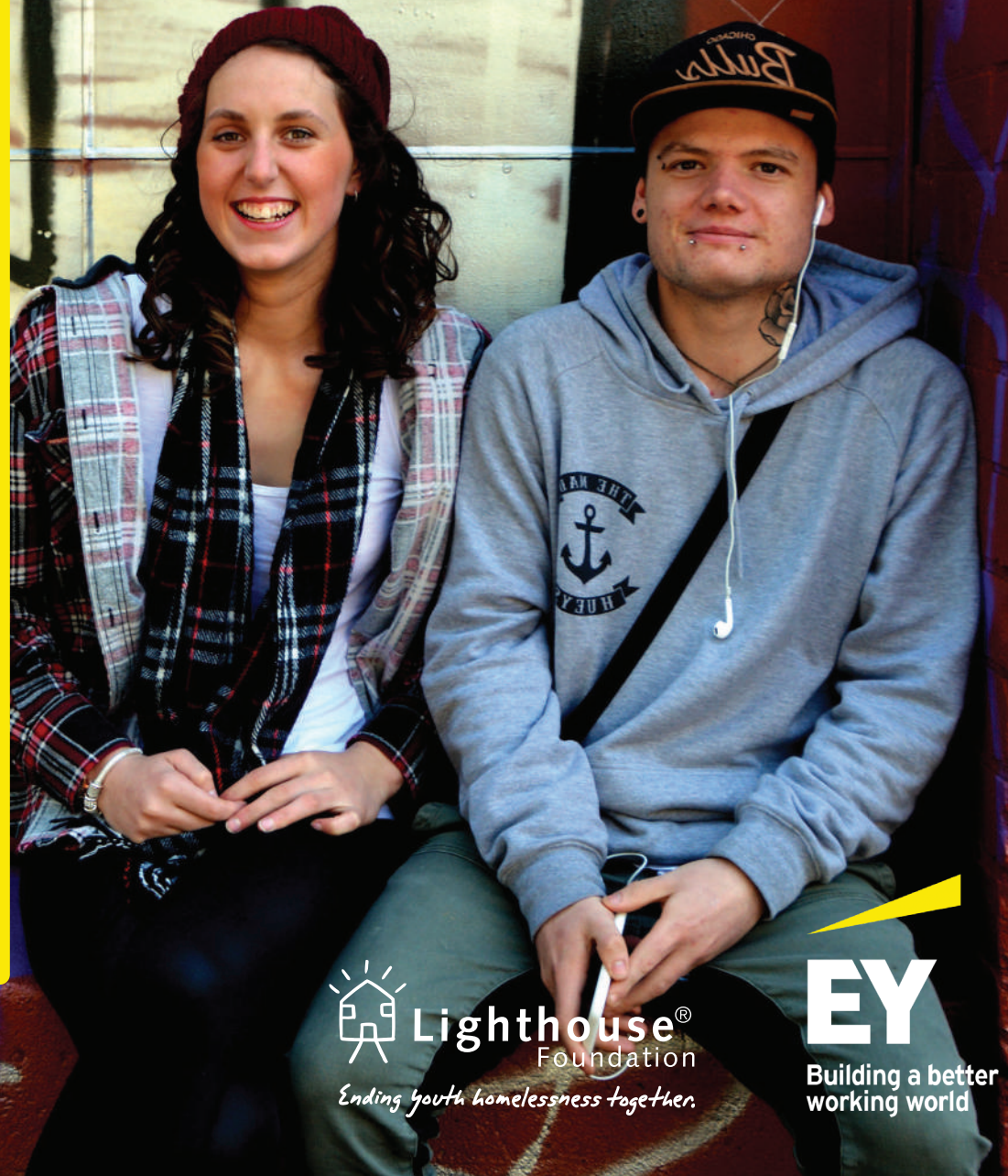


State Return on Investment through Lighthouse Foundation's Model of Care

Where would young people be without the support of Lighthouse Foundation?

What would be the long-term cost to the public purse?

2018



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This report summarises total savings to the State resulting from an investment in Lighthouse Foundation’s live-in care for young homeless people.

The report presents our findings on costs by different profiles of Lighthouse Foundation (“LF”) service users. It describes the collaborative approach and methodology of EY used to construct a socio-economic model and our key findings.

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Executive Summary



Executive summary

Objective

The Lighthouse Foundation (LF) provides a suite of long and short term therapeutic services for homeless young people, those at risk of becoming homeless and children and young people in out-of-home care (OOHC). This report determines the cost-benefit of Lighthouse's Model of Care (LMC) in relation to monetary savings to the State.

The LMC incorporates and interweaves three key theoretical frameworks: attachment theory, trauma informed practice and psychodynamic psychotherapy. It serves young people (ages 5-23), young parents and babies, young women escaping forced marriages and families on the verge of relinquishing their children.

In practical terms, the model provides a family home and two key carers who provide around-the-clock tailored therapeutic care. The LMC supports young people to stay with Lighthouse for as long as they need and access to support through LF's Outreach programs after transition into independent living.

While all Lighthouse programs are underpinned by the LMC (described in more detail on p8), Lighthouse's newest programs working in OOHC, including the Secure Base are not included in this analysis. A more detailed description of LMC is contained in Appendix 1.

Methodology

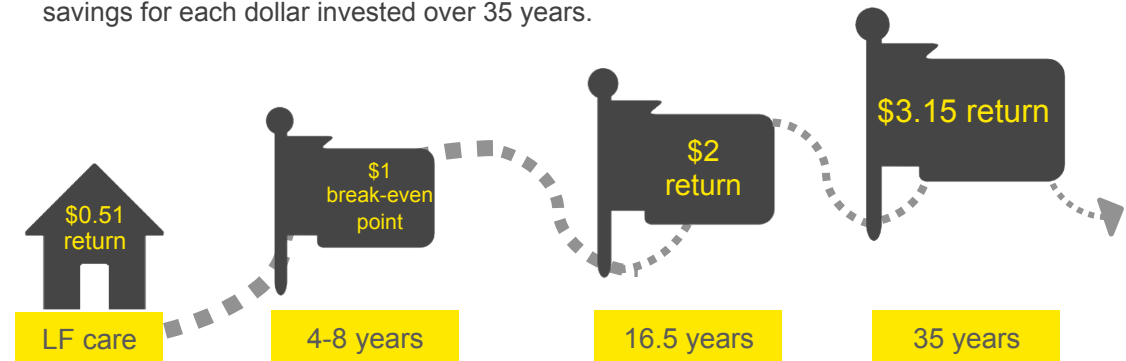
Net savings have been calculated by examining the alternative pathways a typical year's cohort of LF young people would have taken had they not participated in the LF program. The model compares five short-term pathways during *Young Adulthood* (equating to the approximate average of two years during LF care) and three pathways into *Adulthood* (the 33 years following *Young Adulthood*) to data gathered on State expenditure on past LF service users.

An outreach survey was used to determine the usage of State services by LF leavers during and since care in LMC. Alternative pathways are modelled upon the extensive literature on youth disadvantage and homelessness. State savings were divided across four domains:

- ▶ Accommodation: homelessness and housing support
- ▶ Health: physical & mental including addiction support
- ▶ Employment, education and welfare
- ▶ Justice costs relating to involvement in crime

Model Findings

If the State invested in LF's residential placements, they could expect \$3.15 in savings for each dollar invested over 35 years.



This is a patient capital investment: \$0.51 of the return would take place in the short term, during *Young Adulthood* (time spent in LMC) and the majority, \$2.64 coming back when the young person is in *Adulthood*. Short-term savings come from less judiciary encounters, emergency health and accommodation service usage. Over the long-term, the State benefits from increased tax receipts and avoided welfare payments as more young people are able to meaningfully enter work. The model found that for each individual that passes through the LF, the State typically saves \$677,836 over 35 years.

In addition to the financial benefits, the program has a significant social impact on the young people who are taken under care.

72% of past residents have never again experienced homelessness

Survey participants report positive developments in their mental, physical and financial health alongside improvements in their relationships with other people with the vast majority of the progress attributed to the LF.

Conclusion

Over the past 25 years, the LF has helped over 800 young people break the cycle of homelessness. Through this period, LF has typically relied on the support of private charitable investments to develop and manage its therapeutic model. The government has only contributed 6% of total investment since 1991, but reaps many of the benefits. EY's research supports the broader literature findings that demonstrate how funding care for homeless young people creates significant public savings and represents excellent long-term value for money.

Our method



Methodology

Social cost-benefit analysis

This study uses a socio-economic approach to determine the total savings to the State as identified by measuring the outcomes generated by a typical year's intake of LF young people. It is an *outcomes* based evaluation exploring the personal outcomes experienced by those who have been through LF and linking this to *material* savings to the State. In broad terms our calculation shows for a typical LF cohort:

$$\text{Return to the state} = \frac{[\text{Value of Savings}]}{[\text{Investment}]}$$

While statutory saving analyses exist for avoiding youth homelessness at a young age, this study develops a more nuanced discussion, by mapping the experiences of sub-groups of homeless young people. An understanding of their experiences are then used to show causal connections that drive statutory costs and enhance our understanding of who benefits most.

Key to our analysis was the gathering of primary data through LF's Outreach survey which was sent to all contactable young people who have left the service. This was used to profile former LF residents so as to understand which alternative pathway they would have travelled down. In turn these were used to weight savings and enhance the accuracy of the overall value LF is delivering.

Step 1: Alternative pathway mapping



- ▶ Review of the homelessness literature to identify the characteristic drivers and experiences of youth homelessness
- ▶ A pathways focused workshop with LF staff
- ▶ Draft theory of change for alternate pathways

Step 2: Model inputs and state cost survey development



- ▶ Costs to State (proxies) research based on characteristics of pathway group including:
 - ▶ Accommodation
 - ▶ Health (physical & mental)
 - ▶ Employment, education & welfare
 - ▶ Justice
- ▶ Adjustments (weighted averages) determined based on probability research and direct research into the skew of costings across young homeless people.

Step 3: Collection of primary data



- ▶ Development of LF leavers survey to estimate (i) the probability and (ii) quantity (incidence) of service usage amongst young people
- ▶ Review and enhancement of social outcomes for relevance, accuracy and validity (using reputable scales where available).
- ▶ Dissemination of survey over three week window in September 2017

Step 4: Analysis



- ▶ Analysis and projection of outcome data for period during LF care and for 35 years into adulthood.
- ▶ Comparison of LF average costs to alternative pathways cost
- ▶ Determination of the state returns for each dollar invested in the model

Alternative pathways



What is Lighthouse's Model of Care (LMC)?

Context

Homeless young people often present with histories of psychological trauma, complex mental health needs and chaotic lifestyles (Edidin, Ganim, Hunter & Karnik, 2012; Gonzalez, Klendo & Thorpe, 2013). This is often compounded by challenging behavioural and emotional difficulties, substance abuse, suicidality and self-harm. These issues present extraordinary challenges for young people to overcome. However, these are the very issues that the LMC is built for and designed to ameliorate.

Lighthouse's Model of Care (LMC)

Lighthouse's Model of Care is based on three decades of practice experience and 60 years of empirical research into human development across the fields of psychology, psychiatry, trauma and neurobiology. The LMC is a holistic therapeutic treatment program underpinned by three theoretical frameworks of attachment theory, psychodynamic psychotherapy and trauma informed practice which, are more fully described in Appendix 1.

LMC application: what happens (where theory meets practice)

A key part of the LMC is the Lighthouse community comprised of its ten homes across Melbourne with its community hub, the Youth Resource Centre, in Richmond. When young people move into Lighthouse they don't just move into a home, but a supported community, providing an array of psycho-social benefits. The home itself in the context of the Lighthouse community and the role of the carers are central to the LMC.

Each Lighthouse home aims to provide children and young people with an experience of a family-style environment with up to four young people and therapeutically trained carers who share the home with them. The carers are central to helping the young person to re-develop the capacity to engage in healthy relationships. Carers are trained and intensively supervised to be attuned to the young person's verbal and nonverbal communications, needs and to engage in therapeutic, relational care.

The LMC focuses on the young person feeling safe and secure in their Lighthouse home. This focus creates the necessary foundation to improve physical health, strengthen self-care skills (including cooking, cleaning and hygiene) and if present, cease any trauma related behaviours such as drug and alcohol use, self-harm and sexual exploitation.

Volunteers are recruited, psychologically screened and passed through appropriate checks to form a coterie of community volunteers to support the running of the homes. A committee of community volunteers are attached to each home. This can provide the young person, where appropriate, with a sense of community support, beyond the confines of the home and the individuals who care for them.

