

Embracing partnerships to deliver better housing support

5-Year Evaluation of the Haven Model - Insights, Outcomes, and the
Economic Impact of Disability Housing Solutions

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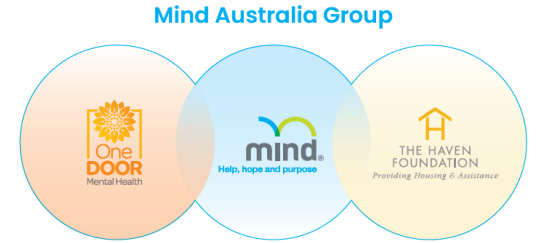
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Mind Australia Group



We support people experiencing mental health and wellbeing concerns to find help, hope and purpose in their lives.

- One of the **largest providers of community-managed psychosocial services** in Australia, with a range of residential, mobile outreach, centre-based and online services funded through state, federal and
- a **leading employer of people with lived experience** of mental ill-health, recognising their unique ability to connect with, support and guide a person's recovery. We employ 1500+ people
- Last FY we **provided support to just under 11,000 individuals** across VIC, NSW, QLD, SA, and WA
- One of the **leading specialist community housing providers** in Australia for people experiencing a psychosocial disability, including long-term, 24/7 supported social housing with The Haven Foundation
- **One Door Mental Health**, a NSW based community mental health support provider, as of 1st January 2024, is now part of the Mind Australia Group
- **The Haven Foundation** is a registered Community Housing Provider who provides long term housing for people with significant mental health concerns

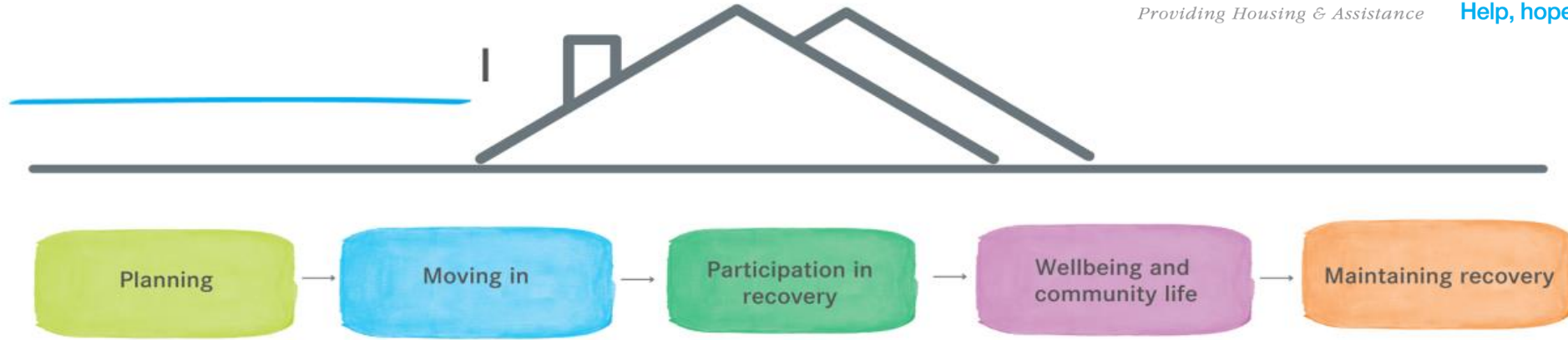


Research: Benefits of housing with support

- **Provide housing stability and reduce homelessness** – Housing with support services have been shown to reduce homelessness by up to 88% and stability by 41% compared to traditional approaches [1].
- **Health and Well-being Improvements** – This model is associated with better health outcomes, reduced depression, exposure to violence and accidental overdoses, and lower overall mortality rate [2].
- **Socioeconomic benefits** - Housing with support programs have been associated with increased income and employment, and reduced crime rates; which collectively impact socioeconomic situations [3].

1. Peng, Y., et al (2020). Permanent Supportive Housing With Housing First to Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A Community Guide Systematic Review. *Journal of Public Health Management and Practice*, 26, 404 - 411.
2. Latimore, D., & Pape, L. (2021). Housing First. *Clinical Management of the Homeless Patient*.
3. Cohen, E. (2022). The Effect of Housing First Programs on Future Homelessness and Socioeconomic Outcomes. *The Federal Reserve Bank of Kansas City Research Working Papers*.

