EVALUATION OF THE HAVEN PROGRAM

PROJECT SUMMARY

Centre for Health Systems Development

LA TROBE UNIVERSITY

Acknowledgements

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- Resident Lived Experience Advisory Panel
- Carer Lived Experience Advisory Panel
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Note

This report contains material that is drawn from people's lived experience of mental health challenges. If you find any material distressing and require further support please contact Lifeline on 13 11 14.

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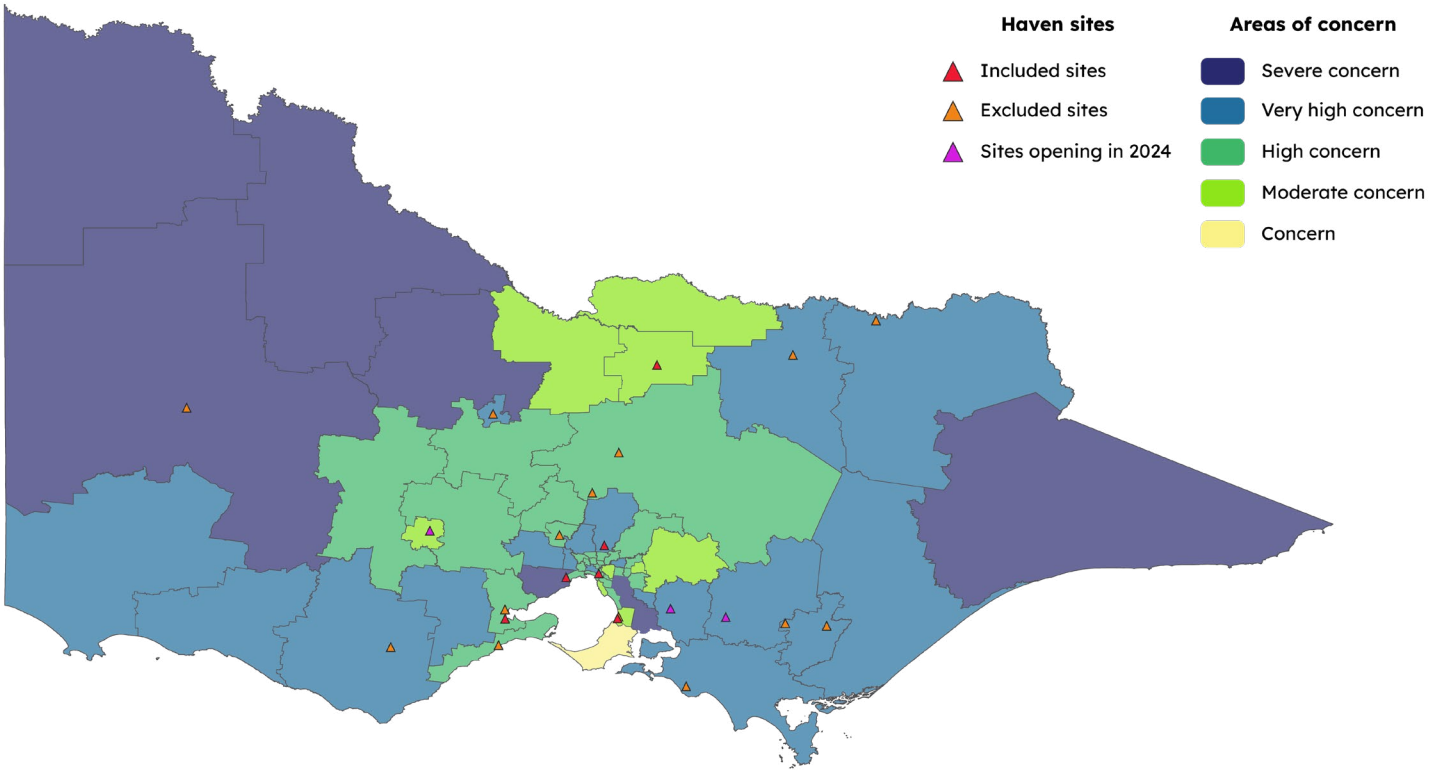


BACKGROUND

The nature of psychosocial disability and the types of support required to enhance the quality of life for those experiencing mental illness are not fully understood or adequately addressed by Australia's service system. Services and models vary in the extent to which they provide psychosocial support and promote recovery-oriented and independent living.