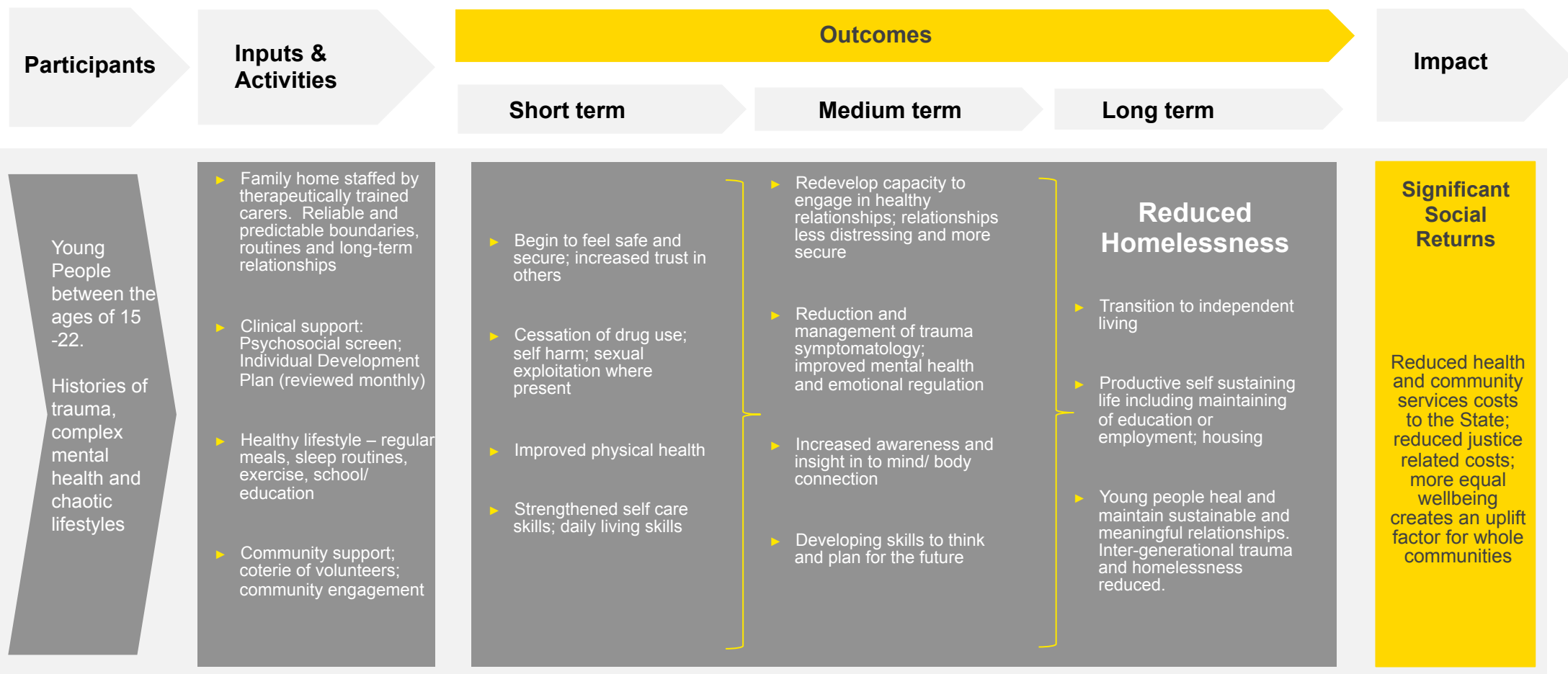
The young person and carers are supported by a team of clinicians who facilitate therapy sessions, care teams, art therapy and supervision of the carers. Psychiatric and Psychological assessments of the young person in the home are conducted, as required, to inform the young person's on-going care needs.

LMC outcomes: what is achieved

After several months at Lighthouse, children and young people often experience a reduction in their trauma related behaviours which supports the child or young person's capacity to sustain their daily routine, often being training programs or employment.

This move towards a more productive and self-sustaining life sees Lighthouse young people take increased responsibility for their own lives and transition to independent living with a significantly reduced possibility of returning to homelessness.

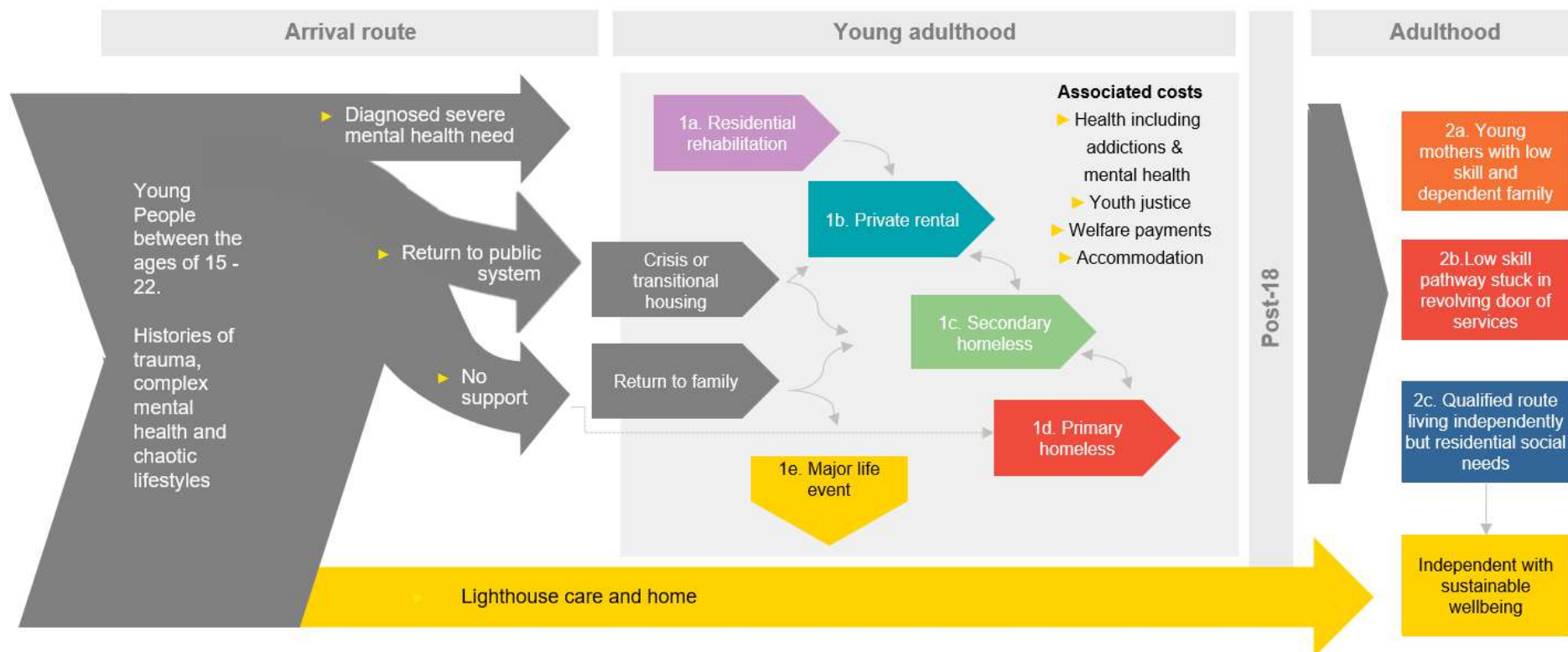
Lighthouse's Model of Care: Theory of Change



The LMC is underpinned by attachment theory, psychodynamic psychotherapy and trauma informed practice.

See Appendix 1 for more a more detailed description of LMC.

If not LF, then where?



Model logic

This diagram captures EY's pathways approach to analysing LF's state savings.

- ▶ If a young person presents to LF, they are provided with the care and support necessary to make long-term independence and sustainable living a likely outcome into adulthood.
- ▶ The key question asked was: if it were not for LF, what is the pathway each young person would travel down? The approach to modelling the pathways distinguishes between experiences and characteristics of *Young Adulthood* (for the two years they would have otherwise been in LF care) and *Adulthood*. This approach recognises the differing experiences and cost profiles of these age groups.
- ▶ The *Arrival route* characterises the experiences that make a young person likely to be suitable for LF care. While the experience of each young person is different, they often present from a background of family breakdown. This leaves them vulnerable and with specific needs. Many of the LF young people have had experience in Out of Home Care (OOHC), or are young mothers.
- ▶ A vulnerable young person presenting from the *Arrival route*, will follow a *Young Adulthood* pathway. Those with diagnosed severe mental health needs may begin their *Young Adulthood* journey in residential rehabilitation. A young person entering into a crisis may find themselves triaged for additional state support and potentially supported with rental accommodation benefits or relying on friends. Where no support is available, a young person may transition directly into an experience dominated by primary homelessness.
- ▶ Over the longer-term into *Adulthood*, pathways become more generic because a person's experiences are influenced by a number of factors and become harder to predict and model. A key determinant of the costs incurred as a young person moves into *Adulthood* is their access to further education. Another significant frontier is the experience of being a young mother, which results in the state bearing additional and distinct costs over the transition into *Adulthood*.

As the diagram represents, these pathways are not rigid or mutually exclusive, and the experiences of the young person during young adulthood are often transitory and fluid. They may involve returning to a family unit temporarily before re-entering the revolving door of service use characterised by pathways 1a-d. These pathways represent the dominant experience of the young person's time during young adulthood, which allows associated proxies to be applied to that experience.

Young Adulthood Pathways

- ▶ **1a. Residential rehabilitation:** This experience is characterised by a stay of up to a year in a rehabilitation facility. A young person exiting residential rehabilitation will likely require ongoing mental health support. This pathway typically enables users to transition into private rental accommodation or return home.

For a young person leaving OOHC or reaching a tipping point into family breakdown may fall into a crisis without a support network to rely on. Crisis accommodation can act as a triage of sorts, directing the young person into pathways with varying levels of support:

- ▶ **1b. Private rental:** This experience is characterised by use of private rental accommodation, a portion of this cost is supported by the state. This individual is likely to incur greater health and justice costs than the general population and is likely to have their income supported by the state.
- ▶ **1c. Secondary homelessness:** This experience is characterised by more transient and less consistent accommodation. The challenges of this lifestyle means young person are more vulnerable to health and justice issues. There is increased likelihood of drug and alcohol abuse, of which the state will ultimately bear a share of the costs.
- ▶ **1d. Primary homelessness:** Lack of support means that this pathway is characterised by sleeping rough or other temporary forms of accommodation. This young person will likely be a low user of welfare and state accommodation support, however due to heightened mental health issues, and drug and alcohol abuse, they will normally present a high cost over the long-term along with high short-term use of emergency and justice services.
- ▶ **1e. Major life event:** This experience is characterised by the revolving door of support and services in the short term, before a major life event which turns their life around and diverts them from the high cost route towards independent and sustained wellbeing in the long term. This may be through reconciliation with family or a benefactor.

Adulthood Pathways

- ▶ **2a. Young mothers:** This pathway is characterised by high dependence on income and accommodation support for a low skilled mother with dependent family. In addition, young mothers are likely to incur costs to state through higher than average use of health and justice services.
- ▶ **2b. No VET (low skill) revolving door pathway:** Lack of further education means this experience is characterised by movement in and out of low wage employment, often supplemented by income and accommodation support. The instability of this pathway is coupled with increased health and justice service use, significantly increasing the cost to the state in the long term.
- ▶ **2c. VET qualified:** Further education is characterised by more consistent and higher paying employment, resulting in the positive outcome of increased taxation revenue for the state. Their experience means that they demand increased health and justice services use than the general population over the long term. Individuals entering this pathway have a greater chance of transitioning to independent and sustained wellbeing.

Model inputs



Modelling

Our model is designed to determine the net savings made achieved by typical years' cohort of LF young people compared to where they would alternatively otherwise have ended up if they hadn't participated in such a program. The model compares five short term pathways during *Young Adulthood*, and three pathways during *Adulthood* to primary data gathered on State expenditure on past LF service users. *Young Adulthood* models the time period in which the young person would have been in LF care (2 years). *Adulthood* models the 33 years proceeding *Young Adulthood*, giving a total modelled benefit period of 35 years, consistent with existing literature. We divided the state savings across four domains:

- ▶ Accommodation: homelessness and housing support
- ▶ Health: physical & mental including addiction support
- ▶ Employment, education and welfare
- ▶ Justice costs relating to involvement in crime

To determine the comparative savings we input both primary and secondary data in our model. The findings from the outreach survey were used to determine the usage of State services by LF leavers (base case). To determine alternative pathways we drew upon the extensive studies which have already been conducted in the area of youth disadvantage. We will describe our approach and sources in brief in each area below.

Employment and education

This area of cost savings relates to tax income and welfare payments generated from earnings, and any costs associated with government support for education. The link between improved earnings and educational attainment has been well established in the literature. The higher the level of qualification achieved directly reduces the pressure anticipated on state services.

