal safety (escaping family violence)</i>	\$27,381	70% of participants were escaping family violence when accepted into the program. SMH provides 24/7 onsite support and a gated secure living environment.	Equivalent to three times the cost of domestic violence experienced by survivors based on a study of the cost of violence against women and their children. In 2022, the cost to survivors of domestic violence will be 3883 million with an estimated 285426 victims (\$10,075). Discounted to 2018 = \$9127.  Reference: The Cost of Violence Against Women and their Children in Australia. KPMG, 2016.
<i>Increased feelings of personal safety (not escaping family violence)</i>	\$18,200	This cohort experienced increased feelings of security, because they now had safe and secure housing with 24/7 onsite support if needed. This outcome has a financial proxy that is lower relative to the value of increased personal safety for those escaping family violence and was considered equivalent to participants avoiding mild depression based on societal valuations of this state of mind.	The statistical value of a life year (\$182,000) adjusted for the loss attributable to mild depression 0.1 (disability weighting). Reference: Best Practice Regulation Guidance Note Value of statistical life December 2014 available at <a href="https://www.dpmc.gov.au/sites/default/files/publications/Value_of_Statistical_Life_guidance_note.pdf">https://www.dpmc.gov.au/sites/default/files/publications/Value_of_Statistical_Life_guidance_note.pdf</a>
<i>Improved financial position</i>	\$5,720	Participants have an opportunity to improve their financial position because rent is adjusted based on income.	Difference between an equivalent private rental in Bendigo (2- bedroom unit at 270pw) and affordable housing rental (average SMH rent 160pw).

Outcome	Financial proxy	Rationale	Calculation and Source
<i>Improved financial capability and control</i>	\$750	Through support and financial mentoring provided onsite at SMH, residents are able to gain financial capability skills that are considered to be equivalent to those that might be gained in a short course focused on the essentials of money management and developing skills to achieve financial goals.	Cost of a short course on the essentials of money management. Reference <a href="https://skilledsmart.com.au/">https://skilledsmart.com.au/</a>
<i>Increased housing choices</i>	\$780	Participants talked about how the program had supported them to get a consistent rental history, providing them with more long-term housing choices. All who have completed the program are now living in the suburbs surrounding SMH.	Equivalent to difference in 3BR rent in Flora Hill compared with Eaglehawk (\$310pw compared with \$295 on average)
<i>Enhanced educational progress</i>	\$7,956	SMH supports young Mums to get back to school and complete Year 12 with their babies, improving their educational attainment and expanding opportunities for further study.	Difference in income between an early school leaver and an individual with Year 12 or equivalent attainment using an income technique. Early leaver weekly mean income \$1,085 and Year 12 or equivalent \$1,231 in 2014 dollars. Reference: Lamb, S. and Huo, S. Counting the costs of lost opportunity in Australian education. Mitchell Institute report No. 02/2017. Mitchell Institute, Melbourne. Available from: <a href="http://www.mitchellinstitute.org.au">www.mitchellinstitute.org.au</a> – Table 5.1
<i>Increased employability</i>	\$3,750	SMH is responsive to participants' employment goals and provides on-site training opportunities to increase employability skills and confidence.	Calculated as the equivalent to the yearly cost of participating in a Certificate II Registered Training Organisation course - Skills for Work and Vocational Pathways. Reference: <a href="https://www.myskills.gov.au/courses/details?Code=FSK20113">https://www.myskills.gov.au/courses/details?Code=FSK20113</a>

Outcome	Financial proxy	Rationale	Calculation and Source
<i>Increased employment</i>	\$24,489	Many SMH residents were able to gain employment during their time at SMH, with the employability and living skills development fostered by SMH contributing to this outcome.	<p>The economic value that can be realised for participants experiencing this outcome was considered commensurate with the difference in income for a person on welfare and employed in an entry level job. Calculated as the difference between a Level 2, Year 1 Clerical wage (\$798.40 per week) and New Start Allowance (\$594.60 per fortnight).</p> <p>References:  <a href="https://www.humanservices.gov.au/individuals/services/centrelink/newstart-allowance/how-much-you-can-get">https://www.humanservices.gov.au/individuals/services/centrelink/newstart-allowance/how-much-you-can-get</a>            Entry Level Job Minimum Wage:  <a href="http://awardviewer.fwo.gov.au/award/version/MA000002?vn=27#P301_27564">http://awardviewer.fwo.gov.au/award/version/MA000002?vn=27#P301_27564</a></p>
<i>Improved independent living skills</i>	\$6,060	Participants described having the opportunity to get their license and plan for the future with SMH support.	<p>This value was considered commensurate with the average weekly transport costs for a one parent family in Victoria of \$116.53 per week, allowing for inflation. Reference: 65300DO015_201516 Household Expenditure Survey, Australia: Summary of Results, 2015–16</p> <p>Inflation calculator:  <a href="http://www.rba.gov.au/calculator/annualDecimal.html">http://www.rba.gov.au/calculator/annualDecimal.html</a></p>

Outcome	Financial proxy	Rationale	Calculation and Source
<i>Expanded aspirations, motivation, self-efficacy</i>	\$8,309	SMH residents described that the program had given them greater hope and motivation to make positive changes for themselves and their children. Residents also described being more confident in their abilities as a parent and in life more generally.	<p>The value of this outcome was considered equivalent to annual spending on personal care for a single parent with dependent children (\$26.41 per week, adjusted for inflation) plus average weekly recreation spending for one parent family in Victoria (\$133.37 per week, adjusted for inflation).</p> <p>References:  ABS 6530.0 Household Expenditure Survey Victorian data 2011  <a href="http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6530.02009-10?OpenDocument">http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6530.02009-10?OpenDocument</a>  Inflation calculator  <a href="http://www.rba.gov.au/calculator/annualDecimal.html">http://www.rba.gov.au/calculator/annualDecimal.html</a> and  ABS 6530.0 Household Expenditure Survey Victorian data 2011  <a href="http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6530.02009-10?OpenDocument">http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6530.02009-10?OpenDocument</a>  Inflation calculator  <a href="http://www.rba.gov.au/calculator/annualDecimal.html">http://www.rba.gov.au/calculator/annualDecimal.html</a></p>