According to NDIS data from December 2021, there are an estimated 53,123 NDIS participants in Australia with a primary psychosocial disability. Victorians have the highest rate of primary psychosocial disability in Australia, with 17,473 affected individuals (AIHW, 2023).

Impacts of psychosocial disability

The combination of clinical, psychosocial, and physical needs can make it difficult to maintain stable housing, leading to housing instability (Brackertz et al., 2020). Mental illness can also impact family and close relationships, disrupt educational and vocational paths, hinder engagement in clinical care, and overall reduce quality of life (AIHW, 2023). Additionally, individuals with mental illnesses are overrepresented in the justice system (Ogloff et al., 2007).

Evidence suggests that individuals facing ongoing mental health challenges are more likely to have poorer physical health (ABS, 2023) and require more frequent hospitalization for physical health issues (Sara et al., 2021). Certain medications used to manage serious mental illnesses can result in physical limitations, such as low energy levels and weight gain. People diagnosed with mental illnesses also have higher rates of various physical health conditions compared to those without mental health conditions (AIHW, 2023b). Furthermore, the rates of risk factors like high cholesterol, obesity, hypertension, and back pain are also higher (AIHW, 2023b).

Almost all NDIS participants without psychosocial disability (94.7%) rely on informal support from family and friends, while only 76% of people with psychosocial disability rely on such support. Informal carers provide a significant amount of unpaid support for individuals living with mental illness and often receive unpaid support from carers and family members, estimated at 34.8 hours per week for primary mental health carers, with a replacement cost estimated at $9.7 billion per year in 2018 (Diminic et al., 2020).

Figure 1 – Location of Havens across Victoria. 'Areas of concern' are based on mental health mapping data undertaken by Mental Health Australia (2024).

THE HAVEN MODEL

The Haven Program goes beyond traditional Specialist Disability Accommodation and Supported Independent Living arrangements by providing long term, high quality social housing and integrated psychosocial support. Additionally, it offers on-site 24/7 psychosocial support within a recovery oriented approach. This stability serves as a foundation for individuals to work on improving their psychosocial functioning, acquiring new skills, and enhancing their relationships.

By the end of 2024, Mind is expected to have opened fourteen Haven residence sites (Figure 1).

EVALUATION APPROACH

Key points

- The purpose of this evaluation was to gather new evidence and gain a better understanding of whether the unique and innovative Haven Program was assisting in the psychosocial wellbeing of people experiencing severe and enduring mental health challenges. This was informed by the perspectives of residents, families and carers and staff.
- The structure of the evaluation and the interpretation of the evaluation themes was informed by people with lived and living experience.
- A total of ninety-nine stakeholders, including current and former residents, carers, Haven staff, Mind Management, and the Haven Foundation, provided feedback on their experience with the Haven Program between 2020 and 2024.
- The evaluation utilized a combination of qualitative and quantitative data.
- Six Haven residence sites were included in this evaluation: South Yarra, Frankston Wattle, Geelong, Laverton, Mooroopna and Epping. These Haven residence sites had different commencement dates from 2011 to 2022 (Figure 2).