- ▶ **LF base case:** survey questions covered education level of attainment, percentage of time employed since leaving LF and frequency of claiming job-seeker allowances. Family support was also included and questions were asked in relation to family size and parenting benefits.
- ▶ **Alternative pathways:** key sources included the Department of Health and Human Services/ Centrelink where direct costs and calculators were used to estimate the typical case contributions based on our scenarios. Longer-term costs were informed by Deloitte Access Economic and Anglicare Victoria (2016) research into the costs of young care-leavers, as this was considered a suitable comparison group. Some weightings were applied based on the prevalence of VET or above qualifications among young care leavers.

A full list of state costs (proxies) used in all areas is available in Appendix 3. All costs adjusted to 2016 prices.

Outreach survey (see Appendix 2)

- ✓ **Primary data collected from a sample of past LF residents**
- ✓ **Number of responses = 66 (est. total population size 800)**
- ✓ **Responders:**
 - include 65% female, 35% male
 - moved into LF between 1991 and 2017
 - Include those aged between 12 and 23 years old when admitted and were 17 years on average
 - 80% had previously been in care, 32% had over 5 previous care placements and 6% had over 30 prior placements
- ✓ **Primary data was collected on both social outcomes and state service usage.**

The survey was open over a 3 week period in September 2017. LF contacted as many former residents as possible. All young people were offered a \$40 Coles voucher for their time.

Key principles underpinning our input research

- ✓ **Do not over claim:** if in doubt we took a conservative approach to estimating costs
- ✓ **Triangulation:** wherever possible we compared estimates to multiple sources to facilitate our assumptions were reasonable
- ✓ **Consider impact:** we determined LF's attribution for any savings to the state by asking stakeholders directly to estimate the relative importance (in percentage terms) to any outcomes achieved
- ✓ **Involve stakeholders:** we were guided by the expertise of the LF team in understand costs along with direct quantification of previous LF young people's service use through surveys

Modelling

Health: physical & mental health including addiction

The physical and mental costs of youth homelessness create significant disadvantages to the young people admitted to the LF program. LF's therapeutic model of care aims to prevent acute and long-term dependence on state care by tackling the causes of addiction, mental health issues and unhealthy lifestyles.

- ▶ **LF base case:** survey questions covered direct annual usage, or total usage* of a variety of key health services. These included GP usage, emergency health services, mental health specialist care and residential rehabilitation. We also gathered self-reports on each individual's experience of wellbeing to triangulate our findings.
- ▶ **Alternative pathways:** key sources included research by Morgan, Disney and Associates (2006), which looked into avoidable economic costs accrued by Australian care-system leavers. This research used mixed methods including extensive primary quantitative research to profile different levels of service usage by research participants. These personas were felt to fit our pathways 1a-e and 2b-c. The service levels used in the study were compared to survey response profiles for their baseline (prior to LF) condition and adjustments made where possible e.g. whether they needed treatment for mental health.
- ▶ For pathway 2a research by Flatau and colleagues (2007) from Murdoch University broke down health costs by profile of service user including women's specific support.

Homelessness and housing support

Care leavers and those who are homeless at a young age tend to be more vulnerable in their housing situation and for this to be characterised by instability in subsequent years associated with use of transitional and crisis housing. Our pathways use housing as a defining characteristic as these experiences are closely correlated with health and other costs.

- ▶ **LF base case:** our survey asked questions related to frequency and length of time using crisis, transitional and housing benefits.
- ▶ **Alternative pathways:** entitlements and likely dependence levels were used to gather housing benefit estimates directly from the Department of Social Services. These were supported with research findings in Morgan, Disney and Associates into the typical costs by level.

Justice costs

The chaotic nature of the upbringing of many young people who leave care results in them being overrepresented in the justice system. LF takes some young people whose only other option would be juvenile corrections. On a one-to-one basis this has led to breaking the pattern of offending as well as providing broader support which has also helped others.

- ▶ **LF base case:** our survey asked questions related to police encounters, court appearances and time spent in corrections since leaving LF.
- ▶ **Alternative pathways:** the severity of offending (from minor offences through to likely serious crime and long sentences) is profiled in Morgan, Disney and Associates research. To be conservative, lower end estimates were used as profiles in our model (up to level 3 of 5).

Distribution of LF service users by pathway

We compared our understanding of the characteristics of the eight pathways to responses provided in the Outreach survey and admissions data held by LF.

For young adulthood pathways, responses to key questions were used to profile previous LF young people and divide them into unique pathways. We first analysed the relative severity of prior mental health needs to determine which were likely to be admitted into residential rehabilitation. From the remainder, more experience with homelessness and the security of their current housing status was used to categorise the risk of each into other housing status. Those who gave low attribution to LF for positive changes and who were living with family and friends were placed in the Major Life Event group as they are considered likely to have achieved positive life outcomes without LF's support.

For long-term *Adulthood* pathways, admissions data for FY '16 and '17 intakes suggested that going forward 31.5% of LF young people will be young mothers**. Secondary data was used to then split the remainder into those who are likely to gain a VET level qualification and those who remain most vulnerable without further educational outcomes. See Appendix 4 for more detailed on these assumptions.

*Average total usage estimates were divided by the average number of years since leaving LF.

** This represents a recent increase in capacity in the mother and baby program.

Model findings



Return on investment

Over \$3.4 million of support was invested into the residential support program in FY 2017. This provided homes and integrated care for 16 young people. Based on this typical year of investment we found the following.

Return on investment

If the State were to fund a residential placement in LF for a typical young person, they could expect to more than triple their investment through service savings. For each dollar invested LF will deliver around \$3.15 in savings over 35 years. LF entails a large upfront investment, and savings primarily accumulate in the long-term. The state could expect a short-term return of half a dollar within two years and a further **\$2.63** over the next 33 years.

TOTAL return on investment		Young Adulthood (during LF) return on investment		Adulthood (post LF) return on investment
\$ 3.15	=	\$ 0.51	+	\$ 2.64

For each year of investment in LF's young people's residential programme EY found \$10.8m worth of value is was created for the state over 33 years. This includes both short-term costs associated with housing and caring for young homeless people as well as the long-term costs that manifest due to untreated trauma and disadvantage earlier in life.

Time period

Literature documenting the relatively poor life outcomes (and their associated costs to the State) for young homeless people and care leavers has created a strong pool of evidence for the model to draw upon. As long-term costs are inherently uncertain, the exact distribution of LF individuals across pathways and the intensity of their dependency fluctuates over time, we therefore performed a sensitivity analysis to see what would happen if we halved *all* benefit periods. This meant that the total model ran only to 16.5 years and the length of time each associated cost was active was also halved. Our model found that under these conditions LF still produced a return to the state of \$2 for every dollar invested. This demonstrates the program also generated a positive return over a shorter time frame. Taking into account short-term returns of \$0.51, this suggest the break-even point for the government is likely to be between 4-8 years.

Net savings

Our model found that for each individual that passes through the LF, the State will typically save \$677,836 over 35 years. The breakdown of these findings for one typical placement is shown in the table below. These savings do not account for the investment input into the program.

	Accommodation	Education and Financial support	Health	Judiciary	TOTAL
Lighthouse Foundation participant	\$ 8,700	-\$ 16,922	\$ 46,209	\$ 7,410	\$ 45,398
Lighthouse Foundation YOUNG ADULTHOOD additional costs	\$ -	\$ 21,454	\$ 360	\$ 2,329	\$ 24,143
Lighthouse Foundation ADULTHOOD additional costs	\$ 8,700	-\$ 38,376	\$ 45,849	\$ 5,082	\$ 21,256
Weighted average cost of YOUNG ADULTHOOD alternative pathways	\$ 23,564	\$ 10,727	\$ 33,828	\$ 63,879	\$ 131,998
YOUNG ADULTHOOD: difference between LF additional state costs and alternative pathways	\$ 23,564	-\$ 10,727	\$ 33,469	\$ 61,550	\$ 107,855
Weighted average cost of ADULTHOOD alternative pathways	\$ 67,785	\$ 233,349	\$ 261,701	\$ 18,400	\$ 581,236
ADULTHOOD: difference between LF additional state costs and alternative pathways	\$ 59,085	\$ 271,725	\$ 215,852	\$ 13,319	\$ 559,980
TOTAL SAVED COSTS					\$ 667,836

This table shows that LF individuals produce net savings for the State across every indicator both immediately and in the long-term apart from for education and financial support investment. In the short term, the government incurs additional costs relating to qualifications, however in the long term, it receives a significant dividend through taxable income.

Where and when are savings made?

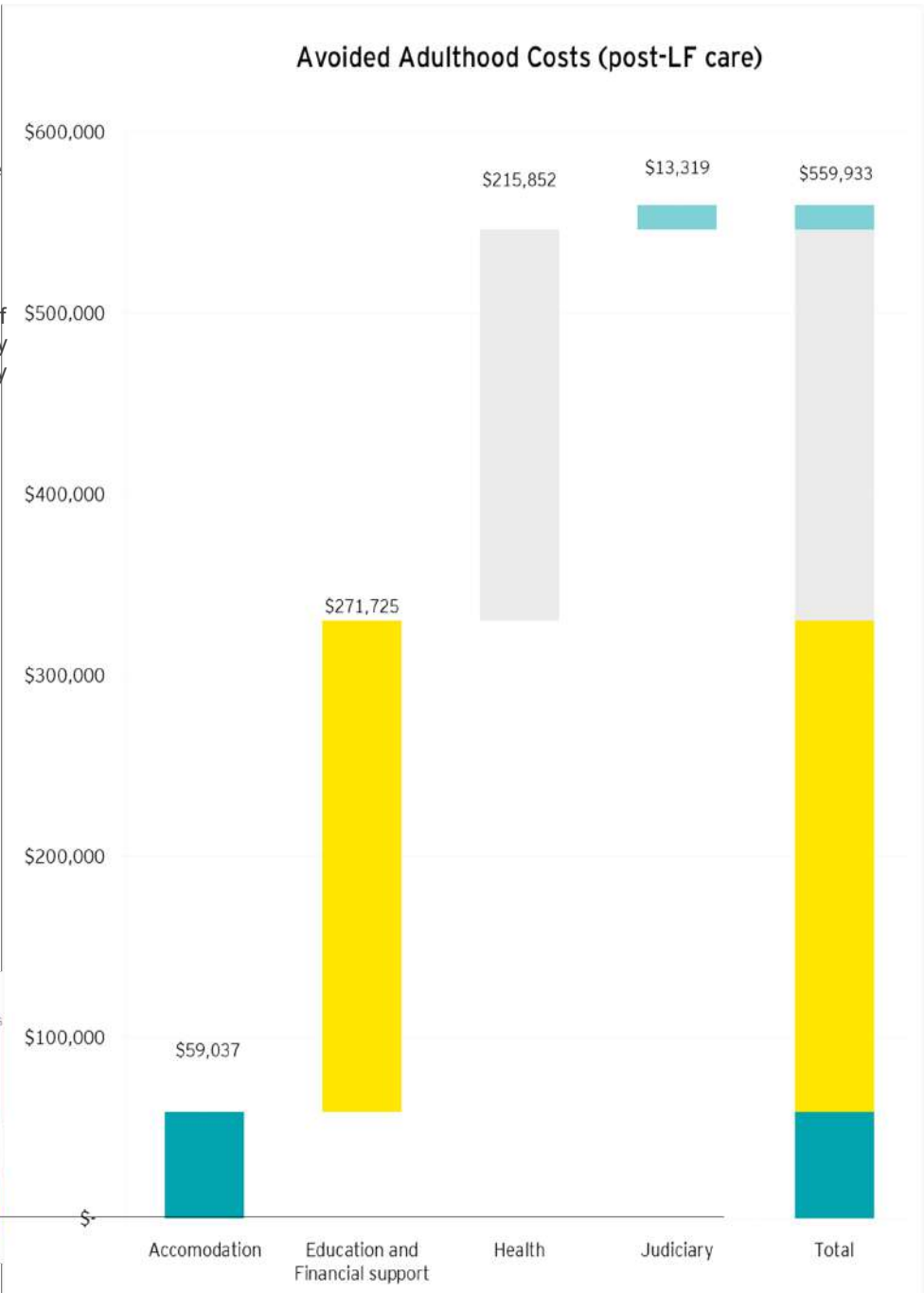
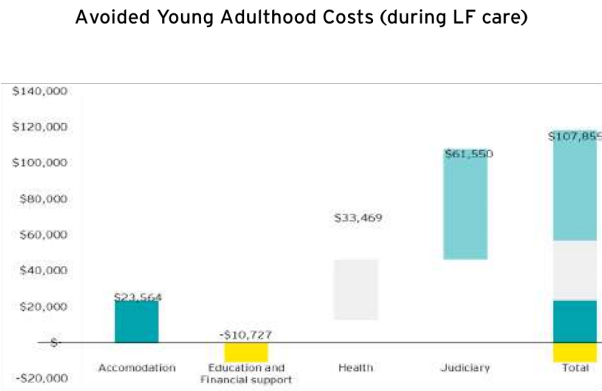
The bulk of savings from LMC are made during Adulthood. The graphs on this page illustrate the relative size and type of savings during *Young Adulthood* and *Adulthood*.