Outcome	Financial proxy	Rationale	Calculation and Source
<i>Expanded confidence and capability to parent</i>	\$52,000	When interviewed, this outcome was valued very highly by participants. SMH provides training and support for parents to improve their skills and confidence. There is also 24/7 on-site support which includes providing support with children (during the day three staff are available in a common area to play/watch/support parents), and which provides role modelling of positive parenting.	Equivalent to the avoided cost of a nanny at \$25/hour, 5 days per week, 8 hours per day.
<i>Increased community connection</i>	\$6,697	Many SMH residents described feeling more connected to others and less isolated as a result of their involvement with the program. SMH fosters supportive networks and relationships that wrap around individuals, improving their sense of connection to community.	Calculated as equivalent to the leisure costs associated with maintaining social connections and positive experiences based on the average weekly recreation spending for a single parent family in Victoria, allowing for inflation (from \$118.73 to \$128.78 per week). Reference: ABS 6530.0 Household Expenditure Survey Victorian data 2011 <a href="http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6530.02009-10?OpenDocument">http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6530.02009-10?OpenDocument</a> Inflation calculator <a href="http://www.rba.gov.au/calculator/annualDecimal.html">http://www.rba.gov.au/calculator/annualDecimal.html</a>
<i>Increased friendships and expanded healthy social network</i>	\$48,580	This outcome was valued most highly by participants, and therefore the financial proxy needed to reflect this stated preference value. Before SMH many participants were isolated and lonely or engaged in negative friendship/support circles that presented barriers to positive change in their lives.	Based on a UK wellbeing technique study that examined the value of life satisfaction derived from visiting friends or relatives once or twice a week (47,400 pounds) as compared to visiting friends or family on most days (62,400 pounds), calculated in 2003 pounds. Exchange rate of 2.3 pounds to AUD applied, and adjusted for inflation.

Outcome	Financial proxy	Rationale	Calculation and Source
<i>Improved family relationships</i>	\$600	There was some indication that SMH had helped some residents to improve their relationships with extended family.	Calculated as equivalent to the yearly costs of family counselling at 5 sessions for \$120 each. Reference: Relationships Australia Website
<i>Children</i>			
<i>Improved safety (reduced trauma)</i>	\$8,690	Children of parents who had been experiencing family violence experienced improved safety and security as a result of the security and protection afforded by SMH.	In 2022 the cost to survivors of domestic violence will be 3,883 million with an estimated 38,5426 victims (\$10,075). This value is based on statistical life years lost due to pain, suffering and premature death for women and children. Value discounted to present value. Reference: The Cost of Violence Against Women and their Children in Australia. KPMG, 2016.
<i>Improved social and emotional development</i>	\$54,600	Children at SMH gain access to positive adult role models (SMH staff and volunteers) and access child care and positive play experiences with other children. The improved capability and confidence of their parents also leads to more effective parenting and more secure attachment and relationships with parents. Taken together, this environment therefore fosters improved social and emotional development.	Participants may avoid this disability based on societal valuations of this state of mind. The statistical value of a life year (\$182,000) adjusted for the loss attributable to moderate depression 0.3 (disability weighting). Reference: Best Practice Regulation Guidance Note Value of statistical life December 2014 available at <a href="https://www.dpmc.gov.au/sites/default/files/publications/Value_of_Statistical_Life_guidance_note.pdf">https://www.dpmc.gov.au/sites/default/files/publications/Value_of_Statistical_Life_guidance_note.pdf</a>

Outcome	Financial proxy	Rationale	Calculation and Source
<i>Improved learning and cognitive development</i>	\$7,956	Children at SMH are engaged in child care, early learning or more steady school attendance (for those at school age) while in the program, improving their learning and cognitive development.	Equivalent to future benefit: the difference in income between an early school leaver and Year 12 or equivalent attainment using an income technique. An early leaver has a weekly mean income of \$1,085, and Year 12 or equivalent has a weekly mean income of \$1,231 in 2014 dollars. Reference: Lamb, S. and Huo, S. Counting the costs of lost opportunity in Australian education. Mitchell Institute report No. 02/2017. Mitchell Institute, Melbourne. Available from: <a href="http://www.mitchellinstitute.org.au">www.mitchellinstitute.org.au</a> – Table 5.1
<i>Improved physical health and wellbeing</i>	\$15,184	SMH provides support and education to parents regarding healthy eating and infant nutrition, and provides opportunities for physical play and exercise, improving physical health.	Equivalent to average weekly spending on basic needs for a single parent family with dependent children, including food, clothing and medical expenses. Reference: ABS 6530.0 Household Expenditure Survey Victorian data 2011 <a href="http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6530.02009-10?OpenDocument">http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6530.02009-10?OpenDocument</a> Inflation calculator <a href="http://www.rba.gov.au/calculator/annualDecimal.html">http://www.rba.gov.au/calculator/annualDecimal.html</a> "
<i>Improved family relationships</i>	\$1,200	The support provided to parents at SMH enables them to have closer and more positive relationships with their children, and to foster a more stable and secure family environment.	Equivalent to the yearly costs of family counselling, at 10 sessions for \$120 each. Medicare rebates range from \$74.80 to \$124.50 per session, covering the majority of service fees. Reference: <a href="https://lifesupportscounselling.com.au/medicare/">https://lifesupportscounselling.com.au/medicare/</a>

