

December 2022

Report to BaptistCare NSW & ACT

Social Return on Investment of BaptistCare NSW & ACT

Final Report



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ACIL Allen (2022) Social Return on Investment of BaptistCare NSW & ACT, Report commissioned by BaptistCare

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Executive Summary

About this Report

BaptistCare NSW & ACT engaged ACIL Allen to undertake a Social Return on Investment (SROI) study of the organisation's operations in NSW and ACT. Since 1944, the organisation has been serving vulnerable Australian at various stages of life. This includes children and young people and their families who require transitional housing and periodic food and financial assistance through to supporting the comfort and dignity of older Australians. While the important social contribution the organisation makes is self-evident in the nature of its services, as a first for BaptistCare, this report seeks to measure the magnitude of the organisation's social impact.

BaptistCare is an integral part of the community and aged care sectors and is facing increasing demands on its services. It is important the contribution of the organisation is understood across government and the broader community to support the viable and sustainable delivery of care to vulnerable Australians. Establishing this understanding will help to ensure the organisation and its key stakeholders can make investments that underpin continued delivery of high-quality services for its clients.

ACIL Allen's approach to the engagement is centred on undertaking a SROI study of the organisation's operations in NSW and ACT. ACIL Allen has worked collaboratively with BaptistCare representatives to understand the nature of its services and also collect data and information to inform the study. This work culminated in a SROI framework built on five areas of impact for each of the organisation's five service lines, presented below:

Table ES 1 BaptistCare Service Lines and Service Impacts

Service Lines	Service Impacts
Residential Care	Service Cost Savings
Home Care	Economic Empowerment & Independence
Retirement Living	Family Support & Relationships
Community Housing	Health & Safety Outcomes
Community Services	Connected Communities

Source: ACIL Allen

The output of the SROI study has been the development of a bespoke modelling framework to measure the benefits and costs related to BaptistCare and its service lines. The results from the SROI assessment are presented through a ratio estimate of the combined value of benefits generated for every dollar spent by the organisation (SROI ratio), which is also calculated separately for each of its service lines. The study also estimates the gross value of benefits by benefit type and benefits generated per client.

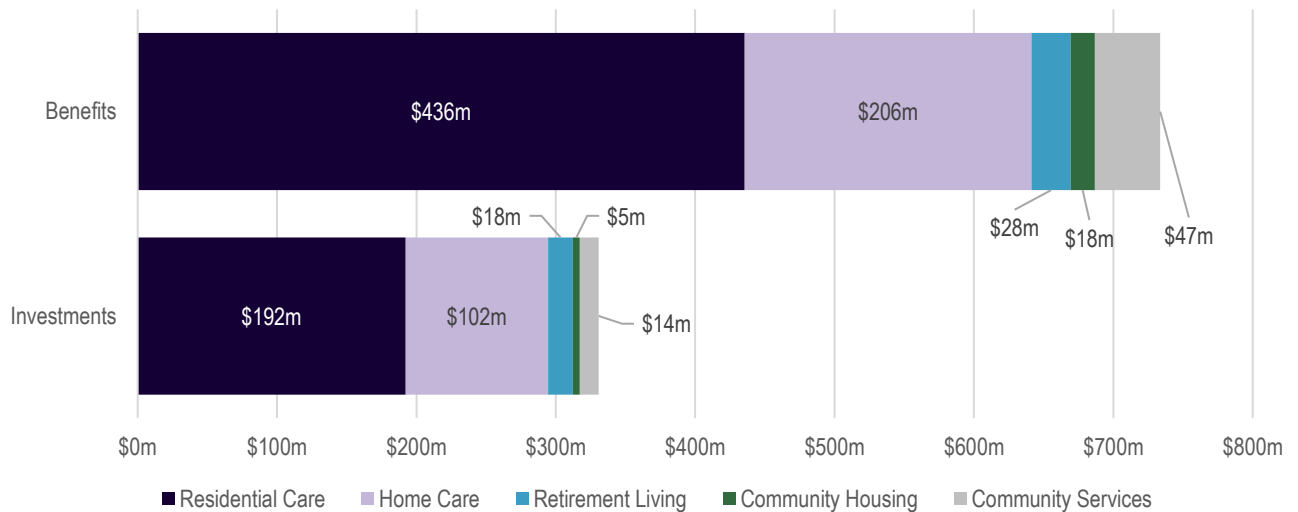
Findings and Results

This report has highlighted the magnitude and breadth of BaptistCare’s social impact across each of its key service areas. In FY22, ACIL Allen estimates BaptistCare generated:

- \$2.22 for every dollar invested in service delivery
- An average net social impact (benefits minus costs) of \$23,700 per client; and
- A total social impact of \$733 million, from an investment of \$331 million.