Overall the largest saving made relates to employment and education costs (marked as education and financial support). The survey of LF young people showed that at least 41% had pursued VET equivalent standard qualifications (diplomas and apprenticeships), 8% held bachelors and 5% master level degree qualifications. A further 20% were enrolled in education of which the majority are studying TAFE level qualification. Secondary research suggested that only 11% of care leavers (a comparable group) pursue further education after school and of these only 33.1% complete these qualifications (Anglicare Victoria 2016). This shows the impact of helping young people focus on their aspiration and the removal of personal skill and wellbeing barriers in pursuing these vocational goals. In the long-term this creates a net saving to the state of approximately \$261,000 per person over 35 years. While there is a short-term investment cost (approximately \$10,727) in subsidising study costs and the youth allowance this has generated significant long-term dividends via increased tax receipts and avoided welfare payments.

Other key areas of savings relate to mental health and drug and alcohol addiction. While differentials are estimated between the pathways for general health costs the material and sustained costs relate to unaddressed mental health needs.

Connected to welfare payments are costs related to rental subsidy and in the short-term, transitional and crisis accommodation. While a few LF individuals have needed short-term assistance, on average a typical LF leaver has only claimed rental assistance for around 20 months after moving on from LF.

Savings to the justice system were modelled over a shorter benefit period (6 years total) to acknowledge the fluidity in individual's encounters with the justice system. LF leavers on average had been stopped once per year by the police and one in three had spent a night in prison or a police station. This justice system interaction was lower than our baseline research, which suggested primary and secondary homeless, plus no VET adulthood pathways are likely to have regular contact.



Service usage savings compared to different pathways

A comparison of savings across a typical year's intakes show that from a service usage perspective that LF young people create significant less demand on State resources than non-LF participants. On average, LF residents have a smaller footprint on public services compared to all alternative pathways. As shown in the figures below, the service usage of a typical years' cohort saves between \$508,000 to \$5,142,000 during the period of staying at LF. In the long-term savings range between \$2,726,000 for VET qualified individuals and \$12,814,000 for young mothers.

During the period equivalent to staying at LF, the biggest savings are made by those who alternatively would be having an experience characterised by primary homelessness. While those in this category are not claiming significant welfare benefits they have been found to associated with frequent police and judiciary encounters along with emergency health service usage and detox support. These amounted to \$216,000, \$25,000 and \$44,000 (NPV) respectively during the two years.

The secondary homeless group incurs similar acute costs across the two year period that they would otherwise not incur when being supported by LF.

Literature suggests that those individuals anticipated to experience a major life event or who can access private rental assistance have a similar education and employment costs but higher health costs (as LF provides for many needs) and private renters receive a rent subsidy. Residential rehabilitation patients would receive very high state inputs for their accommodation in a supportive unit, followed by a subsequent year of high health costs.

Later into adulthood, participation in LF programs achieves major savings for young mothers. Based on survey data we can expect LF achieves relatively high income and lower dependence on welfare. This presents a major saving to the State in terms of avoided parenting payments, family tax benefits and child care assistance (\$12,814,000 per one years' cohort).

As many care leavers (96%) do not achieve VET equivalent qualifications their ongoing dependence on Centrelink payments along with rent subsidy incurs major cost to the State (\$7,354,000 per one years' cohort).

Savings compared to the VET qualified group relate largely to unaddressed mental health needs.

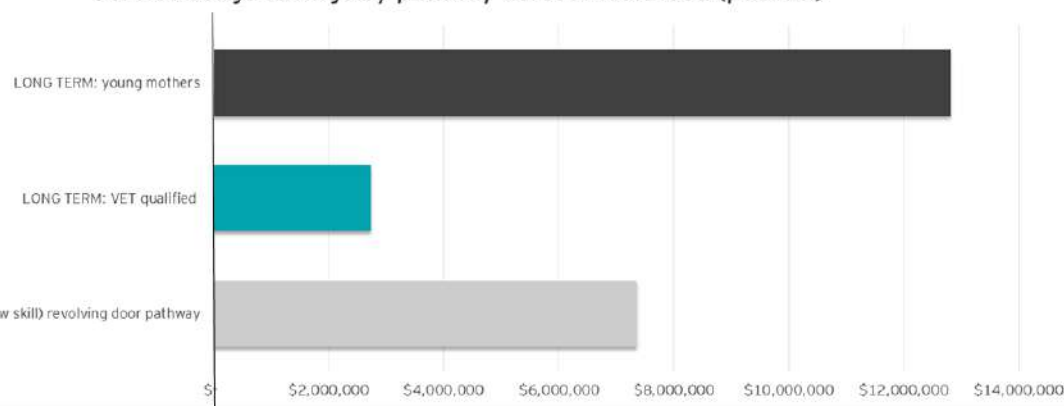
Distribution of service savings for a typical year intake relative to LF base case use

Service usage savings by pathway during Young Adulthood (during LF stay)



LF residents
base case
service usage

Service usage savings by pathway across Adulthood (post LF)



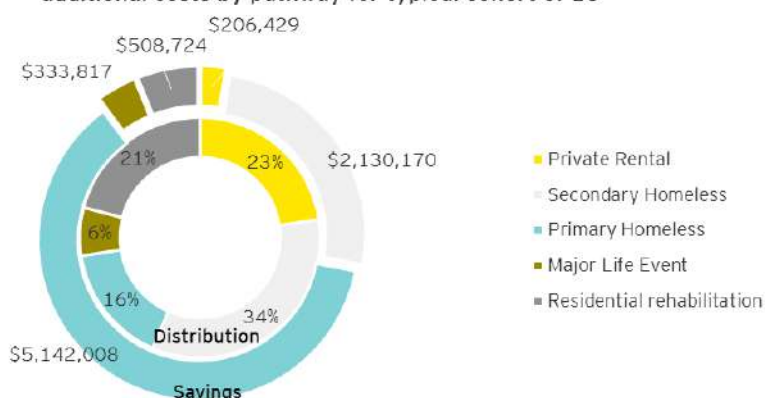
LF residents
base case
service usage

Effectiveness by pathway

Alongside a total savings by pathway for a typical year's intake, a review of the relative savings compared to their representation in a typical years cohort can be used to understand which young people benefit the most from LF's support.

Saving made during young adulthood

During LF residency period (approx. 2 years) distribution and net additional costs by pathway for typical cohort of 16



The inner ring in the graph above shows the typical distribution of individuals who are admitted into LF from alternative pathways. For example, 23% based on primary survey data appear to fit the profile of individuals who would otherwise be deemed relatively independent and likely to find their way into private rental accommodation.

The outer ring shows the relative savings within a typical years' cohort. During the typical period of stay at LF, the largest savings are made by those who would otherwise likely be sleeping rough or experiencing very unstable accommodation. This group currently makes up around 16% or 2.58 people in a typical years' intake. Our research suggest these individuals would otherwise be actively dependant on emergency accommodation, justice and health services.

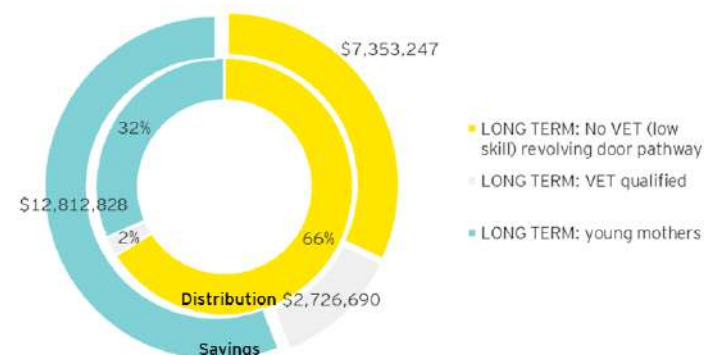
The majority of a typical years' intake are likely to otherwise be the hidden homeless, those who couch surf or sleep in their car to avoid detection. During the equivalent two years of LF support they account for around 26% of savings as they also release acute pressure on homeless and health services.

The other three groups present smaller savings relative to their LF peers in the short term. However, the untreated needs of these groups all become evident in *Adulthood*.

While residential rehabilitation placements may appear cheaper in the short-term their service is less comprehensive than the Lighthouse Foundation's, and some continued dependence is anticipated.

Savings made into adulthood

Post LF residency period (approx. 33 years) distribution and net additional costs by pathway for typical cohort of 16



The greatest efficiency of savings in long-term is achieved by the young mothers. While this group represents only 32% of the intake, their savings account for 56% of the total savings. As discussed on the previous service usage by pathway page, this is due to support that allows them to address wellbeing challenges and get on track with their pursuit of vocational ambitions.

The majority of LF's intake are likely to otherwise fall into the category of low skill, no VET qualification. While this group represents a small relative return in percentage terms (32% of savings) the return on investment for this group alone over 33 years is 2.16, so they are a very effective investment.

Those individuals who are anticipated to achieve qualifications even without LF support present the lowest efficiency return.

LF is looking to grow support for young mothers and therefore takes in young people who have experienced severe trauma. Decisions on intake also need to balance personalities within each house, so sometimes it may be considered inappropriate to mix high-need individuals with existing residents.

Wider survey findings

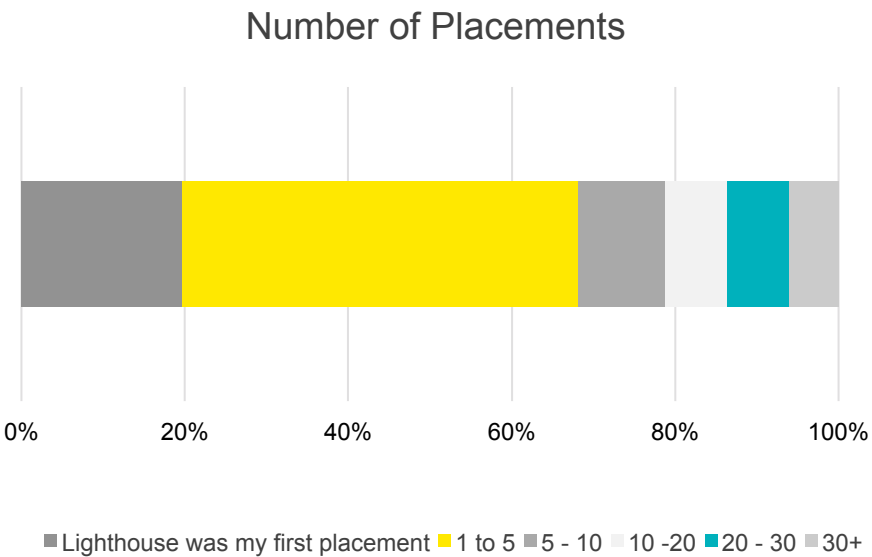


Wider survey findings

Before the Lighthouse Foundation

The wider survey findings illustrate the diverse backgrounds of the participants and the positive social outcomes achieved by the LF for each individual.

While state care ends at the age of 18, the average LF young person moves in at just over 17 years old and will spend two years at a LF home before leaving. The majority of the participants had gone through multiple foster homes and carers before landing at the LF as illustrated in the figure below.



After the Lighthouse Foundation

Since leaving LF, over 70% of residents have been employed, with the average individual working 2.8 days a week in fields such as hospitality, retail, social work and various trades. Many had also pursued further education in the form of apprenticeships, diplomas, bachelors, and masters degrees. More than half (54%) of the credit for employment and education progress was perceived by respondents to be down to their time at the LF. The case study below demonstrates a typical journey from one of young people taken in by the LF.