Outcome	Financial proxy	Rationale	Calculation and Source
<i>Reduced demand for public housing</i>	\$6,589	Many SMH residents were in public housing before entry to SMH, or were at risk of entering public housing without intervention and support. The program therefore reduces costs to government while residents are housed at SMH rather than in public housing. All SMH residents who have completed the program have moved on into private rental, further illustrating this cost saving.	Annual savings experienced by the Department of Housing from avoided housing provision costs. Net recurrent costs of providing assistance, excluding capital costs. \$5,884 per dwelling (2011-2012) is \$6,589 in 2017. Reference: Table 16A.20, Report on Government Services 2013 (reference 20 in background docs)
<i>Avoided homelessness costs (tenants)</i>	\$20,413	Many SMH residents were homeless or at risk of homelessness prior to the program. By providing stable housing and avoiding homelessness, the program saves health (\$14,507) and justice costs (\$5,906) that are typically associated with homelessness.	Reference: Homelessness Persons Week (HPW). Factsheet Government 3.2, 2014
<i>Reduced interaction with health system due to family violence</i>	\$1,287	The majority of SMH residents are escaping family violence at the time of entry to the program. By removing them from their violent partner and keeping them physically safe, the program avoids costs to the health system that might otherwise have been incurred in the case of ongoing violence and harm.	Annual cost of increased demand on the private and public health system due to family violence incidents. Total cost of family violence to the Victorian health system in 2015 was \$343 million (calculated as 24.5% of the total Australian cost, based on KPMG outline of cost distribution across states), divided by the number of people experiencing family violence in Victoria in 2015 (266,438 - calculated as 25.77% of Australian total, as Victoria represents 25.77% of population). \$343m divided by 266,438 = \$1,287. Reference: The Cost of Violence Against Women and their Children in Australia. KPMG, 2016.

Outcome	Financial proxy	Rationale	Calculation and Source
<i>Reduced justice system interactions due to family violence</i>	\$1,563	The majority of SMH residents are escaping family violence at the time of entry to the program. By removing them from their violent partner and forestalling further incidents, the program avoids costs to the justice system that might otherwise have been incurred, including increased usage and demand for justice, services and funeral sectors.	Total cost of family violence to the Victorian justice system in 2015 was \$416.5m (calculated as 24.5% of Australian total, as per health system costs above), divided by the total number of people experiencing family violence in Victoria in 2015 (266,438). Reference: The Cost of Violence Against Women and their Children in Australia. KPMG, 2016.
<i>Reduced instances of hospitalisation due to mental illness</i>	\$15,642	Annual savings experienced by the Department of Health from reduced mental health costs. Reduced hospitalisations due to better mental health. \$869 cost per patient day (Victoria). In 2013-14, national average length of stay for public acute hospitals was 16 days (18 days in Victoria).	<a href="https://mhsa.aihw.gov.au">https://mhsa.aihw.gov.au</a>
<i>Reduced instances of hospitalisation due to AOD</i>	\$5,792	Cost to the hospital system per hospitalisation for illicit drug use. Estimated total cost to public and private hospital systems in 2018 was \$138.4 million. Total number of hospitalisations for illicit drug use was 23,893. \$138.4m divided by 23,893 = \$5792.	<a href="https://aic.gov.au/publications/rpp/rpp129/drug-abuse">https://aic.gov.au/publications/rpp/rpp129/drug-abuse</a>
<i>Reduced interaction with justice system due to outstanding fines/warrants</i>	\$692	Cost to the justice system of finalising a criminal matter in the Magistrate's Court is \$692 per incident.	Interim Evaluation of the Youth Community and Law Program, PWC - internal PSIF document.

Outcome	Financial proxy	Rationale	Calculation and Source
<i>Reduced costs of child neglect/abuse and child protection</i>	\$70,504	Many children were at risk of neglect or abuse prior to entry at SMH. 7 had already been reported to child protection, and a further 33 reports have been made while children are at SMH. Although in some cases SMH initiates claims to child protection, SMH also plays a critical role in reducing the neglect and abuse experienced by many children, forestalling the need for their involvement in child protection or out-of-home care systems.	Cost to the government of child protection services, out-of-home care, family support services and intensive family support services. Calculated as the total budget spent on these services in 2014-15 (\$4.3 billion) divided by the number of substantiated cases of child abuse and neglect in 2015-16. Reference: (60,989). <a href="https://aifs.gov.au/cfca/publications/economic-costs-child-abuse-and-neglect">https://aifs.gov.au/cfca/publications/economic-costs-child-abuse-and-neglect</a>
<i>Avoided homelessness costs (children)</i>	\$17,868	Many of the SMH residents were at risk of homelessness prior to entry at SMH, putting children at the same risk. By forestalling homelessness, the program avoids the costs of youth homelessness that might otherwise have been incurred by government.	Annual savings experienced by the Victorian Government as a result of reduced youth homelessness. Includes avoided health and justice costs of youth homelessness (\$8505 and \$9363 respectively). Reference: MacKenzie, David, Flatau, Paul, Steen, Adam, Thielking, Monica, The cost of youth homelessness in Australia, April 2016
<i>Reduced costs associated with developmental delay and educational disengagement of children</i>	\$6,720	The improved social, emotional and cognitive development of children achieved at SMH reduces long-term scarring effects and costs to government associated with developmental delay and educational disengagement.	Equivalent to 80% of the average annual cost to the government of an early school leaver to account for the proxy including lost taxation income. Includes also increased expenditure on health, welfare, justice and further education subsidies. Reference: Lamb, S. and Huo, S. Counting the costs of lost opportunity in Australian education. Mitchell Institute report No. 02/2017. Mitchell Institute, Melbourne. Available from: <a href="http://www.mitchellinstitute.org.au">www.mitchellinstitute.org.au</a> .