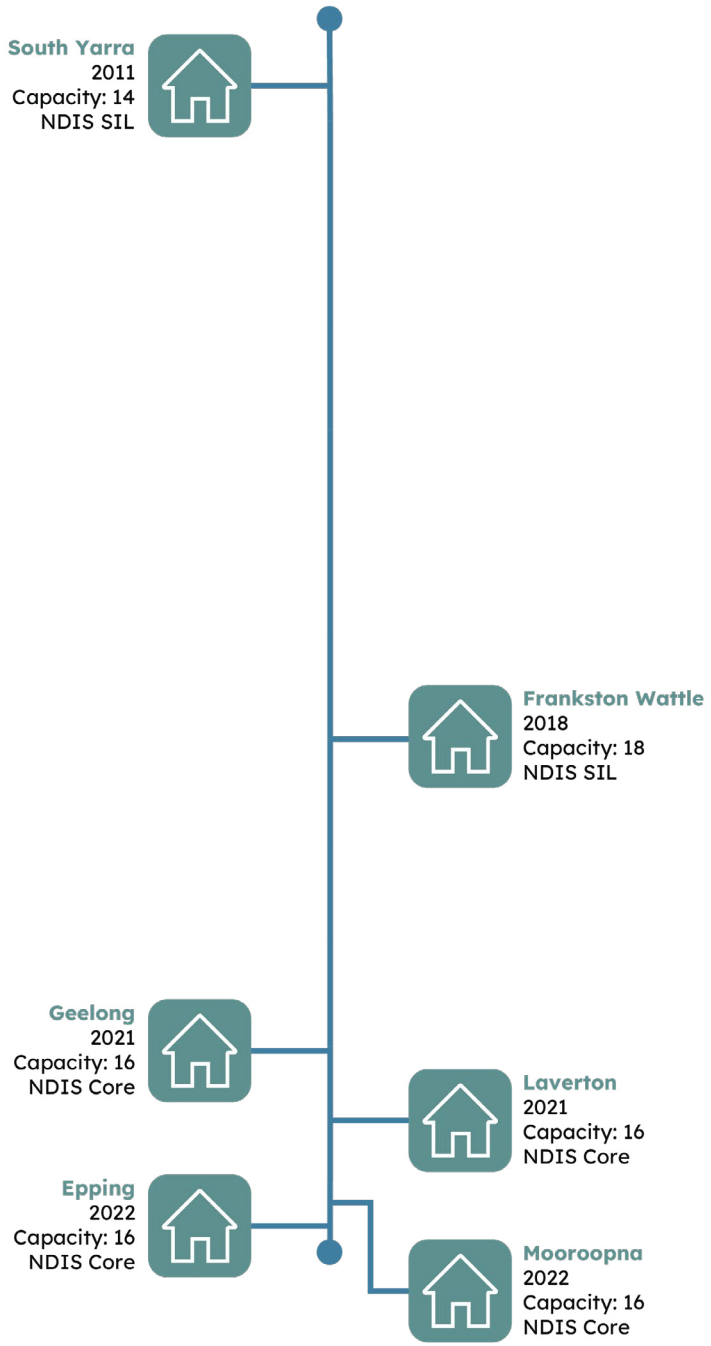
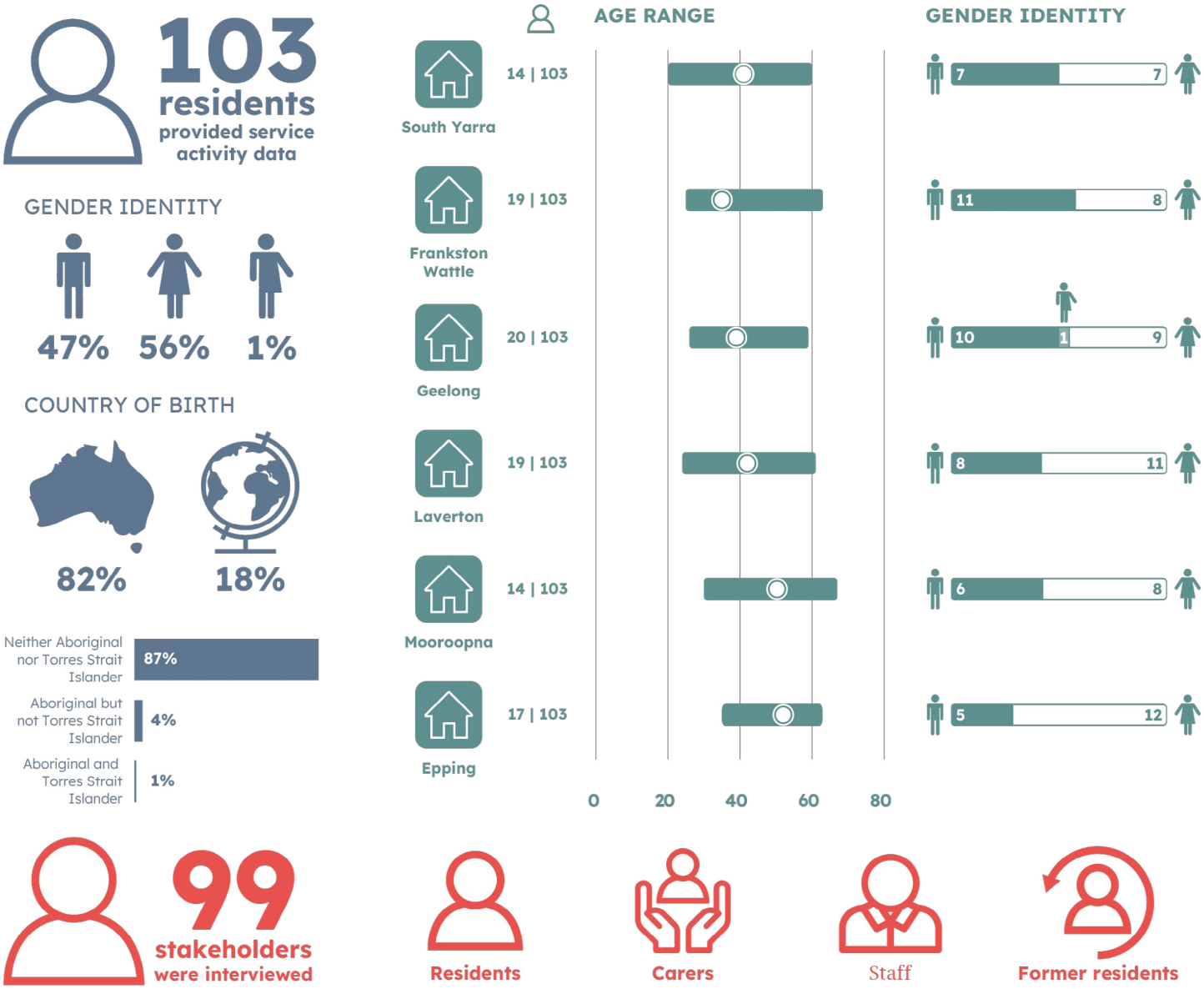