Figure ES 1 below presents a summary of the investment and social return by service line.

Figure ES 1 BaptistCare SROI Results – Total Investment and Social Return by Service line



Source: ACIL Allen

Service Cost Savings (Benefit 1) arises as a result of avoided utilisation and costs in adjacent public services, such as hospitals and other Community Services. This benefit accrues to the funders of public services, typically the Federal and State / Territory Governments. At \$72.6 million, this benefit accounts for 10 per cent of the total social impact of the organisation.

Impacts measured under **Economic Empowerment & Independence** (Benefit 2) were estimated to yield \$418 million, accounting for the largest impact at 57 per cent of the overall social impact. Impacts broadly relate to the additional employment opportunities that arise from BaptistCare’s services, including jobs held by BaptistCare’s staff and those able to work as a direct result of the care supports offered by the organisation.

Family Support & Relationships (Benefit 3) accounts for \$201 million (28 per cent of the overall impact). This is the second largest category of impact by value, and measures the impact of improved family relationship and the avoidance of traumatic episodes such as domestic violence.












Health & Safety Outcomes (Benefit 4) capture \$26.5 million or four per cent of the total social impact. These impacts capture the improved health and welfare clients enjoy as a result of receiving BaptistCare services.

The fifth and final benefit category **Connected Communities** represents \$14 million or two per cent of the overall social impact. These impacts capture the improved community cohesion and mental health wellbeing that arises from BaptistCare’s services. Due to data limitation, these impacts have been analysed qualitatively in the Residential Care and Home Care service lines, which likely understates the value of this benefit category.

Figure ES 2 below presents the summary results of the study.

The results of this study demonstrate the integral role BaptistCare, and its workforce play in supporting and caring for vulnerable people in our community. From assisting children and their families to enjoy a supported start in life through Community Housing and services, to assisting those experiencing financial disadvantage, and through to supporting people later in life with affordable and socially inclusive Retirement Living housing and aged care services, BaptistCare provides assistance to a broad range of clients at each stage of life. As demand across the social and aged care sectors increases, this study helps to demonstrate the additional social return that organisations such as BaptistCare can make through investments to support current and future clients.

Figure ES 2 BaptistCare SROI Results – Overall Summary

	Residential Care	Home Care	Retirement Living	Community Housing	Community Services	Total
						
 Service Cost Savings	\$24.7 m	\$34.5 m	\$2.4 m	\$10.2 m	\$0.7 m	\$72.6 m
 Economic Empowerment & Independence	\$259 m	\$141 m	\$3.1 m	\$2.4 m	\$13.3 m	\$418 m
 Family Support & Relationships	\$151 m	\$28.2 m	\$4.6 m	\$0.3 m	\$17.5 m	\$201 m
 Health & Safety Outcomes	\$1.6 m	\$2.1 m	\$7.0 m	\$0.8 m	\$15.0 m	\$26.5 m
 Connected Communities	<i>ASSESSED QUALITATIVELY</i>	<i>ASSESSED QUALITATIVELY</i>	\$10.7 m	\$3.0 m	\$0.3 m	\$14.0 m
Total Benefits	\$436 m	\$206 m	\$27.8 m	\$16.8 m	\$46.9 m	\$733 m
Social Return on Investment (SROI)	2.27	2.01	1.57	3.33	3.47	2.22
Net Benefit / User	\$145,900	\$10,900	\$12,300	\$19,500	\$7,700	\$23,700

Source: ACIL Allen



Introduction



Study Introduction and Context

1

This section provides an overview of the objectives of the report and the approach to quantifying the social return on investment of BaptistCare in New South Wales (NSW) and the Australian Capital Territory (ACT). This section also provides an overview of BaptistCare, including a brief history of the organisation and a description of its service lines.