Outcome	Financial proxy	Rationale	Calculation and Source
<i>Reduced instances of hospitalisation due to mental health - children</i>	\$15,642	Many children were deemed to be at risk of mental health issues and mental illness throughout life as a result of their environment and upbringing. SMH provides early intervention and support to improve children's mental health and avoid the escalation of mental health issues during the life course.	Annual savings experienced by the Department of Health from reduced mental health costs. Reduced hospitalisations due to better mental health. Reference: \$869 cost per patient day (Victoria). In 2013-14 national average length of stay for public acute hospitals was 16 days. 18 days in Victoria. <a href="https://mhsa.aihw.gov.au">https://mhsa.aihw.gov.au</a>
<i>Reduced youth justice costs – avoided prison</i>	\$9,124	Stakeholders indicated that many children may have been at risk of justice involvement later in life if not for the early intervention and support provided at SMH. For some children, stakeholders indicated that this may have included criminal activity with the risk of jail terms.	Assume 10% children avoid a 30-day prison sentence. Cost saving calculated as the real net operating expenditure 304.12 per prisoner per day in Victoria in 2016-17. Reference; <a href="http://www.corrections.vic.gov.au/utility/publications+manuals+and+statistics/corrections+statistics+quick+reference">http://www.corrections.vic.gov.au/utility/publications+manuals+and+statistics/corrections+statistics+quick+reference</a>
<i>Reduced youth justice costs – avoided Community Corrections</i>	\$869	Stakeholders indicated that the majority of children at SMH were likely to have had behavioural issues leading to anti-social behaviour and potential justice system involvement without the early intervention and developmental support provided at SMH.	Assume 90% children avoid 30-day order. Net operating expenditure per Community Corrections Offender per day in 2016-17 28.98. Reference: <a href="http://www.corrections.vic.gov.au/utility/publications+manuals+and+statistics/corrections+statistics+quick+reference">http://www.corrections.vic.gov.au/utility/publications+manuals+and+statistics/corrections+statistics+quick+reference</a>
<b>Federal Government</b>			



Outcome	Financial proxy	Rationale	Calculation and Source
<i>Reduced transfer payments to individuals experiencing family violence</i>	\$1,547	The majority of SMH residents were escaping family violence at the time of entry to the program. By removing residents from violent situations, welfare costs to government associated with family violence are reduced.	Annual cost of welfare payments, victim compensation payments, loss of income tax and other services for each individual experiencing family violence. Calculated as the total cost of transfer payments in 2015 (\$1.6 billion) by the total number of people affected by family violence in 2015 (1,033,910). Reference: The Cost of Violence Against Women and their Children in Australia. KPMG, 2016
<i>Reduced unemployment benefits</i>	\$12,015	Many SMH residents were unemployed prior to SMH and were supported to find employment during the program, reducing dependence on welfare.	Average annual cost of unemployment benefits. Calculated as total expenditure on unemployment benefits in 2017-18 (\$10.3 billion) divided by total number of Newstart and Youth Allowance recipients in 2017-18 (857,635) References: . <a href="https://www.budget.gov.au/2016-17/content/bp1/download/bp1_bs5.pdf">https://www.budget.gov.au/2016-17/content/bp1/download/bp1_bs5.pdf</a> <a href="https://www.dss.gov.au/sites/default/files/documents/02_2018/labour_market_and_related_payments_january_2018.pdf">https://www.dss.gov.au/sites/default/files/documents/02_2018/labour_market_and_related_payments_january_2018.pdf</a>

**Table 6 Summary of the outcome incidence and impact claim for each outcome and rationale**

Outcome	IMPACT CLAIM				Rationale
<b>Adult participants</b>					
<i>Better general health</i>	<b>OUTCOME INCIDENCE</b>	<b>29</b>	Attribution	80%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.
<b>Value: \$512,897</b>	Number in stakeholder group	49	Deadweight	5%	Residents interviewed described the role of SHM in supporting their general health, regular healthy meals, exercise and reduced negative behaviours. The model by design works in partnership with other support agencies, therefore not all of the outcome is attributed to SMH.
			Displacement	0%	
	% experiencing the change	59%	Benefit Period	1-3 yrs	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. All responses were negative, and some suggested they would still be trapped in a "toxic cycle."  There is no displacement. Outcome does not preclude others from experiencing the outcome.  The benefit period varies depending on the length of time the participants are in the program. The value lasts at least as long as they are in the program, with some lasting benefit.
			Drop-off	0-25%	
<i>Better emotional health</i>	<b>OUTCOME INCIDENCE</b>	<b>37</b>	Attribution	80%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.
<b>Value: \$716,151</b>	Number in stakeholder group	49	Deadweight	5%	Participants described the feelings of happiness and reduced stress as a result of living at SMH. The model by design works in partnership with other support agencies, therefore not all of the outcome is attributed to SMH.
			Displacement	0%	
	% experiencing the change	76%	Benefit Period	0.5-3yrs	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. All responses were negative, and some suggested they would still be trapped in a "toxic cycle."  There is no displacement. Outcome does not preclude others from experiencing the outcome.
			Drop-off	0-25%	

Outcome	IMPACT CLAIM				Rationale
					The benefit period varies depending on the length of time the participants are in the program. The value lasts at least as long as they are in the program, with some lasting benefit.
<i>Better mental health management</i>	<b>OUTCOME INCIDENCE</b>	<b>37</b>	Attribution	80%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.
	Number in stakeholder group	49	Deadweight	5%	The model by design supports wrap-around services to engage with participants. Other services, including referral agencies were reported as contributing to the change.
			Displacement	0%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
	% experiencing the change	76%	Benefit Period	0.5-4yrs	There is no displacement. Outcome does not preclude others from experiencing the outcome.
			Drop-off	0-50%	The benefit period varies depending on the length of time the participants are in the program. The value lasts at least as long as they are in the program, with some lasting benefit.
<i>Increased feelings of personal safety (escaping family violence)</i>	<b>OUTCOME INCIDENCE</b>	<b>30</b>	Attribution	70%	Outcome incidence is based on number of families escaping family violence, survey results for current participants, and SMH staff assessment of each past participant.
	Number in stakeholder group	34	Deadweight	5%	The model by design supports wrap-around services to engage with participants. Other services, including family violence services were reported as contributing to the change and claim more of the attribution for this outcome relative to others.
			Displacement	0%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
	% experiencing the change	88%	Benefit Period	1-5yrs	There is no displacement. Outcome does not preclude others from experiencing the outcome.
			Drop off	0-10%	The benefit period varies depending on the length of time the participants are in the program. The value lasts at least as long as they are in the program, with some lasting benefit.
<b>Value:</b> <b>\$2,630,495</b>					
<b>Value:</b> <b>\$1,778,652</b>					