Figure 2 – Timeline and key characteristics of Havens included in the evaluation.



PSYCHOSOCIAL NEED

Key points

- Understanding the support needs of people with a primary psychosocial disability is complex. Life areas provide some insight into the broad areas of support; however, it is important to unpack the specific support needs and underlying causes of functional impairment in order to provide effective support.
- Our evaluation of Haven residents' psychosocial support needs found that there was no direct relationship between support needs and diagnosis. The diagnosis varied across the Haven residences, and the level of need and support also varied. However, the types of psychosocial needs were consistent.
- The high priority given to physical health may be attributed to the negative physical effects of mental illness, such as fatigue, as well as the negative effects of medication.
- Importantly, the cumulative effect of living with a mental health concern had negatively impacted residents' independence and, to some extent, their ability to make choices and have control over their lives. As a result, residents reported a lack of confidence in seeking supports, or in some instances, understanding the full range of support available.

Figure 3 – Demographic profile of residents who provided data as part of the evaluation.

IMPACTS AND OUTCOMES OF THE HAVEN PROGRAM

Key points

- The evaluation found that residents, carers and staff all experienced a range of benefits from the Haven Program.
- The Haven Program was rated positively by the majority of residents and carers that we spoke with. All residents, and all but one carer, reported that they would recommend the Haven Program to other people.
- The evaluation has enabled a deeper understanding of the underlying mechanisms that have led to growth in the residents' recovery journey. The emerging theory of change suggests the potential growth of residents is based on foundational elements provided within the Haven Program.
- The foundational elements of stable housing, nutrition, and emotional support for residents tend to precede goals for social interaction. Building skills in social interaction appears to be critical in gaining confidence and building skills, seeking support, and increasing self-awareness. This is reflected in the literature (Maslow, 1943). Socializing also offers new experiences and confidence in the external community and builds positive memories for residents.
- Choice and control are multi-layered and affected by many variables, including trauma, stigma, lack of prior decision-making, and lack of confidence. **Simply presenting the opportunity for choice and control is not always enough to make it happen**. The Haven