1.1 About this Engagement

ACIL Allen was engaged by BaptistCare NSW & ACT (BaptistCare hereafter) to undertake a Social Return on Investment (SROI) study of the organisation's operations.

BaptistCare provides a range of care to support vulnerable Australian at various stages of life. This includes children and young people and their families who require transitional housing and periodic food and financial assistance to support older Australians' comfort and dignity. While the critical social contribution the organisation makes is self-evident in the nature of its services, this report seeks to measure the magnitude of BaptistCare's social impact. This study aims to measure the breadth of impact the organisation generates through its key service lines and its overall impact.

BaptistCare is an integral part of the community and aged care sectors and is facing increasing service demands. The organisation's contribution must be understood by government and the broader community to support the viable and sustainable delivery of care to vulnerable Australians. Establishing this understanding will help to ensure the organisation and its key stakeholders can make investments that underpin the continued delivery of high-quality services for their clients.

1.2 Overview of Approach

ACIL Allen's approach to the engagement is centred on undertaking an SROI study of the organisation's operations in NSW and ACT. The study first involved a review of the organisation and its operations, informed by a review of documents and information and consultation with its key service line representatives. The study also draws on operational data from the financial year 2022 (FY22) and validation activities to develop a bespoke modelling framework to produce impact results.

ACIL Allen engaged comprehensively with the Project Sponsor from BaptistCare during the study to source available data and information to support a detailed and evidence-based assessment of the organisation. Engagement also extended to targeted workshops with representatives from each of the organisation's five key service lines to support a detailed understanding of the scope of services, client characteristics and needs, and available data.

ACIL Allen developed a data request in collaboration with the Project Sponsor to source the required inputs for the study. The modelling framework has been built to support a consistent measurement approach across the service lines while accounting for each service model's important distinctions. Broadly, data requirements have included financial and staffing data for each

service and data on client numbers, characteristics and levels of service utilisation. The framework is built on five areas of impact for each service line, including:

- Service Cost Savings
- Economic Empowerment & Independence
- Family Support & Relationships
- Health & Safety Outcomes
- Connected Communities

The output of the SROI study has been the development of a bespoke modelling framework to measure the benefits and costs related to BaptistCare and its service lines. The results from the SROI assessment are presented through a ratio estimate of the combined value of benefits generated for every dollar the organisation spends (SROI ratio), which is also calculated separately for each of its service lines. The study also estimates the gross value of benefits by benefit type and benefits generated per client.

1.3 Structure of this Report

The report has been structured into four chapters, and appendix and an Executive Summary.

- **Chapter 1: Introduction and Context** – This section provides an overview of the objectives of the report and the approach to quantifying the social impact of BaptistCare in NSW and ACT. This section also defines the acronyms used in the report.
- **Chapter 2: About BaptistCare NSW & ACT** – This section provides a brief historical analysis of BaptistCare and defines its key service lines.
- **Chapter 3: Methodology** – This section provides an overview of the modelling methodology and data collected from BaptistCare to estimate the social impact of the organisation. This includes a comprehensive presentation of the modelling assumptions.
- **Chapter 4: Results** – This section presents the bespoke modelling framework's results and the SROI assessment results.
- **Appendix** – This section includes a list of the references used to develop assumptions for the study.

1.4 Glossary of Acronyms

Throughout this report, ACIL Allen has used a number of economic and industry specific terms which have been outlined below.

Table 1.1 Glossary of Acronyms

Abbreviation	Full Name
ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
BCS	Baptist Community Services
BCR	Benefit Cost Ratio
CHP	Community Housing Provider
CHSP	Commonwealth Home Support Programme
COVID-19	Coronavirus Disease of 2019
CRA	Commonwealth Rent Assistance
DALY	Disability Adjusted Life Year
FDV	Family and Domestic Violence
FTE	Full Time Equivalent
FY	Financial Year
GP	General Practitioner
HCP	Home Care Package
NSW	New South Wales
SROI	Social Return on Investment
VSLY	Value of a Statistical Life Year

About BaptistCare NSW & ACT

2

This section provides an overview of BaptistCare NSW & ACT and its key service lines which will be assessed as part of this study.