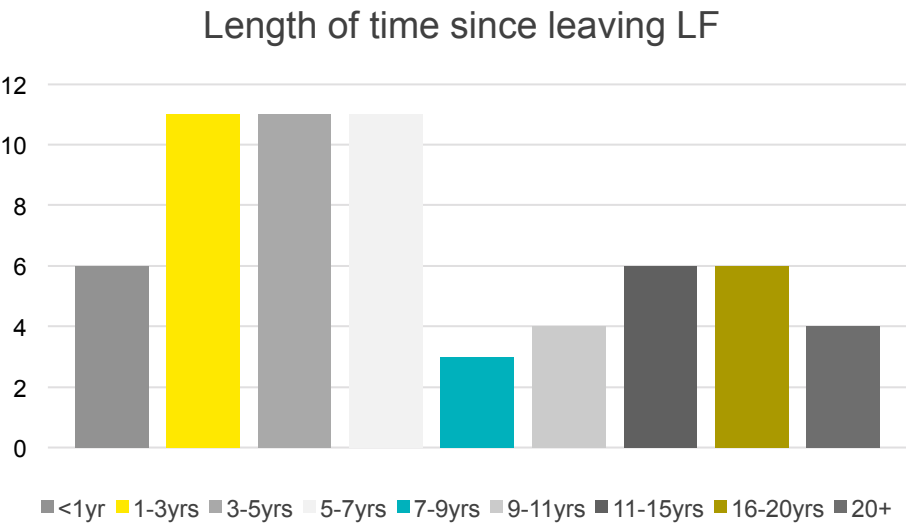
Case Study I: Alex

As a baby, Alex was removed from his birth parents for his own safety. We know that from the age of ten, he was moved 30 times between various foster homes and carers, becoming increasingly untrusting and hostile. In his mid-teens, he became involved with friends who used drugs and broke into houses. Eventually he was caught and charged in the juvenile justice system. The only viable option seemed to be to lock Alex away for 18 months as there was no-one who could meet his needs. Lighthouse was called in and Alex was released into a Lighthouse home, rather than being sent to prison. The Youth Resource Centre became his 'safe place' where he could drop in at any time of the day to chat with staff, grab a snack, and meet up with his Lighthouse friends. As well as a secure home base at our Kensington home, Alex found a community at Lighthouse that was welcoming to him, and would continue to offer positive genuine friendships. Alex stayed at Lighthouse for just over a year and was supported to move on to independent living when he was ready.

Wider survey findings cont.

Time since leaving

The participants' length of time since leaving their LF home also varies, ranging from a few months to over twenty years; this enables the model to capture both the short term and long term impacts of the LMC.



Parents of the Lighthouse Foundation

Of all the survey participants, there were twenty-one parents, six of which describe themselves as single parents. The average parent works 3.24 days a week and 95% report that they can support their children financially.

Additional comments

Many participants left additional comments to describe how the LF had positively affected their lives. A sample of these are included below and demonstrate the positive impact the Lighthouse Foundation had on the early stage of their lives and how it influenced their future.

- "Lighthouse completely changed my life. I didn't realise it at the time and I think most kids don't but looking back now I realise how much it helped me grow and heal as a person."*
- "Things weren't always easy at Lighthouse, but I do believe that I wouldn't be alive if I hadn't moved into the program when I did"*
- "Lighthouse foundation honestly was the light in my darkness. I will always be eternally grateful for them being there for me when no one else was."*
- "The housing stability was integral for me to begin sorting out my life and feeling like I didn't have to worry too much about housing and day to day stuff but could focus on setting up my future."*
- "Lighthouse through staff and family members were able to help me realise I needed help for my drug and mental issues and after seeking that I have not looked back since"*
- "The only time I felt loved was at Lighthouse."*

Housing after leaving the Lighthouse Foundation

Housing situation

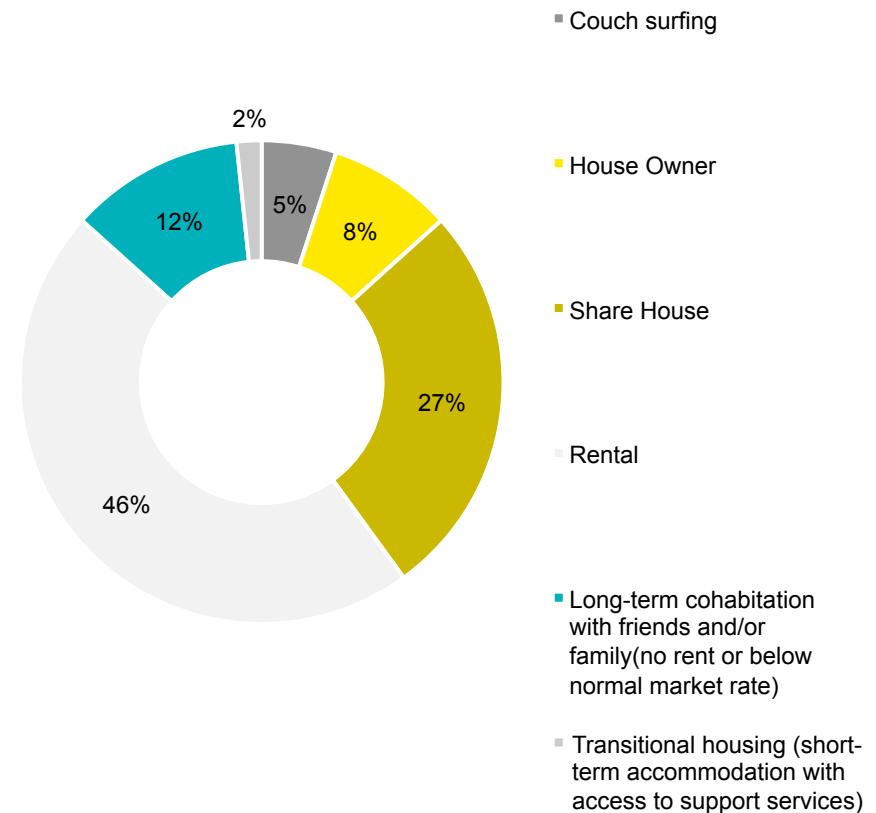
72% of young people who leave Lighthouse's Model of Care have never since experienced homelessness. Although a small number (28%) did experience homelessness after leaving, the LF still outperforms state services in breaking the cycle of homelessness. The Cost of Youth Homelessness in Australia Study (2016) found 63% of young homeless people at any given time had previously been in state care. This is indicative of the success rate of the mainstream system.

The pie chart across shows the primary housing situation for LF residents since leaving the homes. Experiences of homelessness (28%) are short-lived and most participants live in rentals or share houses with a number of home owners.

Case Study II: Tamara

Tamara came to Lighthouse after her foster family could no longer manage her difficult behaviour including the constant anxiety of her serious self-harm. She was repeatedly in and out of psychiatric units and regularly needed to be taken to emergency with severe wounds. At Lighthouse, the clinical team worked with her and her carers to help her learn to deal with the causes of her distress while managing the traumatic feelings more constructively. She eventually engaged in weekly therapy and learnt to feel accepted in the Lighthouse community. After 18 months she was delighted to announce she had not self-harmed for a year! She managed to get back into her education and moved on from Lighthouse into a shared house with friends. She remains connected with the Lighthouse outreach aftercare program.

Housing Situation Since Leaving LF



Social impact

Establishing impact

Homeless young people often have histories of psychological trauma, complex mental health needs and chaotic lifestyles which complicates the environment in which the LF operates and makes the majority of the value created by the LF preventative in nature. It is important to establish the positive impact created by the LF in relation to other actors such as schools, mentors or educational institutions to better understand and quantify its role.

To understand the difference that LF is creating more broadly, a number of outcome groups from the Theory of Change were quantified through the outreach survey:

- **Mental health and wellbeing:** This includes understanding and expressing one's feelings, self-esteem, anxiety, mental health treatment, thinking clearly, etc.
- **Financial and physical health:** This includes personal hygiene, healthy eating, budgeting, sleeping habits, drug and alcohol use, etc.
- **Relationships:** This includes building new meaningful relationships, repairing previous relationships, use of birth control, social cues, etc.

These outcomes were measured in relation to their levels before and after LF to determine the magnitude of progress.

Attribution

The attribution level is the share of outcomes that the LF can reasonably claim credit for. As discussed on the previous page, life after the LF can be varied with participants choosing to take different paths and each path can influence the progress in the three categories.

To establish LF's share of the social outcomes, the participants of the outreach survey were asked to estimate how much of their progress was directly due to their time at the LF. While the level of attribution varied across the board, the overall findings included:

- 70% of the participants attributed their mental health and wellbeing progress to the LF.
- 72% of the participants attributed their physical and financial health progress to the LF.
- 63% of the participants attributed their relationship progress to the LF.

This demonstrates the importance the LF played in creating a meaningful impact on each individual participant's life. The case study below illustrates an example of the positive social impact generated by LF.

Social progress

Establishing impact

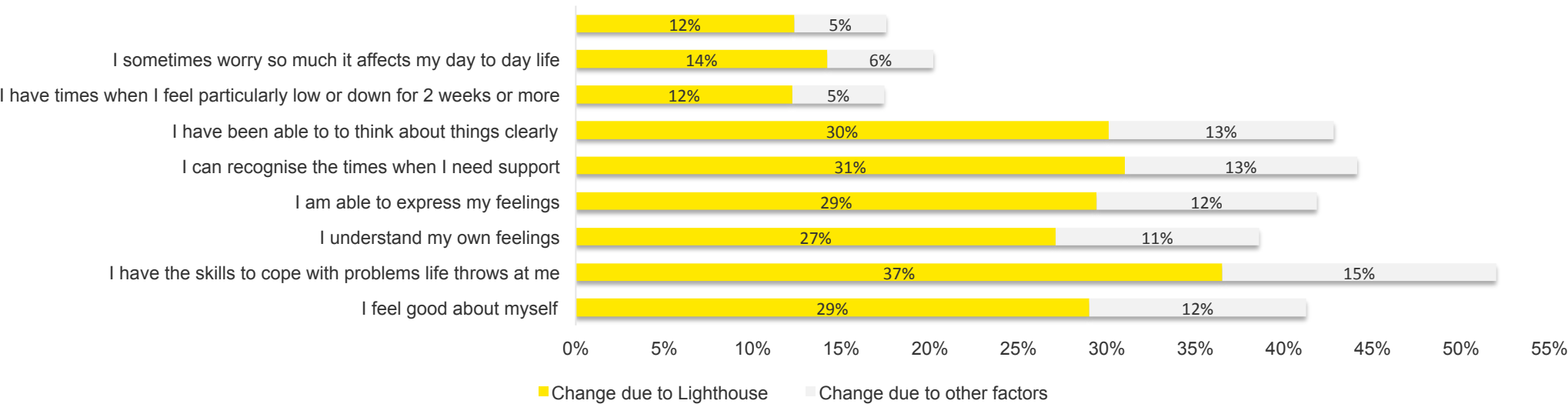
The following figures illustrate the total progress the average young person made in the three categories and how much of it can be credited to the LF. Every category resulted in positive social progress demonstrating the success of the LMC live-in program and the support provided by the Lighthouse Foundation program. An example of the tangible benefits is given on the right and proves how a young person can turn their life around with the right guidance, which in turn, influences that path they take in the future.

Outcomes are represented as a percentage movement along a five point scale (where movement from strongly disagree to strongly agree would be 100%, see Appendix B for scales). Baseline levels are self-reports on levels prior to living at Lighthouse and endline represents outcome levels for respondents at the point of completing the survey.