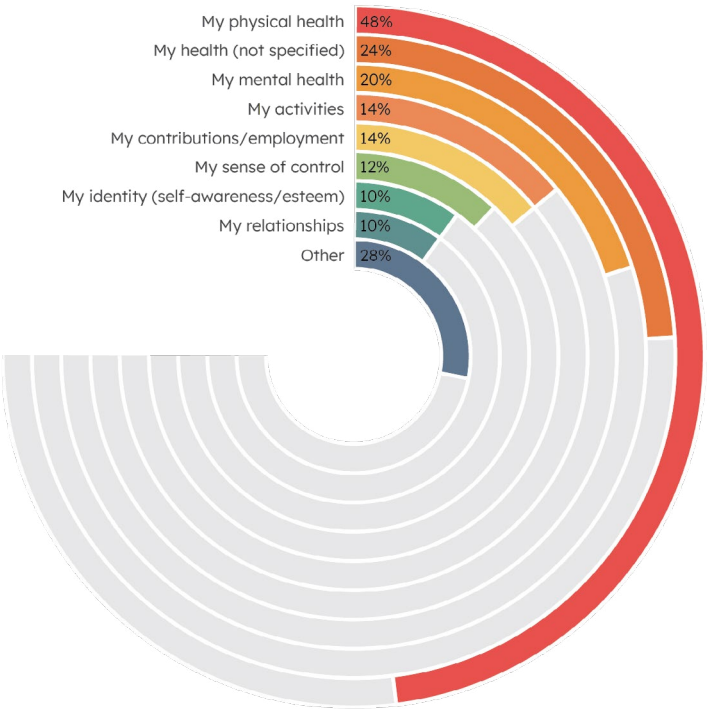


Figure 4 – The most frequently endorsed life areas where Haven residents identified support needs.

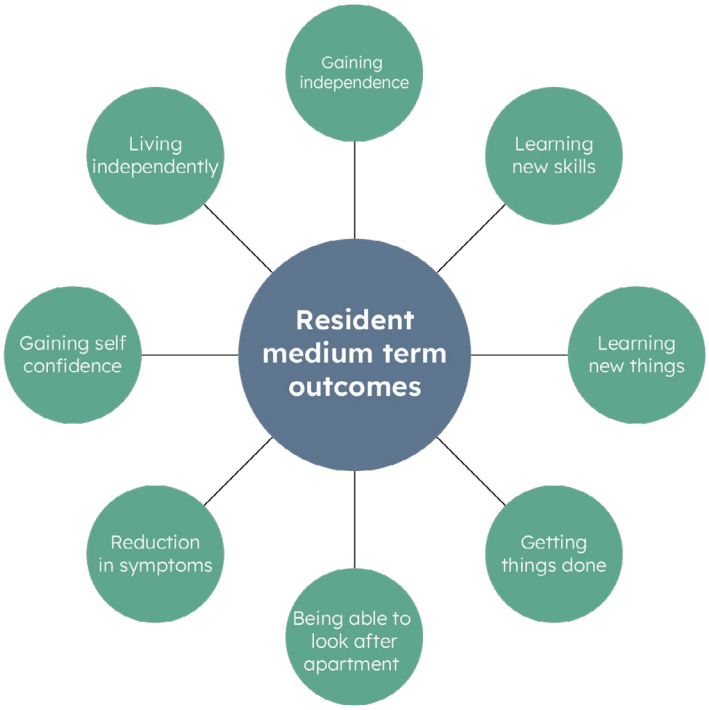
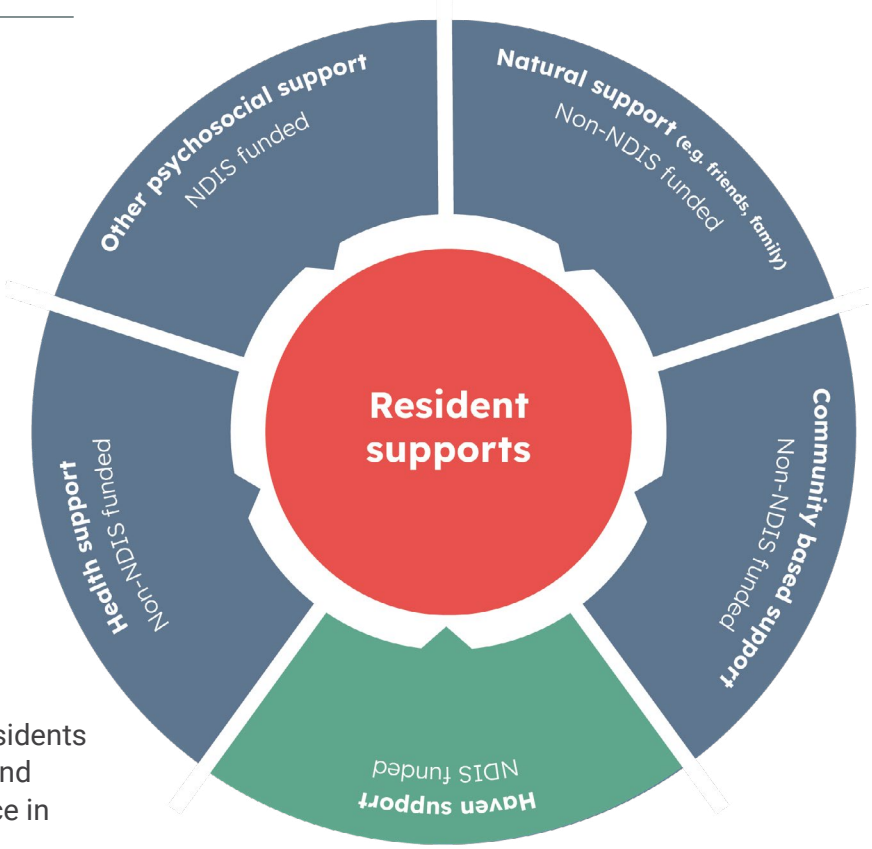