2.1 Organisation History

BaptistCare's original purpose was expressed in 1944 as 'Expressing the love of Jesus to those in need.' In the post-war era, NSW Baptists began motivating the community to engage in positive social action. It was with the passion, hard work and skill of the people leading this movement that Baptist Homes Trust arose.

The 1950s were a time of transformation and expansion, where Baptist Homes Trust went from being an entire volunteer movement to hiring its first employee. This eventuated in establishing the first two aged care homes, providing assistance to the Lismore church to open their own aged care home, and establishing two children's homes and a home for a group of displaced refugees.

Following this, the Trust began expanding its facilities to regional and rural aged care and upgrading its existing facilities. At this time, expansion into social welfare and strengthening Community Services were a priority. By the end of the 1970s, the Trust offered to care for over 900 people and managed eighteen facilities, including aged homes and villages, homes for children, accommodation for single mothers and a home for people on probation.

The 1980s was a time for significant workforce expansion, where the Trust continued to extend its aged care and welfare services throughout metropolitan areas and further expanded to servicing regional areas.

In the following decade, Baptist Homes Trust underwent significant transformations in governance structure and officially changed its name to Baptist Community Services – NSW & ACT (BCS). The organisation was now governed by company members elected board members and a chair elected by fellow directors. The BCS reputation and vision were strengthened, and its capacity to generate innovative approaches to current problems grew. As the Trust's influence grew throughout the sector, it became at the forefront of community aged care.

The 2000s was another decade of further expansion of services in aged care and social welfare. In-home aged care, in particular, was thriving, and BCS developed new and upgraded current facilities in response.

In the past decade, BCS has focused on refining its public profile and expanding its influence within the sectors it currently works in. In an effort to better align public awareness of the brand with the churches and the sector itself, the organisation changed its name to BaptistCare. The new name was adopted to reflect not only the organisation's roots and focus on person-centred care but also to align with Baptist Care Australia.

As it is known today, BaptistCare is a well-respected, not-for-profit organisation dedicated to delivering quality residential aged care, housing and Community Services to Australians. The history of BaptistCare NSW & ACT is presented in the timeline in **Figure 2.1**.

2.2 Current Service Lines

BaptistCare's activities are organised around five service lines, providing care and support to Australians in various ways. Each service line, including the need for the service and support features, is described below.

2.2.1 Residential Care

Residential Care users are primarily older Australians with complex support needs requiring full-time care who are unable to continue living at home. Residential Care is divided into two groups, long-term care and respite care. Full-time care provided in a dedicated care facility for older people who can no longer live independently in their own homes is known as long-term care. Respite care is typically short-term care for a few hours to days in circumstances where a person's carer cannot provide support for a short time.

Across Australia, there are 830 Residential Care service providers serving more than 371,000 Australians¹. The majority of Residential Care facilities are operated by the not-for-profit and private sector, with very few government-managed facilities. Nationally, these facilities have an occupancy rate of almost 90 per cent.

The Australian Government subsidises several aged care homes across Australia to support affordable care for Australians. In 2020-21, \$15 billion was spent on residential aged care, which is more than half of the total aged care budget².

Residential Care users tend to be older than in other aged care services, with the majority being over the age of 85. Although the proportion of men using Residential Care services has increased over the last decade, women continue to make up two-thirds of Residential Care users. Nearly 10 per cent of service users have a preferred language other than English.

BaptistCare's Residential Care service line specialises in providing person-centred care that encourages independence and focuses on quality of life. Well-trained staff support a broad range of care needs to suit each resident: from those who are still fairly independent to the ones with complex needs such as people living with dementia, right through to end of life care. Their support goes beyond of the service user but also supports families needing to ensure their loved ones are well cared for and feel safe.

Across ACT and NSW, BaptistCare provided 1,668 users with Residential Care support in FY22.