Haven service model



THE HAVEN RESIDENCE: Social Housing



Co-designed Haven Design Principles



Safe, secure housing in independent apartments



Tenancy Agreements and support to maintain tenancy



Community connections: Shared spaces promote peer learning



Long term housing option

MIND MODEL : Recovery-oriented supports



Evidence-based intervention



24/7 staff.
Individualised and shared supports planned.



Building capacity and support with activities of daily living



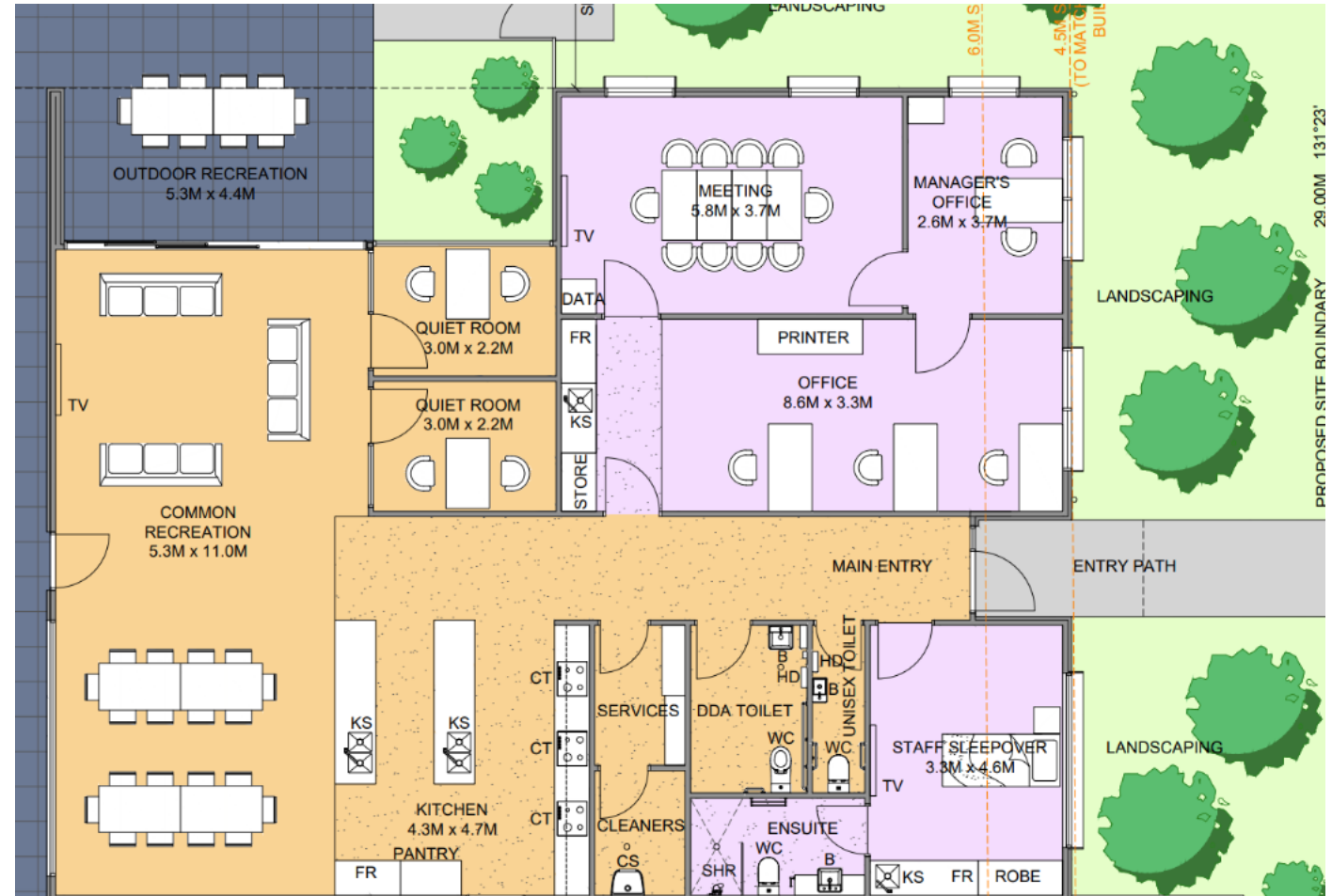
Peer workforce
Family participation



Support to build independence

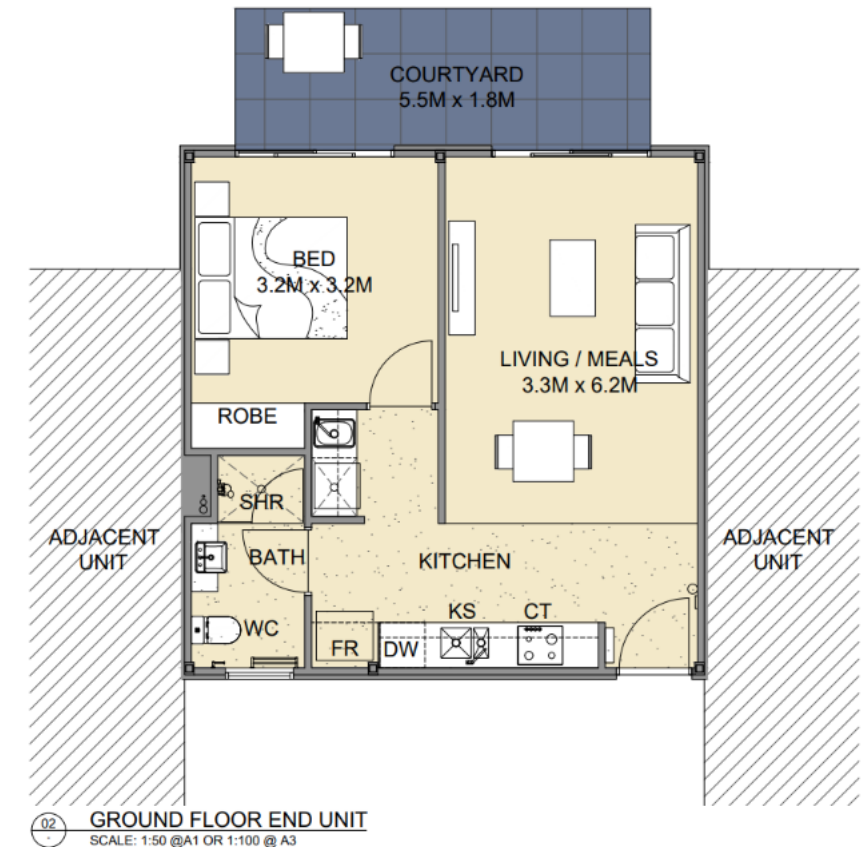
Shared and peer learning

- Residents participate in peer learning workshops focused around residents' rehab goals and capacity building
- Large kitchen also to be utilised for skill building
- Space for staff providing 24/7 psychosocial support.
- Private office and quiet rooms which residents utilise for family and external workers to meet and work with residents outside of their home



Support provided and NDIS funding

- The model is **like a cooperative**, where residents contribute a portion of their NDIS Core funding to the support provider to then deliver the 24/7 shared support which could also include 1:1 support based on individual need.
- Funding model is set up to fluctuate with aim for less reliance on formal supports
- Support provided: activities of daily living, personal care support, medication management, budgeting, community access, intentional peer support
- Residents pay 30% of their DSP + Commonwealth Rent Assistance towards rent. Utilities separately metered
- Residents sign an open-ended tenancy agreement with The Haven Foundation and pay a bond