Example of the Lighthouse Foundation’s positive social impact

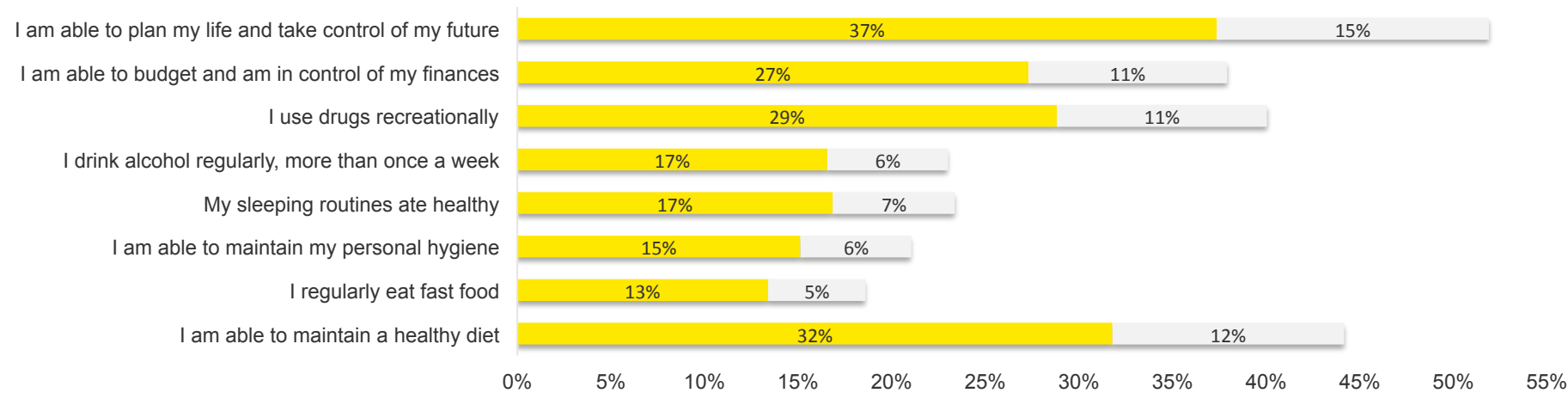
“I came from a broken family unit and struggled with employment and housing for years. I had no family to ask for help and turned to prostitution just to feed myself. Transitional housing was always short and I never knew where I was going to end up next. Lighthouse took me in and gave me a stable housing environment, showed me that I was a good person that can be better, do better and how to take charge of my life. Most of all if I didn't have the love and support of the carers and workers involved in lighthouse, the way I view my relationships with others, my family and importantly myself may not have changed”

Progress in mental health and wellbeing since admittance to the LMC

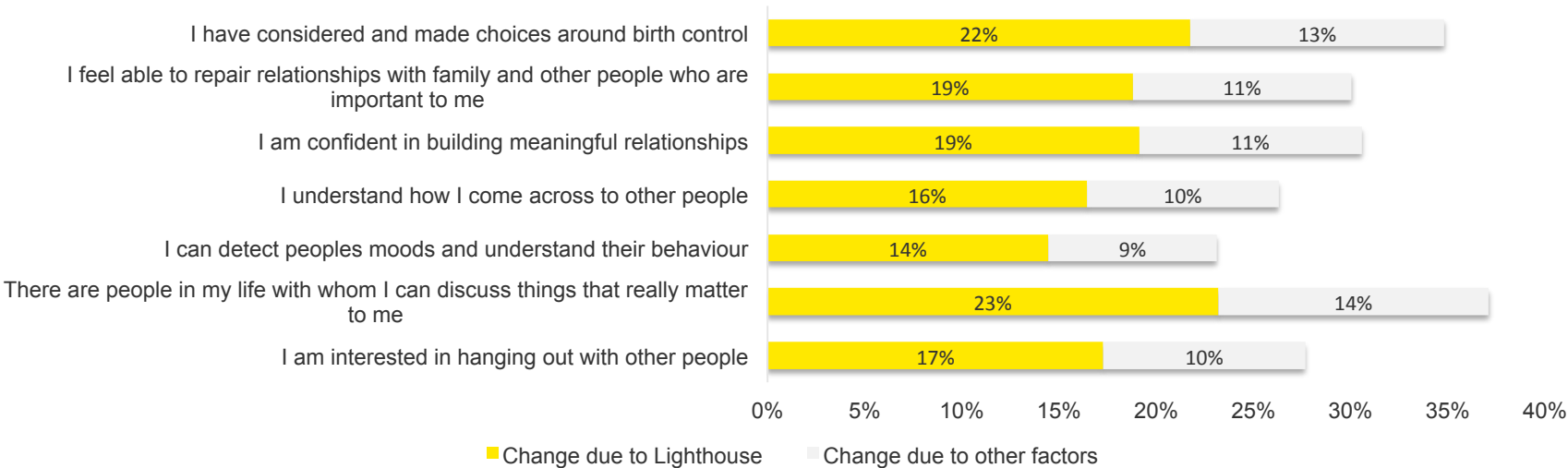


Social progress

Progress in physical & financial health since admittance to the LMC



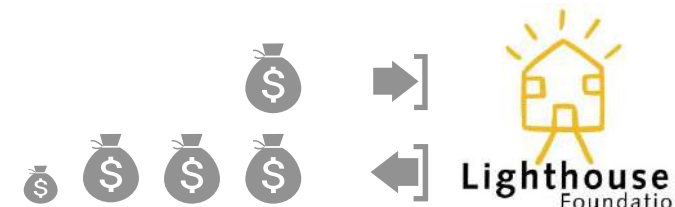
Progress in relationships since admittance to the LMC



Conclusions



Conclusions



For every dollar invested in Lighthouse Foundation the government gets a return of \$3.15 through avoidable costs.

Coherent logic

For 25 years LF has helped over 800 young people break the cycle of homelessness and find long-term stable housing, relationships and employment opportunities.

Each of the LF homes focus on integrated support, giving young people a sense of home alongside therapeutic care. This approach requires an upfront investment in young people at a critical juncture in their lives.

The relatively poor, inter-connected, life outcomes which young people leaving care, or experiencing neglect, abuse or homelessness experience have been well evidenced in literature.

This study has added to that literature by documenting and costing alternative pathways which LF young people may have travelled down if LF's support didn't exist. We have profiled each pathway's outcomes and the likely State cost dependencies that would be associated. This has allowed us to conclude that LF's work is not only contributing to the agenda of the government but generating significant economic savings in the long-term.

Public investment in LF

LF has traditionally operated solely with the support of private charitable investments. In the last five years government investment has increased but this still only represents 6% of total revenue since 1991.

In FY 2017, roughly \$395,000 was committed to LF's care for long-term residents. Typical placement costs for residents based on average intakes and average durations of stay of 2 years is around \$106,000 per year. Each dollar invested in the care of these young people however creates significant public savings and represents excellent long-term Value for Money.

Our research supports the broader literature which has found that funding care for homeless young people for longer and in a more holistic way creates significant savings for the State as these young people grow older.

Social return

Our model represents the value created by LF only to the State and does not capture or value the significant wellbeing, health and social benefits to the individual that the service provides. The lynchpin of LF's model is restoring relationships and building social skills so the immediate and material beneficiaries are anticipated to also include close friends and family.

Tackling the systemic inequities that exist across Australian society is important also for wider public health and happiness. Stronger, more equitable outcomes and improved wellbeing has been shown to create an uplift factor for the whole community including factors such as reduction in crime and increased spending by those currently being supported by welfare. For all these reasons EY has found the service to be a very solid social investment.

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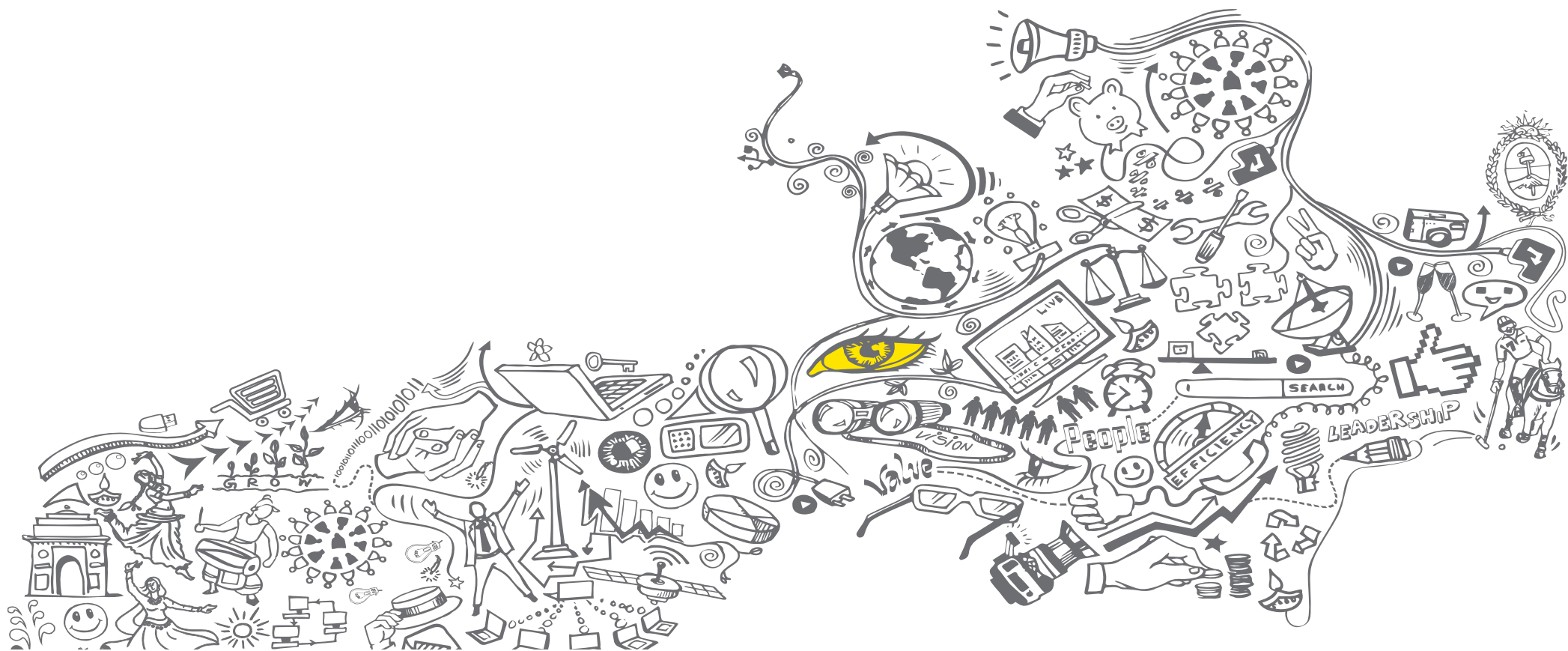
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Glossary of terms



Glossary of terms

It is important to note that the *Young Adulthood* pathways, while sharing similar names to the homelessness definitions described below, are used for a specific purpose within this slide report. For this reason, where a pathway is intended, it has been *italised*, for example *1d. Primary Homeless*.

- ▶ **Homelessness** = The [Australian Bureau of Statistics](#) definition of homelessness is informed by an understanding of homelessness as 'home'lessness, not 'roof'lessness. The definition states that when a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:
 - ▶ is in a dwelling that is inadequate; or
 - ▶ has no tenure, or if their initial tenure is short and not extendable; or
 - ▶ does not allow them to have control of, and access to space for social relations.

- ▶ **LF** = Lighthouse Foundation

- ▶ **OOHC** = Out of home care e.g. foster care, kinship care and residential care

- ▶ **Primary homelessness** = experienced by people without conventional accommodation (e.g. sleeping rough or in improvised dwellings)

- ▶ **Secondary homelessness** = experienced by people who frequently move from one temporary shelter to another (e.g. emergency accommodation, youth refuges or "couch surfing")

- ▶ **Tertiary homelessness** = experienced by people staying in accommodation that falls below minimum community standards (e.g. boarding housing and caravan parks).

- ▶ **VET** = Vocational education training including diplomas and traineeships.

Appendices



Appendix 1: Lighthouse's Model of Care

Context

The Lighthouse Foundation has been providing therapeutic live in care and outreach services to young people for the last 25 years. Since that time, Lighthouse has successfully supported over 800 young people to break the cycle of homelessness that is a common path for young people leaving care. Approximately 80 per cent of the young people Lighthouse works with are either in OOHC or have been in OOHC during their childhood years.

Over time and in response to need, Lighthouse has developed a comprehensive and holistic range of services. This broad service suite enables Lighthouse to identify the most appropriate therapeutic intervention depending on the need and circumstances of the young person.

The Lighthouse Foundation provides a range of services for young people at risk of homelessness. All services provided to young people are based on the LMC. Within each home, the LMC offers a holistic model of care that supports the children and young person through the provision of safe physical, emotional and psychological spaces, that provide many and varied opportunities for safe attachment experiences for the children and young people to heal and grow.

Live-in model

Lighthouse's residential live in model has a community of homes for young people. Each of the ten suburban homes provides therapeutic guidance for up to four young people, supported by two live-in carers and a dedicated team of psychologists and multi-disciplinary health professionals.

LMC principles: what works

LMC is a holistic therapeutic treatment program underpinned by three theoretical frameworks: attachment theory, psychodynamic psychotherapy and trauma informed practice.

Attachment theory is an eloquent theory of interpersonal relating. Attachment theory draws attention to the significant effects of early caregiver-child relationship and its impact on adult interpersonal relating (Bowlby, 1969, 1980). Early traumatic life experiences can compromise an individual's capacity to form healthy, trusting relationships as an adult. Attachment theory also provides a framework for responding to trauma. Reliable and predictable relationships in the context of a safe and secure environment can redress trauma and its emotional and behavioural correlates

Psychodynamic psychotherapy aims to increase an individual's self-awareness and understanding of the influence of the past on present behaviour including exploring those aspects to self that are not fully known (Shedler, 2010). Psychodynamic psychotherapy includes a focus on affect and expression of emotion; exploration of attempts to avoid distressing thoughts and feelings; identification of recurring themes and patterns and interpersonal relationships (Gabbard, 2004). Reflecting on development experiences is also central. Through increasing the capacity to reflect on one's experiences, not to be over or underwhelmed by them, and to transform one's relationship to their experience, relationships become less distressing and more secure. A reflective stance toward experience buffers one against the worst impacts of trauma (Wyatt & Yalom, 2008). In doing so, "we are less likely to be inescapably gripped by emotional reflexes laid down in the course of our first relationships" (Wallin, 2007 p4). Psychodynamic psychotherapy principles also underpin the support and supervision of Lighthouse carers which ensures a consistent, coherent and integrated approach to care at all levels of the organisation.