2.2.2 Home Care

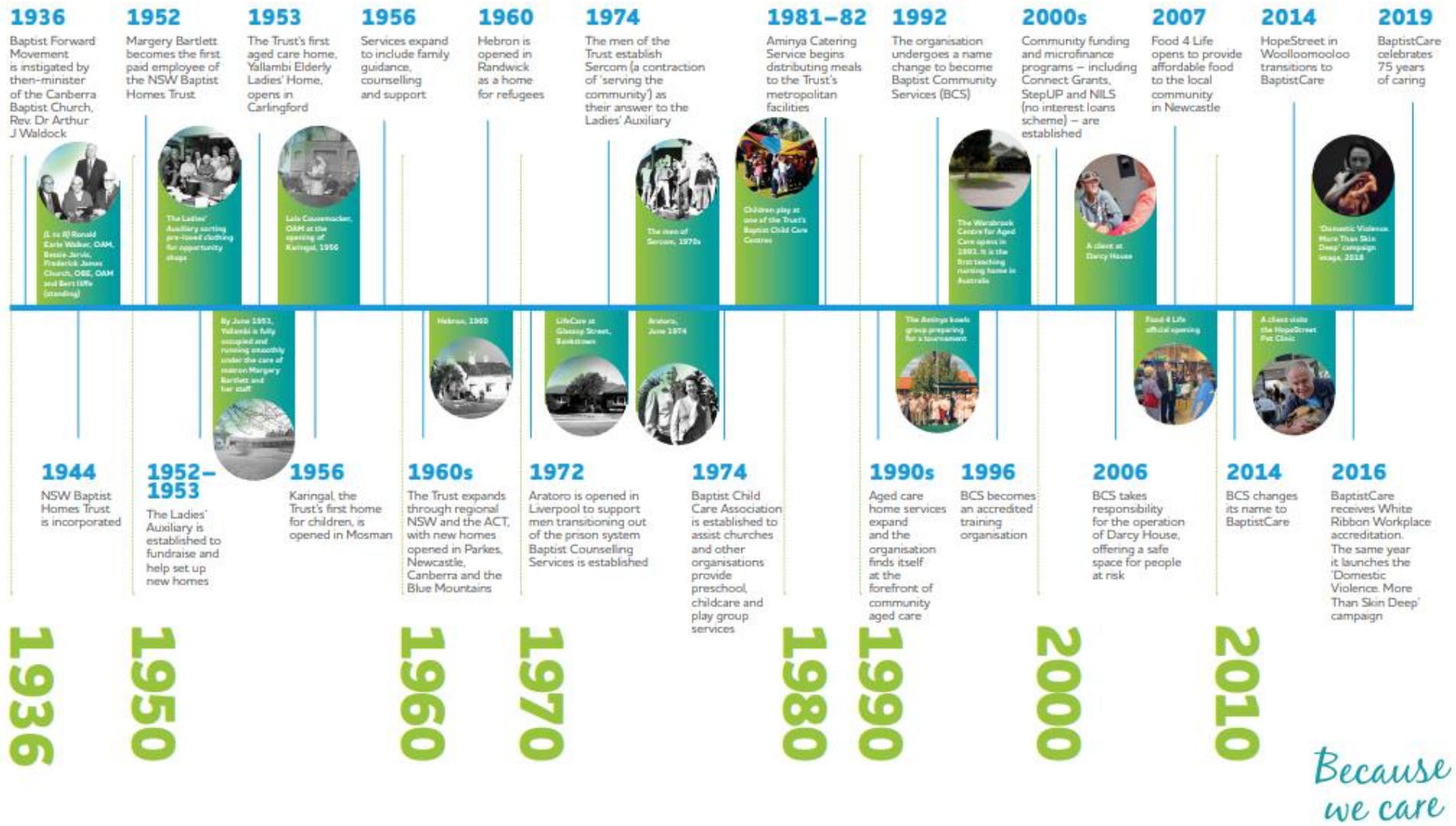
Home Care is a support service administered by professional caregivers for older Australians with complex care needs in their own home. Australia's ageing population has generated a rapid increase in demand for Home Care services. Nationally, between 2011 to 2021 the number of home care service users has more than tripled to 176,000³. Furthermore, the Australian Government has committed to funding an additional 80,000 Home Care Packages (HCPs) between 2021 to 2030.