Outcome		IMPACT CLAIM		Rationale	
<i>Increased feelings of personal safety (not escaping family violence)</i>	<b>OUTCOME INCIDENCE</b>	<b>13</b>	Attribution	80%	Outcome incidence is based on the number of families not escaping family violence, survey results for current participants, and SMH staff assessment of each past participant. SMH is a gated community, with 24/7 support. This contributes to feelings of safety for residents. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period varies depending on the length of time the participants are in the program. The value lasts at least as long as they are in the program, with lasting benefit.
	Number in stakeholder group	15	Deadweight	5%	
			Displacement	0%	
	% experiencing the change	87%	Benefit Period	1-5yrs	
			Drop off	0-30%	
<b>Value: \$426,924</b>					
<i>Improved financial position</i>	<b>OUTCOME INCIDENCE</b>	<b>35</b>	Attribution	80%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant The provision of affordable housing and improved financial literacy provided by SMH directly contributes to an improved financial position, however there are likely to be other influences contributing to this outcome. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period varies depending on the length of time the participants are in the program. The value lasts at least as long as they are in the program, with some lasting benefit.
	Number in stakeholder group	49	Deadweight	5%	
			Displacement	0%	
	% experiencing the change	71%	Benefit Period	0.5-3yrs	
			Drop off	0%	
<b>Value: \$324,864</b>					
<i>Improved financial capability and control</i>	<b>OUTCOME INCIDENCE</b>	<b>24</b>	Attribution	60%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant. The model includes casual weekly session with a money support worker. A conservative attribution was modelled.
	Number in stakeholder group	49	Deadweight	10%	

Outcome	IMPACT CLAIM		Rationale		
<b>Value: \$14,297</b>			Displacement	0%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
	% experiencing the change	24%	Benefit Period	1-2yrs	There is no displacement. Outcome does not preclude others from experiencing the outcome.
			Drop off	0-20%	The benefit period varies depending on the length of time the participants are in the program. The value lasts at least as long as they are in the program, with some lasting benefit.
<i>Increased housing choices</i> <b>Value: \$24,544</b>	<b>OUTCOME INCIDENCE</b>	40	Attribution	50%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.
	Number in stakeholder group	49	Deadweight	5%	Being involved in the program provided residents with a stable rental history, increasing housing choices post the program. SMH provides active support to residents transitioning out of the program, however there are other external factors that contribute to this outcome.
			Displacement	0%	
	% experiencing the change	82%	Benefit Period	1-2yrs	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
			Drop off	0-25%	There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period varies depending on the length of time the participants are in the program. The value lasts at least as long as they are in the program, with some lasting benefit
<i>Enhanced educational progress</i> <b>Value: \$296,300</b>	<b>OUTCOME INCIDENCE</b>	<b>25</b>	Attribution	80%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant
	Number in stakeholder group	49	Deadweight	20%	The model actively supports residents back into education and wrap around supports to enable educational progress.
			Displacement	0%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
		51%	Benefit Period	3 yrs	There is no displacement. Outcome does not preclude others from experiencing the outcome.

Outcome	IMPACT CLAIM			Rationale	
	% experiencing the change		Drop off	20%	The benefit period was assumed to be 3 years.
<i>Increased employability</i>	<b>OUTCOME INCIDENCE</b>	<b>24</b>	Attribution	40%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.
<b>Value: \$51,510</b>	Number in stakeholder group	49	Deadweight	20%	The model by design supports wrap-around services to engage with participants. Other services are contributing to the change and a lower attribution assumed and therefore a key variable in the sensitivity analysis.
			Displacement	0%	
	% experiencing the change	49%	Benefit Period	1-2yrs	Many residents are single parents with young children. It is unlikely without the support to access child care this outcome would have occurred. It is assumed there may have been some residents who would have achieved this outcome.
			Drop off	0-20%	
<i>Increased employment</i>	<b>OUTCOME INCIDENCE</b>	<b>20</b>	Attribution	40%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.
<b>Value: \$200,982</b>	Number in stakeholder group	49	Deadweight	20%	The model by design supports wrap-around services to engage with participants. Other services are contributing to the change and a lower attribution assumed therefore a key variable in the sensitivity analysis.
			Displacement	0%	
	% experiencing the change	41%	Benefit Period	1-2yrs	Many residents are single parents with young children. It is unlikely without the support to access child care, parents would be able to think about employment.
			Drop off	0-20%	

Outcome	IMPACT CLAIM				Rationale
					The benefit period varies depending on the length of time the participants are in the program. The value lasts at least as long as they are in the program, with some lasting benefit.
<i>Improved independent living skills</i>  <b>Value: \$348,111</b>	<b>OUTCOME INCIDENCE</b>	<b>35</b>	Attribution	80%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.
	Number in stakeholder group	49	Deadweight	5%	The model by design supports wrap-around services to engage with participants. Peer networks/friends/partners were identified as contributing to the change experienced by participants.
			Displacement	0%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
	% experiencing the change	71%	Benefit Period	1-3yrs	There is no displacement. Outcome does not preclude others from experiencing the outcome.
			Drop off	0-20%	The benefit period varies depending on the length of time the participants are in the program. The value lasts at least as long as they are in the program, with some lasting benefit.
<i>Expanded aspirations, motivation, self-efficacy</i>  <b>Value: \$397,951</b>	<b>OUTCOME INCIDENCE</b>	<b>34</b>	Attribution	80%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.
	Number in stakeholder group	49	Deadweight	5%	The model by design supports wrap-around services to engage with participants. Peer networks/friends/partners were identified as contributing to the change experienced by participants.
			Displacement	0%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
	% experiencing the change	69%	Benefit Period	1-3yrs	There is no displacement. Outcome does not preclude others from experiencing the outcome.
			Drop off	0-30%	The benefit period varies depending on the length of time the participants are in the program. The value lasts at least as long as they are in the program, with some lasting benefit.
<i>Expanded confidence and</i>	<b>OUTCOME INCIDENCE</b>	<b>31</b>	Attribution	40%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.