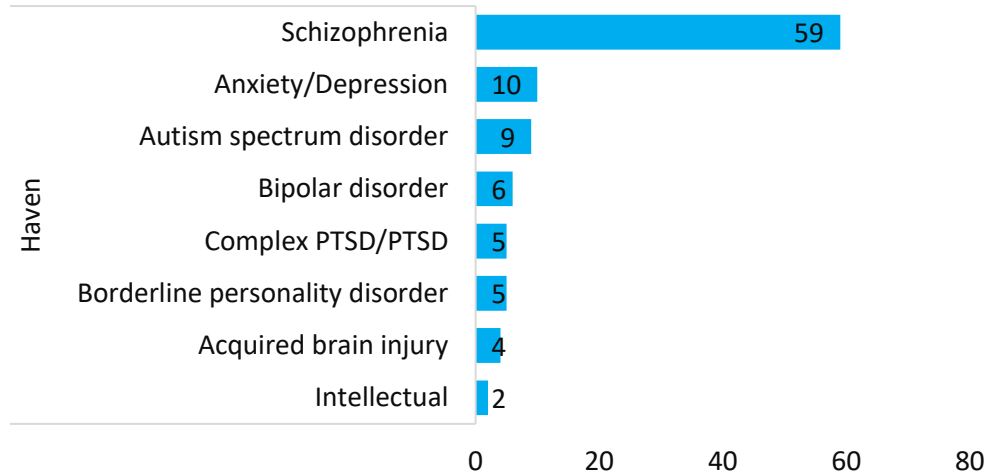
Who Haven supports



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Percentage (%) of residents with specific diagnosis (n = 100)

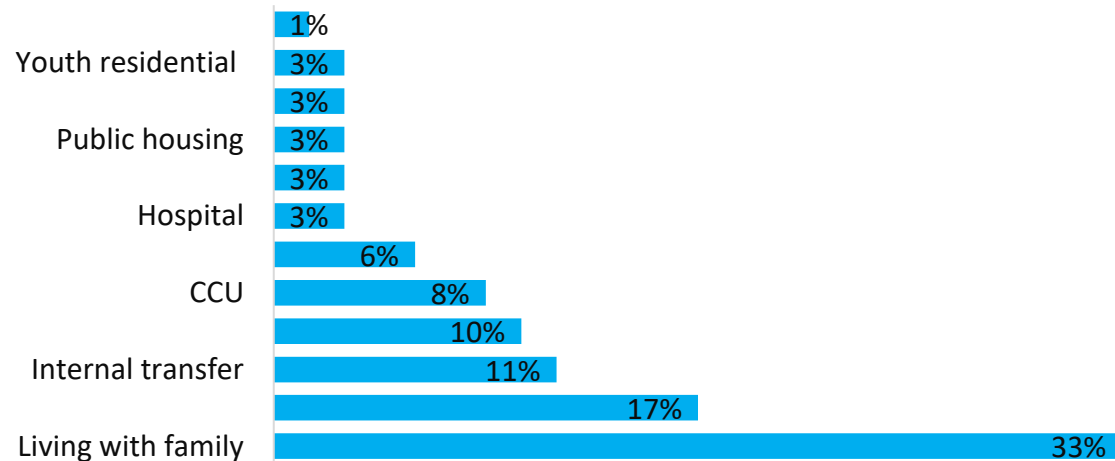


Demographics (n = 136)

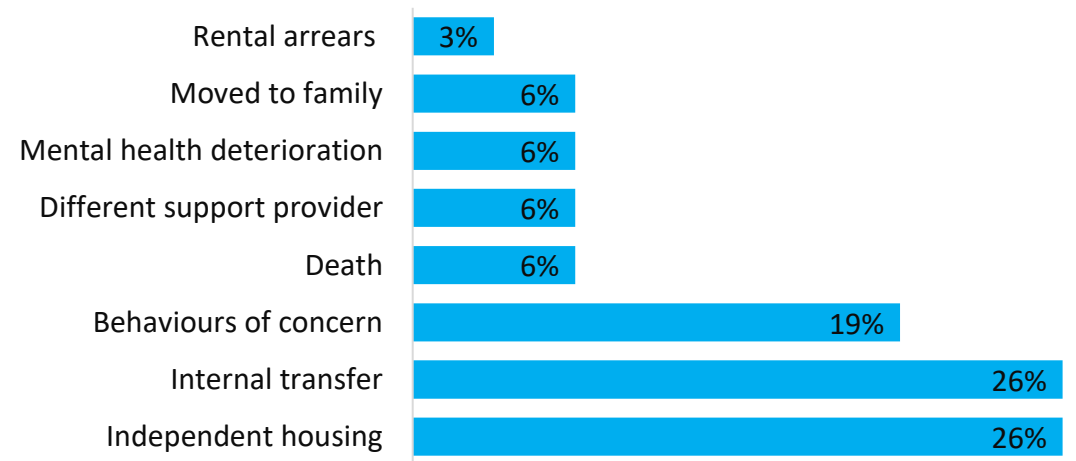
Age at entry to Haven - Mean (41.9 years), range = 20 to 68 years old.