Trauma Informed Care is a framework for human service delivery that is based on knowledge and understanding of how trauma affects people's lives, their service needs and service usage (Wall, Higgins & Hunter, 2016). Traumatic experiences, whether a one-off event or the result of ongoing adversity, can have a profound effect on the individual. Complex trauma symptoms include problems with impulse control, self-perception, mood regulation, attention, memory and somatic disorders (Burstow, 2003; van der Kolk et al., 2005). This underscores the importance of responding to young people in a way that makes the young person feel safe, 'held', avoids re-traumatising the individual and supports reduction and management of trauma symptomatology. Effective responses to trauma also go beyond interventions focussed on the young person and must be embedded and understood across an organisation (Wall, Higgins & Hunter, 2016).

The LMC weaves together and integrates these three frameworks and treatment approaches to create a holistic healing environment in which the mental health, wellbeing and social and emotional outcomes of young people in LF homes are improved and the risk of homelessness reduced.

Appendix 1: Lighthouse's Model of Care cont.

LMC application: what happens

The Lighthouse experience begins with a psychosocial screening to assess the individual needs of the young person. Together with their in-house psychologist, each child and young person spends their first eight weeks developing their Individual Development Plan (IDP).

An IDP has five elements of treatment for which goals are created that support each child or young person to develop skills and self-awareness that lead to increased trust and safety in their relationships. This includes:

- ▶ psychological and emotional wellbeing;
- ▶ physical wellbeing;
- ▶ life skills;
- ▶ cultural and spiritual wellbeing;
- ▶ education and employment.

Consistent with the literature on responding to trauma, the LMC provides emotional containment across the organisation and at each level of the care system involved in supporting the homes. That is, the carers provide emotional containment for the young person. The team of Senior Clinicians provide emotional containment for the carers and the multidisciplinary support team. The senior management team have clinical supports modelling the support structures through the entire organisational system. Therefore, each layer is supported to look after the next layer

At this stage of young person's journey, the LMC focusses on the young person feeling safe and secure; improving physical health; strengthening self-care skills (including cooking, cleaning and hygiene) and if present, ceasing drug and alcohol use, self-harm and sexual exploitation. The home itself and the role of the carers are central to this process.

The LMC aims to provide children and young person with an experience of a family-style home with therapeutically trained carers who share the home with them. Lighthouse carers are central to helping the young person to re-develop the capacity to engage in healthy relationships. Carers are trained and intensively supervised to be attuned to the young person's verbal and nonverbal communications, needs and to engage in therapeutic, relational care. Carers display reliable and predictable boundaries and routines that are formalised in the homes and use relational interventions to address challenging presentations or behaviours if and when they surface. Linking back to attachment theory, one of the key tasks for Lighthouse at this stage is to re-create a safe and secure base (Bowlby, 1988) for the young person and to role model reliable and predictable boundaries and routines within a relational context.

Volunteers are recruited, psychologically screened and passed through appropriate checks to form a coterie of community volunteers to support the running of the home. This can provide the young person, where appropriate, with a sense of community support, beyond the confines of the home and the individuals who care for them.

The young person and carers are supported by a team of clinicians who facilitate therapy sessions, care teams, art therapy and supervision of the carers. Psychiatric and Psychological assessments of the young person in the home will be conducted, as required, to inform the young person's on-going care needs.

Appendix 1: Lighthouse's Model of Care cont.

LMC outcomes: what is achieved

After several months of settling, children and young person often experience a reduction in their trauma related behaviours such as self-harm or drug and alcohol misuse. The combination of increased trust and safety in relationships combined with a reduction in trauma related behaviours supports the child or young person's capacity to sustain their daily routine, often being training programs or employment. These gains are the beginnings of a child or young person establishing a reliable and predictable pattern of living in the world that enables them to begin to make conscious choices rather than living a life filled with unstable relationships and painful re-enactments of their trauma which can impede their ability to complete education or maintain employment.

Through application of the LMC, the young person develops and improves across a range of behavioural, personal and psychological indicators. This includes:

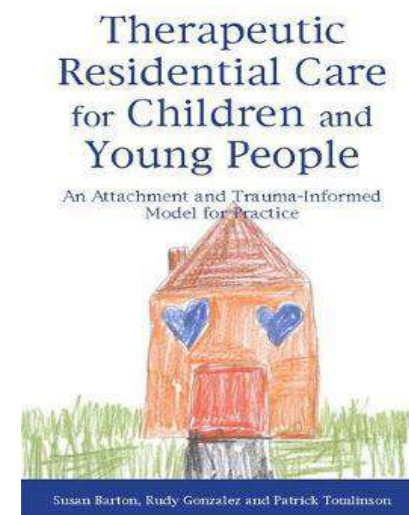
- ▶ Increased self esteem
- ▶ Increased capacity to trust
- ▶ Improved mental health and wellbeing
- ▶ Greater insight into their internal world
- ▶ Greater knowledge of social conventions and improved social interactions
- ▶ Improvements in daily living skills
- ▶ Developing skills to think and plan

This move towards a more productive and self-sustaining life sees Lighthouse young people take increased responsibility for their own lives and transition to independent living with a significantly reduced possibility of returning to homelessness. In turn this results in reduced health and community services costs for the State.

The Lighthouse Foundation

In 2012, the Lighthouse Institute was established with the purpose of researching, evaluating and developing best practice approaches that contribute to child and youth wellness in the OOH and youth homelessness sectors. Through the evaluation of both the therapeutic approaches used within Lighthouse and the outcomes of innovative programs that are being run in the wider community, the institute expands the use of therapeutic practice with practitioners and organisations that work with children and young people who have experienced trauma. The institute has delivered extensive training and consultancy work to organisations throughout Australia.

In 2012 the Lighthouse team (Lighthouse Institute Director Rudy Gonzalez, Founder Susan Barton and International Consultant Patrick Tomlinson) published a book documenting the practice model with theories and case examples called, "Therapeutic Residential Care for Children and Young People: An attachment and trauma informed model for practice" (Barton, Gonzalez & Tomlinson, 2012) . The book is widely available.



Appendix 2: Outreach survey

Lighthouse outreach survey 2017

About you

Name:			
Age when entering Lighthouse:			
Date of birth:			
Date of Lighthouse arrival mm/yy		Date of Lighthouse departure mm/yy	

*If you can't recall exact dates please provide your best estimate

Which of the following best defines your gender:			
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary/ third gender	
<input type="checkbox"/> Prefer to self-describe _____		<input type="checkbox"/> Prefer not to say	

Which Lighthouse home did you live in? (If you've lived in more than one home please list all the homes you've lived in)

--

As best as you can remember how many care placements/homes did you have prior to moving into Lighthouse?

<input type="checkbox"/> Lighthouse was my first placement	<input type="checkbox"/> 1 to 5	<input type="checkbox"/> 5 -10
<input type="checkbox"/> 10 -20	<input type="checkbox"/> 20 -30	<input type="checkbox"/> more than 30

Lighthouse outreach survey 2017

Your current accommodation

The following questions are related to your housing arrangements since leaving Lighthouse.

Have you experienced homelessness since leaving Lighthouse?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes roughly how long were you homeless for?	
Months	Years

Which of the below options best describes your housing situation since leaving Lighthouse?

Rental	
House owner	
Share House	
Transitional housing (short-term accommodation with access to support services)	
Long-term cohabitation with friends and/or family (no rent or below normal market rate)	
Couch surfing	
Rough sleeping	
Squatting	
Other, please specify _____	

Appendix 2: Outreach survey

Lighthouse outreach survey 2017

Since leaving Lighthouse, for how long (if at all) have you stayed in any of the following places:

Place	No. of times	Estimate total weeks/ months
Crisis accommodation <small>(Charities providing short-term accommodation (not shelters), this includes women & youth refuges)</small>		
Transitional accommodation		
Residential rehabilitation		
Rough sleeping		
Couch Surfing		
Hotel/ motel		
Other, please specify		

Have you received rental assistance at all since leaving Lighthouse, if so, for how many months/years?

☐ yes

☐ No

Years	Months

Lighthouse outreach survey 2017

Physical health and financial health

The following questions are related to your current physical and financial health.

The questions ask you about two time periods. Firstly we would like you to **think back to the time before** you were admitted into Lighthouse and indicate how much you would have agreed at that time. Then indicate how much you agree with the statements **now**, in your current situation.

Before you lived at Lighthouse						Now				
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
					I am able to maintain a healthy diet					
					I regularly eat fast food					
					I am able to maintain my personal hygiene					
					My sleeping routines are healthy					
					I drink alcohol regularly, more than once a week					
					I use drugs recreationally					
					I am able to budget and I am in control of my money					
					I am able to plan my life and take control of my future					

Thinking about any changes related to your physical and financial health from **before** living at Lighthouse to **now** (which you may have indicated above as well). How much (if any) of them were **due to** living at Lighthouse rather than other sources of support which you may have had?



Appendix 2: Outreach survey

Lighthouse outreach survey 2017

Within the last year, how many times have you used any of the following health services?

Health service	Number of times/ incidents
GP consultation	
Dental	
Medical specialist consultation (including nurses and psychologists)	
Night in hospital	
Night in mental health specialist care	
Night in detox/ rehabilitation centre	
Casualty or emergency	
Outpatient or day clinic (hospital)	
Ambulance	

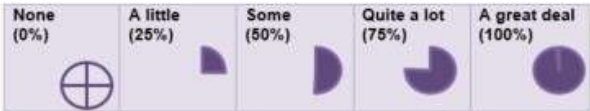
Lighthouse outreach survey 2017

Mental health and wellbeing

The following questions are related to your current mental health and wellbeing.

Before you lived at Lighthouse						Now				
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
					I feel good about myself					
					I have the skills to cope with problems life throws at me					
					I understand my own feelings					
					I am able to express my feelings					
					I can recognise the times and situations when I need support					
					I have been able to think about things clearly					
					I have times when I feel particularly low or down for 2 weeks or more					
					I sometime worry so much it affects my day-to-day life					
					I have needed treatment for a mental health condition (eg. depression, anxiety)					

Thinking about any changes related to your mental health and wellbeing from **before** living at Lighthouse to **now** (which you may have indicated above as well). How much (if any) of them were **due to** living at Lighthouse rather than other sources of support which you may have had?



Appendix 2: Outreach survey

Lighthouse outreach survey 2017

Relationships

The following questions are related to how you engage with people and the status of your current relationships

Before you lived at Lighthouse						Now				
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
					I am interested in engaging with other people					
					There are people in my life with whom I can discuss things that really matter to me					
					I can detect peoples moods and understand their behaviour					
					I understand how I come across to other people					
					I am confident in building meaningful relationships					
					I feel able to repair relationships with family and other people who are important to me					
					I have considered and made choices around birth control					

Thinking about any changes with regards to your relationships from **before** living at Lighthouse to **now** (which you may have indicated above as well). How much (if any) of them were **due to** living at Lighthouse rather than other sources of support which you may have had?



Lighthouse outreach survey 2017

Work & Education

The following questions are related to work and education that you are currently or have been involved with since leaving Lighthouse.

What year did you finish up to at school?

If applicable what is your highest post high school qualification?

Are you currently enrolled in education or training?

Yes: please specify _____ No

If yes:

What type of education or training are you enrolled in?

High School TAFE University Apprenticeship If other, please specify _____

Do you have plans to enrol in any education or training program in the next 6 months?

Yes No

Since you left Lighthouse, what proportion of the time have you been working?

Eg. Continually working part-time two days a week would be about 40% (some of the time) OR full time employed most of the time would be 80%

Never	Seldom			Some of the time			Most of the time			All
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

If you are currently working, what type of work are you employed in?

<input type="checkbox"/> Retail	<input type="checkbox"/> Trade	<input type="checkbox"/> Hospitality
<input type="checkbox"/> Medical	<input type="checkbox"/> Business	<input type="checkbox"/> Social work/ Care work
<input type="checkbox"/> Other, please specify _____	<input type="checkbox"/> Prefer not to say	

Appendix 2: Outreach survey

Lighthouse outreach survey 2017

(If applicable) During periods of unemployment, how often did you claim job-seeker or Newstart allowances?

Always	Very Often	Sometimes	Rarely	Never

Have you at any point claimed sickness allowance (for periods away from work)? If so for how long?

No

Yes- weeks, months

Did you ever contact our outreach team for support with future employment (e.g. resume writing, reference checks, referrals, introductions etc.)