Outcome	IMPACT CLAIM				Rationale
<i>capability to parent</i>	Number in stakeholder group	49	Deadweight	5%	Other services, including maternal child health worker were reported as contributing to the change.
			Displacement	0%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
	% experiencing the change	63%	Benefit Period	1-3yrs	There is no displacement. Outcome does not preclude others from experiencing the outcome.
			Drop off	0-30%	The benefit period varies depending on the length of time the participants are in the program. The value lasts at least as long as they are in the program, with some lasting benefit.
<i>Increased community connection</i>	<b>OUTCOME INCIDENCE</b>	<b>12</b>	Attribution	50%	Outcome incidence only includes current participants.
	Number in stakeholder group	19	Deadweight	5%	The model encourages community participation in the form of social activities (e.g. netball), group walks in the neighbourhood etc. There are however likely to be other influences that contribute to community connections, and therefore assumed.
			Displacement	0%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
	% experiencing the change	61%	Benefit Period	1-2yrs	There is no displacement. Outcome does not preclude others from experiencing the outcome.
			Drop off	0-20%	The benefit period varies depending on the length of time the participants are in the program.
<i>Increased friendships and expanded healthy social network</i>	<b>OUTCOME INCIDENCE</b>	<b>26</b>	Attribution	50%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.
	Number in stakeholder group	49	Deadweight	5%	Residents described the role of friendships made at SMH as key contributors to enabling the change to occur.
			Displacement	0%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
	% experiencing the change	53%	Benefit Period	1-4yrs	There is no displacement. Outcome does not preclude others from experiencing the outcome.

Outcome	IMPACT CLAIM			Rationale	
			Drop off	0-10%	The benefit period varies depending on the length of time the participants are in the program.
<i>Improved family relationships</i>	<b>OUTCOME INCIDENCE</b>	<b>17</b>	Attribution	20%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.
<b>Value: \$2,678</b>	Number in stakeholder group	49	Deadweight	20%	There are many factors that contribute to improving family dynamics, however being in a stable and safe environment will contribute to this outcome.
	% experiencing the change	35%	Displacement	0%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
			Benefit Period	1-2yrs	There is no displacement. Outcome does not preclude others from experiencing the outcome.
			Drop off	0-30%	The benefit period varies depending on the length of time the participants are in the program.
<b>Children</b>					
<i>Improved safety (reduced trauma)</i>	<b>OUTCOME INCIDENCE</b>	<b>42</b>	Attribution	40%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.
<b>Value: \$429,957</b>	Number in stakeholder group	<b>56</b>	Deadweight	5%	The model by design supports wrap-around services to engage participants. Other services, including maternal child health worker were reported as contributing to the change.
	% experiencing the change	75%	Displacement	0%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
			Benefit Period	1-5yrs	There is no displacement. Outcome does not preclude others from experiencing the outcome.
			Drop off	0-20%	The benefit period varies depending on the length of time the participants are in the program.
	<b>OUTCOME INCIDENCE</b>	<b>44</b>	Attribution	40%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.

Outcome	IMPACT CLAIM				Rationale	
<i>Improved social and emotional development</i>	Number in stakeholder group	56	Deadweight	5%	The model by design supports wrap-around services to engage with participants. Other services, including maternal child health worker and child care centres were reported as contributing to the change. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period varies depending on the length of time the participants are in the program. For children these changes are likely to be longer lasting and were included in the sensitivity analysis.	
	Value: \$2,073,206	79%	Displacement	0%		
			Benefit Period	1-3yrs		
			Drop off	0-20%		
<i>Improved learning and cognitive development</i>	<b>OUTCOME INCIDENCE</b>	<b>42</b>	Attribution	40%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant. The model by design supports wrap-around services to engage with participants. Other services, including maternal child health worker were reported as contributing to the change. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period varies depending on the length of time the participants are in the program. For children these changes are likely to be longer lasting and were included in the sensitivity analysis.	
	Value: \$385,927	75%	Deadweight	5%		
			Displacement	0%		
			Benefit Period	1-5yrs		
<i>Improved physical health and wellbeing</i>	Value: \$385,927	75%	Drop off	0-20%		
			<b>OUTCOME INCIDENCE</b>	<b>43</b>	Attribution	40%
			Number in stakeholder group	56	Deadweight	5%

Outcome	IMPACT CLAIM		Rationale				
<b>Value: \$754,942</b>	% experiencing the change	77%	Displacement	0%	worker were reported as contributing to the change. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome.		
			Benefit Period	1-5yrs			
			Drop off	0-20%			
<i>Improved family relationships</i>	<b>OUTCOME INCIDENCE</b>	<b>47</b>	Attribution	40%	Outcome incidence is based on survey results for current participants, and SMH staff assessment of each past participant.		
<b>Value: \$35,540</b>	Number in stakeholder group	56	Deadweight	5%	The model by design supports wrap-around services to engage with participants. This outcome is most likely to occur for children as a result of the changes experienced by their parents. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome.		
			% experiencing the change	84%		Displacement	0%
						Benefit Period	1-2yrs
			Drop off	0-30%			
<b>State Government</b>							
<i>Reduced demand for public housing</i>	<b>OUTCOME INCIDENCE</b>	<b>7</b>	Attribution	100%	Outcome incidence is the number of families living in public housing prior to SMH. All residents leaving SMH have exited to private rental.		
<b>Value: \$168,913</b>	Number of families who would have relied on public housing	7	Deadweight	5%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.		