Gender - Female (46.3%), Male (49.3%), Gender Diverse (4.4%).

Previous Accommodation 23/24 FY



Exit Reasons 23/24 FY



External Evaluation of the Haven Program (2024)

La Trobe University

Objective

To gather new evidence and gain a better understanding of whether the unique and innovative Haven Accommodation Program was assisting in the psychosocial wellbeing of people experiencing severe and enduring mental health challenges.

Evaluation timeline

Four active years of data collection (2020-2024).

Data sources

Primary - interviews, surveys, stakeholder consultations, desktop review of key documents, literature review.

Secondary - Service activity and outcome data from Mind.

Sites



South Yarra



Frankston



Geelong



Laverton



Mooroopna



Epping



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99
stakeholders
were interviewed



Residents



Carers



Staff



Former residents



LA TROBE
UNIVERSITY

External Evaluation of the Haven Program (2024)

La Trobe University

Observations of resident journeys by length of residency



1-2 years

- Adjusting to life at the Haven
- Improving independence to live in own apartment
- Improving social skills with the Haven residents
- Establishing how to meet needs in NDIS Support package after move to Haven
- Establishing a relationship with key worker
- Transition phase – adjustment may result in mental health events
- People with social anxiety may take longer to adapt to peer community

2-5 years

- More settled at the Haven
- Improved social interaction
- Continuing to negotiate friendships and conflict with other residents
- Established preferences for family contact
- Deeper relationships with key workers
- Emerging external connections with wider community
- Emerging gains in family relationships, independence and meaningful activity

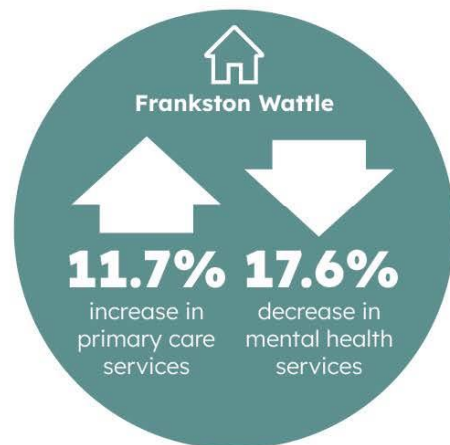
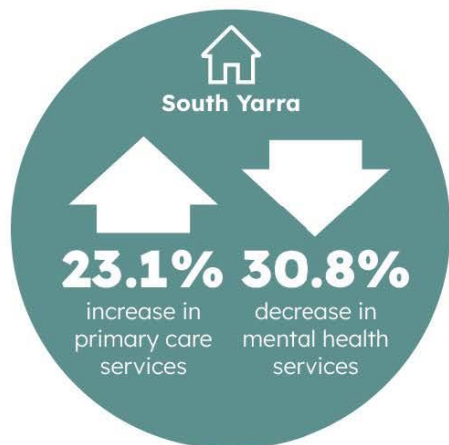
6 years+

- Settled at Haven
- Formation of friendships with other residents
- Embedded in the wider community outside of the Haven
- Emergence of physical health issues requiring attention
- Gains made in key areas of family relationships, independence and meaningful activity.

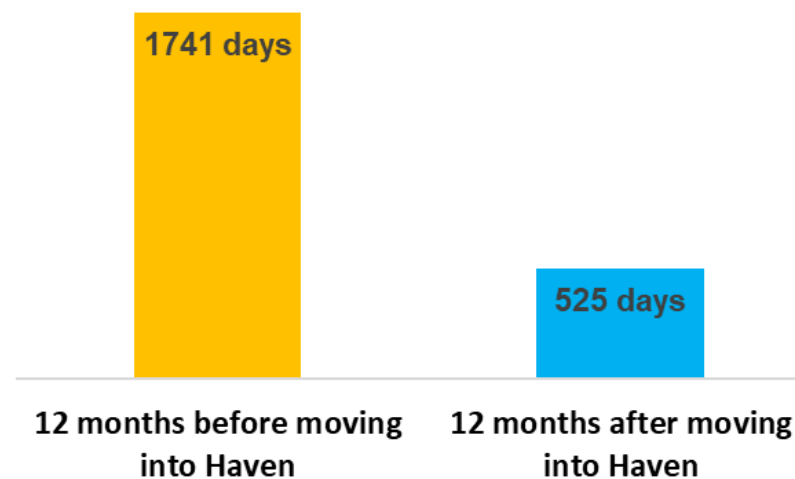
External Evaluation of the Haven Program (2024)