Figure 5 – Key process outcomes reported by residents that resulted from the Haven program.

Figure 6 – The range of supports residents receive alongside Haven support.



Program's staff successfully work with residents through role modelling, encouragement, and strength-based support to build confidence in decision-making.

- Support provided within a recovery-oriented approach build confidence and skills in residents to overcome barriers and to live a meaningful life.
- Emerging findings show a modest reduction in the rate of unplanned mental health hospital admission, use of specialised mental health supports and a positive shift to management within the primary care setting through the use of GPs. Residents reported that the availability of 24/7 support on site led to faster action when their symptoms were escalating.
- Carer benefits include increased wellbeing and an improved relationship with their loved one.
- The foundational elements of stable housing, nutrition, and emotional support for residents tend to precede goals for social interaction. Building skills in social interaction appears to be critical in gaining confidence and building skills, seeking support, and increasing self-awareness.
- Importantly, the cumulative effect of living with a mental health concern had negatively impacted residents' independence and, to some extent, their ability to make choices and have control over their lives. As a result, there were deficiencies in their understanding of, and confidence in, seeking support.
- Implementing the Recovery Oriented Approach was the key to engaging with and improving the lives of residents.
- The 24/7 support, made available through pooled NDIS funds from residents' individual packages, was viewed by residents as critical in supporting their mental health and wellbeing.
- The specific training of staff in psychosocial disability was found to be beneficial in more effective responses for support.
- Although the Haven model was intended to support families and carers, an unexpected benefit was a return to healthy family relationships and normal roles in many residents in a relatively short period of time.
- Although not funded to do so, staff engaged with residents to support a range of physical health concerns using physical health promotion such as education, support with appointment making, step up and step down support from hospital admissions. This was reported as positive by residents and useful in their overall feeling of wellbeing. A reduction in physical health admissions was also noted.