Always	Very Often	Sometimes	Rarely	Never

Thinking about any progress you've made regarding employment and education how much (if any) of this progress was a result of the support received whilst living at Lighthouse rather than other sources of support which you may have had?

None (0%)

A little (25%)

Some (50%)

Quite a lot (75%)

A great deal (100%)

Children

The following questions are relevant for parents. We would like to understand more about any influence Lighthouse may have had on your family's welfare. If you have no children you can skip this section and move to the next section – Contact with justice services.

How many children do you have?

Do you support your child(ren) financially?

Yes

No

Lighthouse outreach survey 2017

Would you describe yourself as a single parent?

Yes

No

If yes, for how many children do you receive family/parenting benefits?

Contact with justice services

The final questions relate to any contact you might have had with justice services. We are asking this to better understand the effects of Lighthouse's care and your answers will not be used against you. If you feel comfortable, we would be grateful for you to answer these questions as honestly as possible.

How many times in the last year have you:

Been stopped by police in the street or a vehicle?	
Been apprehended by police?	
Been in court?	
Spent a night in prison or been held overnight by the police?	

Any final words from you

Could you please share an example with us on how you feel your time at Lighthouse has impacted you and your life?

Appendix 2: Outreach survey

Lighthouse outreach survey 2017

Is there any other feedback you would like to share with us about this survey or anything else?

And, one last question!

Would you consider being a guest speaker at future Lighthouse events?

☐ Yes (if yes please share your best contact details with Mandy or call us on 03 9093 7500) ☐ No

Thank you for completing this survey, it is very much appreciated!

Appendix 3: Proxy research

Pathway	Category	Associated State outcome	Annual proxy value	Adjustment to proxy	Source
Young Adulthood Pathways					
Private rental	Accommodation	Housing support costs	\$ 2,345.08		Morgan Disney and Associates (2006)
	Education and Financial support	Youth Allowance	\$ 11,375.00		Department of Human Services
	Health	State health services - general	\$ 132,486.24		Morgan Disney and Associates (2006)
	Health	State health services - mental	\$ 482.81	Adjusted down as 24% of respondents disagreed they have mental health issues	Morgan Disney and Associates (2006)
	Health	State health services - drug and alcohol	\$ 551.78		Morgan Disney and Associates (2006)
	Judiciary	Arrests and judicial costs	\$ 2,400.26		Morgan Disney and Associates (2006)
Secondary Homeless	Accommodation	Housing support costs	\$ 15,656.89		Morgan Disney and Associates (2006)
	Health	State health services	\$ 5,517.85		Morgan Disney and Associates (2006)
	Health	State health services - mental	\$ 9,656.23	Adjusted down as 24% of respondents disagreed they have mental health issues	Morgan Disney and Associates (2006)
	Health	State health services - drug and alcohol	\$ 8,966.50		Morgan Disney and Associates (2006)
	Judiciary	Arrests and judicial costs	\$ 43,590.98		Morgan Disney and Associates (2006)
Primary Homeless	Accommodation	Housing support costs	\$ 22,071.38		Morgan Disney and Associates (2006)
	Health	State health services	\$ 13,518.72		Morgan Disney and Associates (2006)
	Health	State health services - mental	\$ 9,656.23	Adjusted down as 24% of respondents disagreed they have mental health issues	Morgan Disney and Associates (2006)
	Health	State health services - drug and alcohol	\$ 23,450.85		Morgan Disney and Associates (2006)
	Judiciary	Arrests and judicial costs	\$ 114,495.30		Morgan Disney and Associates (2006)
Major Life Event	Education and Financial support	Youth Allowance	\$ 11,375.00		Department of Human Services
	Accommodation	Housing support	\$ -		Morgan Disney and Associates (2006)
	Health	State health services	\$ 132,486.24		Morgan Disney and Associates (2006)
	Health	State health services - mental	\$ 9,656.23	Adjusted down as 24% of respondents disagreed they have mental health issues	Morgan Disney and Associates (2006)
	Health	State health services - drug and alcohol	\$ -		Morgan Disney and Associates (2006)
	Judiciary	Arrests and judicial costs	\$ 345.00		Morgan Disney and Associates (2006)
Residential rehabilitation	Education and Financial support	Youth Allowance	\$ 11,375.00		Department of Human Services
	Health	State health services	\$ 441.43		Morgan Disney and Associates (2006)
	Accommodation	Specialist live-in wellbeing care centre cost	\$ 25,703.00		Neami National
	Accommodation	Post-care supported accommodation	\$ 3,437.20		Department of Social Services
	Health	Aftercare with counsellors or psychiatric specialists	\$ 5,525.00	Adjusted down as estimated 70% of users require further care after utilising Neami services for 12 months	Morgan Disney and Associates (2006)
	Judiciary	Arrests and judicial costs	\$ 345.00		Morgan Disney and Associates (2006)

Appendix 3: Proxy research

Pathway	Category	Associated State outcome	Annual proxy value	Adjustment to proxy	Source
Adulthood Pathways					
LONG TERM: No VET (low skill) revolving door pathway	Accommodation	Rent assistance for a single person sharer	\$ 6,118.06	Adjusted down as 39% of care leavers are dependent on housing assistance	Department of Social Services
	Education and Financial support	Youth Allowance	\$ 11,375.00		Department of Human Services
	Health	State health services	\$ 2,483.03		Morgan Disney and Associates (2006)
	Health	State health services - mental	\$ 9,518.28	Adjusted down as 24% of respondents disagreed they have mental health issues	Morgan Disney and Associates (2006)
	Health	State health services - drug and alcohol	\$ 3,034.82		Morgan Disney and Associates (2006)
	Education and Financial support	Centrelink payments	\$ 13,925.60	Adjusted down on assumption that 68.7% of individuals without VET qualification are unemployed.	Department of Human Services
	Education and Financial support	Tax contributions	-\$ 7,996.30	Adjusted down on assumption that 31.3% of individuals without VET qualification are employed.	Deloitte Access Economics (2016)
	Judiciary	Arrests and judicial costs	\$ 9,725.20		Morgan Disney and Associates (2006)
LONG TERM: VET qualified	Education and Financial support	Youth Allowance	\$ 11,375.00		Department of Human Services
	Health	State health services	\$ 1,365.67		Morgan Disney and Associates (2006)
	Health	State health services - mental	\$ 9,518.28	Adjusted down as 24% of respondents disagreed they have mental health issues	Morgan Disney and Associates (2006)
	Health	State health services - drug and alcohol	\$ 482.81		Morgan Disney and Associates (2006)
	Education and Financial support	Centrelink payments	\$ 13,925.60	Adjusted down on assumption that 42% of VET qualification individuals are unemployed.	Department of Human Services
	Education and Financial support	Tax contributions	-\$ 13,158.00	Adjusted down on assumption that 58% of VET qualification individuals are employed.	Deloitte Access Economics (2016)
	Judiciary	Arrests and judicial costs	\$ 2,207.14		Morgan Disney and Associates (2006)
	Education and Financial support	State supported additional education cost	\$ 5,982.00		Victoria Polytechnic
LONG TERM: young mothers	Health	State health services	\$ 10,031.46		Flatau (2007)
	Health	State health services - mental	\$ 9,518.28	Adjusted down as 24% of respondents disagreed they have mental health issues	Morgan Disney and Associates (2006)
	Health	State health services - drug and alcohol	\$ 3,034.82		Morgan Disney and Associates (2006)
	Education and Financial support	Centrelink payments	\$ 38,323.00		Department of Human Services
	Judiciary	Arrests and judicial costs	\$ 2,207.14		Morgan Disney and Associates (2006)
	Education and Financial support	Housing support for private rental	\$ 4,036.76		Department of Social Services

Appendix 4: Pathway distribution

Pathway	Criterion	Notes	Percentage
1a. Residential Rehabilitation	Survey responders who reported to Baseline questions: 1. I have needed treatment for a mental health condition (eg. depression, anxiety, eating disorder): strongly agree 2. I have times when I feel particularly low or down for 2 weeks or more: strongly agree/ agree 3. I have been able to think clearly: strongly disagree/disagree 4. I have the skills to cope with problems life throws at me: strongly disagree/ disagree	One individual meeting these criterion was placed in Major Life Event category	13 out of 62 responders: 21%
1e. Major Life Event	Survey responders who 1. stated that their housing situation has been "Long-term co-habitation with friends and/or family (no rent or below market rent) AND 1. Who gave "a little 25%" or less attribution for two or more out of four attribution questions	It is assumed that those who had recourse to family/friends support and who felt their improvement were largely down to other factors are likely to have improved without LF's support.	4 out of 62 responders: 6%
1d. Primary homeless	Anyone who has experience 1. primary homeless or 2. couch surfed subsequent to LF is considered to be at high risk of experiencing primary homeless during the intervening period.	Those fitting residential rehabilitation criterion and primary homeless criterion is place in residential rehabilitation based on the assumption that they were already on the radar of services at the time of being admitted to LH.	10 out of 62 responders: 16%
1c. Secondary homeless.	Anyone who does not fully meet the above criterion but has: 1. spent time in crisis, transitional or hotel accommodation post-LF, (but had not slept rough/couch surfed) is considered moderately vulnerable and therefore placed in secondary homeless group. 2. received rental assistance again is included as considered vulnerable 3. strongly agreed/ agreed with I have needed treatment for a mental health condition (eg. depression, anxiety, eating disorder):		21 out of 62 responders: 34%
1c. Private rental group	Does not meet above criterion and must be in rental, share-house or long-term cohabitation with friends/family. Has not received rental assistance.	None of these individuals agreed that they had need for treatment for a mental health condition but had mixed use of alcohol/ drugs prior to being admitted.	14 out of 62 responders: 21%
2a. Young mothers	Based on admissions data average between FY 2016 & FY 2017 for those with child under 2.		15.6% of intake in 2016 and 47.4% in 2017 averaged: 31.5%
2b. Low skill pathway	11% of Australian care leavers (equivalent group) pursue FE but only 33.1% complete qualifications meaning 96.4% of our group. This percentage is then adjusted for the percentage of young mothers leaving LF.	Sourced from Raising our children p16	Non-young mothers percentage (69%) multiplied by 96.4% = 66%
2c. Qualified route	11% of Australian care leavers (equivalent group) pursue FE but only 33.1% complete qualifications meaning 3.6% of our group. This percentage is then adjusted for the percentage of young mothers leaving LF.	Sourced from Raising our children p16	Non-young mothers percentage (69%) multiplied by 3.6% = 2%

Appendix 5: Model findings on distribution of savings by pathways

	Probability of pathway	Accommodation	Education and Financial support	Health	J udiciary	TOTAL
Lighthouse Foundation participant		\$ 8,700	-\$ 16,922	\$ 46,209	\$ 7,410	\$ 45,398
Lighthouse Foundation YOUNG ADULTHOOD additional costs		\$ -	\$ 21,454	\$ 360	\$ 2,329	\$ 24,143
Lighthouse Foundation ADULTHOOD additional costs		\$ 8,700	-\$ 38,376	\$ 45,849	\$ 5,082	\$ 21,256
Private Rental	23%	\$ 4,423	\$ 21,454	\$ 6,640	\$ 4,527	\$ 37,045
Secondary Homeless	34%	\$ 29,530	\$ -	\$ 45,531	\$ 82,217	\$ 157,279
Primary Homeless	16%	\$ 41,629	\$ -	\$ 87,941	\$ 215,949	\$ 345,518
Major Life Event	6%	\$ -	\$ 21,454	\$ 22,901	\$ 651	\$ 45,006
Residential rehabilitation	21%	\$ 27,892	\$ 21,454	\$ 5,941	\$ 651	\$ 55,938
Weighted average cost of YOUNG ADULTHOOD alternative pathways		\$ 23,564	\$ 10,727	\$ 33,828	\$ 63,879	\$ 131,998
YOUNG ADULTHOOD: difference between LF additional state costs and alternative pathways		\$ 23,564	-\$ 10,727	\$ 33,469	\$ 61,550	\$ 107,855
LONG TERM: No VET (low skill) revolving door pathway	66%	\$ 102,652	\$ 129,953	\$ 223,324	\$ 24,952	\$ 480,881
LONG TERM: VET qualified	2%	\$ -	\$ 24,301	\$ 161,758	\$ 5,663	\$ 191,721
LONG TERM: young mothers	32%	\$ -	\$ 466,466	\$ 349,976	\$ 5,663	\$ 822,105
Weighted average cost of ADULTHOOD alternative pathways		\$ 67,785	\$ 233,349	\$ 261,701	\$ 18,400	\$ 581,236
ADULTHOOD: difference between LF additional state costs and alternative pathways		\$ 59,085	\$ 271,725	\$ 215,852	\$ 13,319	\$ 559,980
TOTAL SAVED COSTS						\$ 667,836

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