La Trobe University

Decreased Use of Specialist Mental Health Services



Total days in hospital for mental health reasons for Haven residents before and after move in



A total of 103 clients met all criteria for this analysis and were included (accurate details of hospitalisations pre-Haven). This is a 70% reduction in days in hospital (previous analysis showed 86% reduction). Given the extreme variability in hospitalisation rates, this may be within normal variance.

External Evaluation of the Haven Program (2024)

La Trobe University

Resident outcomes – short term/foundational elements

Physical Design

Individual homes

Communal Space

Home Like Feel

Housing Security

Peer Community

Safety

Connection to
Local Health &
Community
Services

Resident
Governance &
Advocacy

Family And Carer
Involvement

External Evaluation of the Haven Program (2024)

La Trobe University

Resident outcomes – medium term



External Evaluation of the Haven Program (2024)

La Trobe University

Resident outcomes - long term

Mental Health

- Improved their understanding and awareness of mental health
- Helped address mental health issues
- Helped stabilize their mental health
- Increased their self-acceptance

Physical Health

- Helped manage physical health conditions
- Improved nutrition

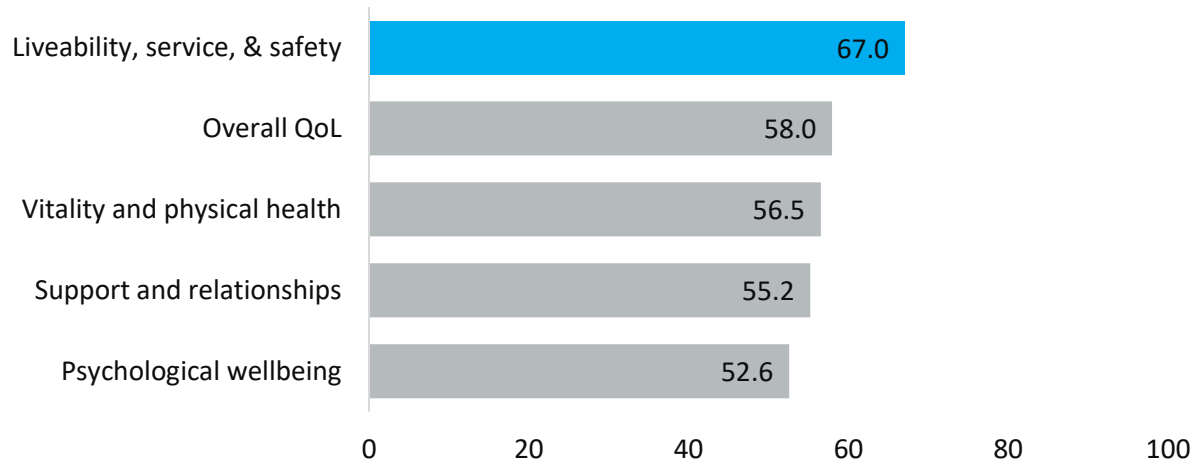
Independence

- Built the skills required to manage their own home
- Helped them take medication regularly
- Increased their social skills
- Helped them gain independence
- Taught them financial management
- Given them greater control over their lives
- Increased their ability to make their own choices.