OPPORTUNITIES AND CHALLENGES

Key points

- The extent to which carers participate in the Haven Program depends on their relationship with the resident, their need for peer support, their stage in the carer journey and their confidence in the support provided. Carers needs change over time and vary between Haven residence sites.
- Nearly all residents, carers and staff viewed the Haven Program as acceptable, appropriate and effective.
- Two factors can either threaten or strengthen the sustainability of the Haven Program. These factors include the availability and stability of the workforce, as well as the use of NDIS funding to adequately meet the support needs of individuals with primary psychosocial disabilities. Currently, the funding does not allow for flexibility in building residents' strengths through preventative and protective measures for their recovery process.
- Mind can play a significant role in creating transformational change in recovery oriented practice. Examples include upskilling the workforce, building a scope of practice and measuring progress in residents.
- The Haven Program stands out from other similar models due to several key factors. Firstly, it offers the option for long term housing, which sets it apart from others that may only provide temporary solutions. Additionally, the program's recovery oriented approach is a significant strength, as it prioritizes the well-being and progress of individuals. The presence of a strong peer community further enhances the program, as it fosters support and camaraderie among participants. Furthermore, the home-like environment provided by the program contributes to its appeal, creating a sense of comfort and stability. Lastly, the quality of housing offered by the Haven Program is exceptional, ensuring that individuals have a safe and suitable place to call home.

1 **Opportunity 1: The option for permanent housing** sets Haven apart from temporary solutions.

2 **Opportunity 2:** A **recovery oriented approach** prioritises the wellbeing and progress of individuals.

3 **Opportunity 3:** A **strong peer community** to foster support and camaraderie.

4 **Opportunity 4:** A **home-like environment** where residents can feel comfort and stability.

5 **Opportunity 5:** The **quality of housing** provide a safe and suitable home environment.

1 **Challenge 1:** The **availability and stability of the workforce** to deliver the program.

2 **Challenge 2: The availability of NDIS funding** to support the ongoing needs of individuals.

- The Haven Program has shown evidence of rapid replication to other locations. The evaluation has provided evidence that the Program has adaptive capacity to scale up, however it can only work as well as the broader service system infrastructure around it. To effectively scale the program to other locations, states, and territories, infrastructure must be built to support and facilitate the growth of individual Haven residence sites (Barker et al., 2016).
- The NDIS funding model may need to adapt to become more flexible in order to support greater efficiency and effectiveness for scaling up the Haven Program.
- The supports requested do not fully match the NDIS functional domains. There is a different pattern in uptake of people with a primary psychosocial disability and non primary psychosocial disability. There are gaps in needs that are unfunded, especially 'safety net' support.

Figure 7 – Relationship between the priority needs of Haven residents and NDIS functional domains.

WHAT WE HEARD

The 'home-like' feel of Haven

"Home equals acceptance and having friends. Friendships are significant because of prior negative experiences."

Peer community and building social skills

"People take you for who you are – not judged. Accepting. Building my confidence up. Learn how to stick up for myself. This then impacts the other residents."

"Somewhere I can come back and take off my shoes and feel at home."

24/7 support

"Peace of mind for family and carers in the knowledge that residents have safe, secure, long term and affordable housing."

"Brilliant concept and model. For people with mental illnesses, it's probably the only model that's going to work consistently with most people."

"Staff help out, in a strengthening manner so that they [the residents] can find a level of autonomy in the community. Stability is a good way to describe it as well. Long term stability for somewhat needy people."

"What [the residents] *gain from the Haven is the independence and the skills, how to interact with other people and engage in conversation, break down those barriers of self doubt."*

"So many good things. Seeing the residents take more control in their lives. Seeing people return to study, return to work, develop groups together."

"We feel that we would be the best people to know when he's showing signs of deterioration. We want to know if he is deteriorating – wonderful peace of mind. If they know the signs to look for and it's documented that's a great help."

"Being open-minded and holistic - seeing people as people, not as a diagnosis. Looking at their strengths. Being able to connect with people in a real, genuine, and casual way because it is their home and we are not clinical. Understanding that it is their home."

"This model works – its geared around people who have a disability. Wonderful set up – its saved me. I'd defend it. Just needs a few tweaks."

"[Haven] *replicated a positive family-like experience."*

"This concept of having a community of people with their own area that they can retreat to. I think – it's hard work – and the staff genuinely committed to their work and to the people they are looking after and support."

"There's always that understanding if you're not able that's it's ok. Not like held against you if you weren't to attend something and we all get like that. Lot of choice."

"They don't know it's going on [suicidal thoughts]*, but I do. I'm reaching out. I needed another human being. To have another human being that I can talk to."*

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