Outcome		IMPACT CLAIM		Rationale	
	% experiencing the change	100%	Displacement	0%	There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period was assumed to be 5 years and therefore a key variable in the sensitivity analysis.
			Benefit Period	5 years	
			Drop off	10%	
<i>Avoided homelessness costs (tenants)</i>	<b>OUTCOME INCIDENCE</b>	27	Attribution	100%	Outcome incidence is the number of tenants who were homeless prior to SMH. All residents leaving SMH have exited to private rental. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
	Number of tenants who would have been homeless	27	Deadweight	5%	
	% experiencing the change	100%	Displacement	0%	There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period was assumed to be 5 years and therefore a key variable in the sensitivity analysis.
			Benefit Period	5 years	
			Drop off	10%	
<i>Reduced interaction with health system due to family violence</i>	<b>OUTCOME INCIDENCE</b>	33	Attribution	80%	Outcome incidence is the number of tenants experiencing family violence prior to SMH. The model by design supports wrap-around services to engage with participants. Other services, including FV services, were reported as contributing to the change. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.
	Number of tenants experiencing family violence	33	Deadweight	5%	
	% experiencing the change	100%	Displacement	0%	There is no displacement. Outcome does not preclude others from experiencing the outcome.
			Benefit Period	5 years	
			Drop off	10%	

Outcome	IMPACT CLAIM		Rationale			
		Drop off	10%	The benefit period was assumed to be 5 years and therefore a key variable in the sensitivity analysis.		
<i>Reduced justice system interactions due to family violence</i>	<b>OUTCOME INCIDENCE</b>	<b>33</b>	Attribution	80%	Outcome incidence is the number of tenants experiencing family violence prior to SMH. The model by design supports wrap-around services to engage with participants. Other services, including FV services were reported as contributing to the change. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period was assumed to be 5 years and therefore a key variable in the sensitivity analysis.	
	Number of tenants experiencing family violence	33	Deadweight	5%		
	<b>Value: \$151,115</b>	% experiencing the change	100%	Displacement		0%
				Benefit Period		5 years
				Drop off		10%
<i>Reduced instances of hospitalisation due to mental illness</i>	<b>OUTCOME INCIDENCE</b>	<b>20</b>	Attribution	80%	Outcome incidence is the number of tenants at risk of hospitalisation due to mental illness (all had prior hospitalisations). One participant has been hospitalised during SMH. The model by design supports wrap-around services to engage with participants. Other services and supports contributing to the change. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period was assumed to be 3 years and therefore a key variable in the sensitivity analysis.	
	Number of tenants at risk of hospitalisation due to mental illness	21	Deadweight	5%		
	<b>Value: \$562,172</b>	% experiencing the change	95%	Displacement		0%
				Benefit Period		3 years
				Drop off		20%
<i>Reduced instances of</i>	<b>OUTCOME INCIDENCE</b>	<b>4</b>	Attribution	80%		

Outcome	IMPACT CLAIM				Rationale
<i>hospitalisation due to AOD</i>	Number of tenants using AOD	6	Deadweight	5%	Outcome incidence is the number of tenants using AOD prior to SMH and in rehab. Two participants have been admitted to rehab during SMH. The model by design supports wrap-around services to engage with participants. Other services and supports were acknowledged as contributing to the change. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period was assumed to be 3 years and therefore a key variable in the sensitivity analysis.
	<b>Value: \$43,824</b>	67%	Displacement	0%	
			Benefit Period	3 years	
			Drop off	20%	
<i>Reduced interaction with justice system due to outstanding fines/warrants</i>	<b>OUTCOME INCIDENCE</b>	<b>10</b>	Attribution	100%	Outcome incidence based on the number of tenants with outstanding fines and warrants. All participants realising this outcome. Upon arrival at SMH residents are encouraged to disclose fines/warrants. Sheriff visits SMH regularly for onsite arrests to avoid additional stress/trauma and work with resident to resolve - payment plans etc. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period was assumed to be 2 years.
	Number of tenants with outstanding fines and warrants	10	Deadweight	5%	
	<b>Value: \$12,926</b>	100%	Displacement	0%	
			Benefit Period	2 years	
<i>Reduced costs of child neglect/abuse and child protection</i>	<b>OUTCOME INCIDENCE</b>	<b>13</b>	Attribution	100%	Outcome incidence based on the number of children at risk of neglect/harm based on the number of Child Protection reports made.
	Number of children at risk of neglect/harm	33	Deadweight	30%	



Outcome		IMPACT CLAIM			Rationale
<b>Value:</b> <b>\$1,889,026</b>	% experiencing the change	39%	Displacement	0%	SMH are both the reporter and advocate in the context of Child Protection reports and orders. It is assumed that 40% children contribute to avoided Government costs. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period was assumed to be 3 years and therefore a key variable in the sensitivity analysis.
			Benefit Period	3 years	
			Drop off	0%	
<i>Avoided homelessness costs (children)</i>	<b>OUTCOME INCIDENCE</b>	<b>26</b>	Attribution	80%	Outcome incidence based on the number of children predicted to have avoided homelessness, based on the number of families homeless prior to SMH, assuming 80% would realise outcome. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome.
			Number of children predicted to have avoided homelessness	32	
	% experiencing the change	80%	Displacement	0%	The benefit period was assumed to be 5 years and therefore a key variable in the sensitivity analysis.
			Benefit Period	5 years	
			Drop off	20%	
<i>Reduced costs associated with developmental delay and educational disengagement of children</i>	<b>OUTCOME INCIDENCE</b>	<b>34</b>	Attribution	80%	Outcome incidence assumed to be 60% of the children in the program who may have avoided these costs to Government. The model by design supports wrap-around services to engage with participants. Other services likely to contribute to the change There is likely to be a higher deadweight with educational outcomes - assumed 20%
			Number of children who were not having their developmental needs met	56	
	% experiencing the change	60%	Displacement	0%	There is no displacement. Outcome does not preclude others from experiencing the outcome.