Latest outcomes from our clients

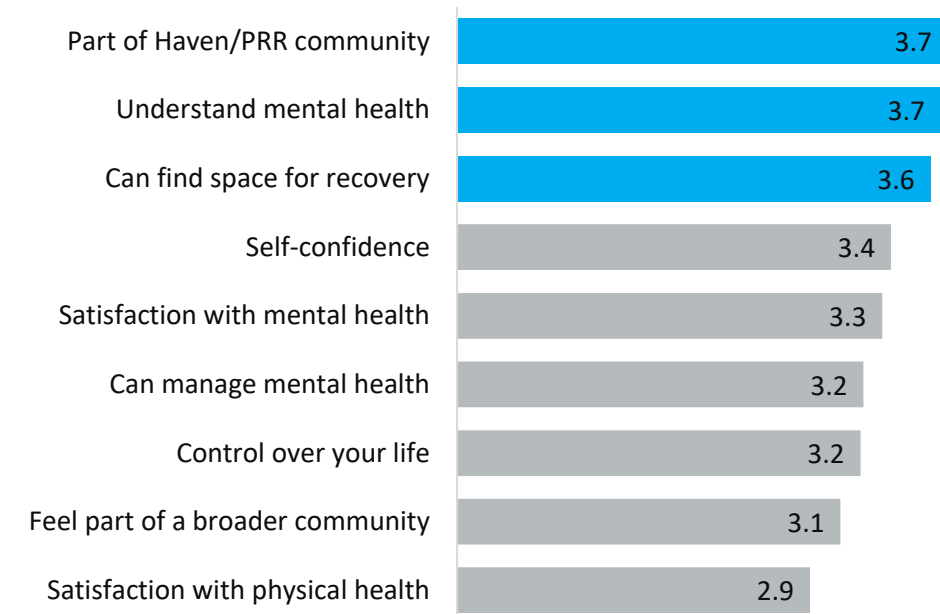
QoL scores were above average in Haven residents

Haven = 371 surveys from 2020 to 2024. QoL data based on WHOQoL-Bref measure (Score 0 - 100, higher scores are better)



Recovery scores were above average (>4) for three items

Haven = 373 surveys from 2020 to 2024. Rated on a scale of 1-5, higher scores are better



QoL – Haven residents reported an average/above average QoL, and their score in their **Liveability, services, & safety** domain (67) is much higher than reported in people with mental health concerns in Australia (55-61).

Recovery – Residents' scores were mostly average, with scores for three domains being above average. Findings show that the recovery-conducive environment in Havens help residents feel connected and get better.

A Haven resident's personal experience



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Help, hope and purpose

Shaun - a proud Wathaurong man

- Shaun has diagnoses of Bipolar Disorder and Schizophrenia and has a history of homelessness and alcohol abuse which has resulted in an acquired brain injury.
- He had difficulty regulating his emotions, often resulting in suicidal ideations and attempts.
- In the 12 months prior to taking up residence at Haven, he had 118 presentations to the Emergency Department and multiple hospital admissions.

After moving into Haven Geelong:

- After moving to Haven, Shaun has had only one hospital admission in the past 12 months.
- At the Haven, staff work closely with Shaun's clinical care team, NDIS support coordinator, Behaviour Support Practitioner and his family.
- Shaun reports he feels at home, connected to country and, with ongoing support from Mind, is living a very fulfilling life.
- Shaun has recently started volunteering at the local men's shed and has achieved his dream of taking a helicopter trip over the Great Ocean Road. Shaun is currently planning his next adventure – a hot air balloon ride over the Yarra Valley.



The economic value of the Haven approach



- Bell Health analysis – aiming to quantify the economic value of the Haven Program's supported housing and strengthen the evidence regarding costs, benefits and cost effectiveness
 - The overall benefit-cost ratio (BCR) from developing Haven facilities for eligible individuals with long term mental health challenges is \$2.21, **meaning the expected pay off for each dollar invested is \$2.21.**
 - The total net present value benefit of providing the Haven services to the estimated eligible population nationally is assessed as being \$26.3billion.

Growth of Haven Foundation

Haven
Growth
Pipeline



Year complete	# of locations	# of Homes	States
In operation	12	188	Vic
2025-27	14	194	Vic/SA
2027-28	2	30	NSW
Total	28	412	Vic/SA/NSW

“ Living at Haven keeps me busy and it’s better than being by myself. There’s always something happening here and it’s good for me, socially, to meet some new people. I can have a cup of tea, talk with others and make new friends. ”

Future variations of the model

- women’s only/non-binary
- First Nations
- Young people



Questions

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