Outcome	IMPACT CLAIM		Rationale		
<b>Value: \$460,851</b>		Benefit Period	5 years	The benefit period was assumed to be 5 years and therefore a key variable in the sensitivity analysis.	
		Drop off	20%		
<i>Reduced instances of hospitalisation due to mental health - children</i>	<b>OUTCOME INCIDENCE</b>	<b>13</b>	Attribution	80%	Outcome incidence based on the number of children at risk of hospitalisation for mental illness. 25% kids are referred to Child and Adolescent Mental Health Services.
	Number of children at risk of hospitalisation for mental illness	51	Deadweight	5%	
<b>Value: \$359,283</b>			Displacement	0%	The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period was assumed to be 3 years and therefore a key variable in the sensitivity analysis.
	% experiencing the change	25%	Benefit Period	3 years	
			Drop off	20%	
<i>Reduced youth justice costs – avoided prison</i>	<b>OUTCOME INCIDENCE</b>	<b>26</b>	Attribution	80%	Outcome incidence based on the number of children at risk of violent behaviour, AOD, property damage. Assume 50% of children contribute to this outcome.
	Number of children at risk of violent behaviour, AOD, property damage	51	Deadweight	5%	
<b>Value: \$68,162</b>			Displacement	0%	The model by design supports wrap-around services to engage with participants. Other services likely to contribute to the change. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period was assumed to be 5 years and therefore a key variable in the sensitivity analysis.
	% experiencing the change	51%	Benefit Period	5 years	
			Drop off	10%	

Outcome	IMPACT CLAIM				Rationale
<i>Reduced youth justice costs – avoided Community Corrections</i>  <b>Value: \$58,457</b>	<b>OUTCOME INCIDENCE</b>	<b>26</b>	Attribution	80%	Outcome incidence based on the number of children at risk of violent behaviour, AOD, property damage. Assume 50% children contribute to this outcome.  The model by design supports wrap-around services to engage with participants. Other services likely to contribute to the change  The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.  There is no displacement. Outcome does not preclude others from experiencing the outcome.  The benefit period was assumed to be 5 years and therefore a key variable in the sensitivity analysis.
	Number of children at risk of violent behaviour, AOD, property damage	51	Deadweight	5%	
	% experiencing the change	51%	Displacement	0%	
			Benefit Period	5 years	
			Drop off	10%	
<b>Federal Government</b>					
<i>Reduced transfer payments to individuals experiencing family violence</i>  <b>Value: \$98,987</b>	<b>OUTCOME INCIDENCE</b>	<b>26</b>	Attribution	80%	Outcome incidence based on the number of tenants experiencing family violence prior to SMH.  The model by design supports wrap-around services to engage with participants. Other services likely to contribute to the change.  The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH.  There is no displacement. Outcome does not preclude others from experiencing the outcome.  The benefit period was assumed to be 5 years and therefore a key variable in the sensitivity analysis.
	Number of tenants experiencing family violence	33	Deadweight	5%	
	% experiencing the change	79%	Displacement	0%	
			Benefit Period	5 yrs	
			Drop off	20%	
	<b>OUTCOME INCIDENCE</b>	<b>17</b>	Attribution	80%	Outcome incidence based on the number of tenants unemployed and receiving unemployment benefits.

Outcome	IMPACT CLAIM			Rationale	
<i>Reduced unemployment benefits</i>  <b>Value: \$406,890</b>	Number of tenants unemployed and receiving unemployment benefits	21	Deadweight	5%	The model by design supports wrap-around services to engage with participants. Other services likely to contribute to the change. The deadweight figure was determined from comments reported by participants about life if they had not become involved in SMH. There is no displacement. Outcome does not preclude others from experiencing the outcome. The benefit period was assumed to be 5 years and therefore a key variable in the sensitivity analysis.
	% experiencing the change	81%	Displacement	0%	
			Benefit Period	5 years	
			Drop off	30%	

# Appendix B Survey template



Sidney Myer Haven evaluation for participants

## About you

**Think Impact has been engaged by Haven Home Safe to evaluate the impact of the Sidney Myer Haven program which you are participating in. We would like to get your feedback on the difference that the program has made to you and your family.**

**This survey will take about 15 minutes to complete.**

**Thank you for completing this survey.**

1. How long have you been involved in the program? If you are not sure, please estimate

2. Are you

- Male
- Female
- Other

3. How many children do you care for?








The impact of Sidney Myer Haven on you

4. Please indicate to what extent you agree with the following statements.

As a result of the Sidney Myer Haven program...

	Strongly Disagree 	Disagree 	Neutral 	Agree 	Strongly Agree 	Not applicable
I feel safe in my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't feel anxious about my living situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do more things that are good for my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am feeling healthier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to better deal with problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like where my life is going	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can see myself achieving my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like planning for the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am in a better state of mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have people in my life I can trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have more people in my life who are a good influence on me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident managing money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't feel alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more confident caring for my kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to get help when I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My financial position has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree 	Disagree 	Neutral 	Agree 	Strongly Agree 	Not applicable
I don't rely on pay day loans to manage my budget	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe around my children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have energy for my kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am much more employable than I was before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more connected to my local community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take part in community events outside of my home as much as I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationships with my family have improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have people in my life I can turn to for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident I can sustain living in the community with limited supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I have more choices about where I live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in the area that I live in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel positive about the Sidney Myer Haven Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am taking action to change my situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more likely to participate in education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My children are doing better at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



5. Please tell us what has changed for you, both positive and negative, as a result of living at Sidney Myer Haven?

6. Who (or what) else has contributed to this change you have experienced?

7. If you are a parent or carer of school aged children, describe the positive or negative changes you have noticed in your child/children as a result of Sidney Myer Haven

8. What do you think may have happened for you if you had not lived at Sidney Myer Haven?

9. What three words would you use to describe the change you have felt as a result of Sidney Myer Haven.

1.

2.

3.

10. What other positive or negative changes have you noticed for OTHER people in your life as a result of Sidney Myer Haven? (e.g. family, friends?) Please tell us about this change and who experiences the change.



Other comments

11. Is there anything else you do differently now as a result of participating in the Sidney Myer Haven program?

12. Do you have any other comments or suggestions for the Sidney Myer Haven program?

[havenhomesafe.org.au](http://havenhomesafe.org.au)