¹ Australian Institute of Health and Welfare. (2022). Providers, services and places in aged care. GEN Aged Care Data. <https://www.gen-agedcaredata.gov.au/Topics/Providers,-services-and-places-in-aged-care>

² Australian Institute of Health and Welfare. (2022). Spending on aged care. GEN Aged Care Data. <https://www.gen-agedcaredata.gov.au/Topics/Spending-on-aged-care>

³ Australian Institute of Health and Welfare. (2022). People using aged care. GEN Aged Care Data. <https://www.gen-agedcaredata.gov.au/Topics/People-using-aged-care>

Figure 2.1 BaptistCare, organisational milestones over 75 years



Source: BaptistCare website

Home care users are primarily older Australian's who require some level of assistance to continue to live independently, instead of entering residential care. Nationally, two-thirds of users are aged between 80 and 94, with one in six users aged 74 years or younger⁴. Although the proportion of men using Home Care services has increased over the last decade, women continue to make up almost two-thirds of Home Care users. At 17 per cent, a considerable proportion of service users have a preferred language that is not English.

To support affordable Home Care the Australian Government offers two options for eligible Australians: Commonwealth Home Support Programme (CHSP) and Home Care Packages (HCPs).

The CHSP is a short-term programme to help older Australians maintain their independence and well-being at home. The government subsidises organisations across Australia to provide services such as meal preparation, domestic assistance, and transportation at a reduced cost to the service user. Across Australia there are approximately 1,400 CHSP service providers with more than two-thirds being not-for-profit organisations. The CHSP is aimed towards people with modest needs requiring 1-2 services while people with more complex needs are advised to apply for a HCP⁵.

HCPs exist to provide affordable, coordinated in-home care through subsidies for Australians with complex needs. HCP recipients have their support needs assessed and are assigned to package levels 1- 4 corresponding with basic care needs to high care needs. Package level determines the funding amount recipients will receive to support their needs. Once an individual has been approved for a HCP, they received the package funding and are able to choose their own service provider. (Due to current demand, there can be a wait list of up to twelve months from the time an individual is approved to when they start receiving funding).

BaptistCare is an approved provider for both HCPs and the CHSP and also offers affordable care to those not eligible for funding. A core focus of their service delivery involves recognising individuality and providing personalised Home Care services to support their client's unique needs.

Home Care services offered by BaptistCare include the coordination and delivery of services in domestic assistance, personal care assistance, transport, social support, allied health services, exercise programs, home maintenance, nursing care, and assisting with food and meal needs.

Across ACT and NSW, BaptistCare provided 9,516 users with Home Care supports in FY22, which equates to an estimated 16 per cent of all services to those accessing Home Care supports⁶.

2.2.3 Retirement Living

Retirement Living is a housing community specifically designed for retired, older adults who are generally still able to live independently. The majority of Retirement Living is designated for people aged 55 and over who are looking for affordable, community-focused low-maintenance housing.

Nationally, the average age to enter Retirement Living is 75 with the 81 being the average age of residents.

According to the PwC/Property Council Retirement 2021 census, there are approximately 77,000 units, within 766 villages operating under 62 retirement village operators within Australia⁷. The

⁴ Australian Institute of Health and Welfare. (2022). Providers, services and places in aged care. GEN Aged Care Data. <https://www.gen-agedcaredata.gov.au/Topics/Providers,-services-and-places-in-aged-care>

⁵ Australian Government Department of Health. (2021). Home Care Packages Program Data Report 3rd Quarter 2020-21. GEN Aged Care Data.

⁶ Australian Government Department of Health. (2022) GEN data: People using aged care, <https://www.gen-agedcaredata.gov.au/Resources/Access-data/2022/April/GEN-data-People-using-aged-care>

⁷ PwC/Property Council of Australia. (2021). PwC/Property Council Retirement Census. <https://f.hubspotusercontent40.net/hubfs/2095495/2021%20PwC%20Property%20Council%20Retirement%20Census%20Snapshot%20Report.pdf>

national average village occupancy is 90 per cent with villages in Canberra having the highest occupancy at 94 per cent.

BaptistCare owns and operates 10 retirement villages across NSW and ACT which are occupied by approximately 856 older Australians. These villages contain between 7 and 56 dwellings each with size ranging from 1-4 bedrooms.

Retirement Living is more capital intensive than other service lines. Reflecting this, in 2021 the total spent on refurbishment of BaptistCare retirement villages was \$10.3 million.

BaptistCare's facilities provide quality and independent lifestyles with benefits of being part of a strong community and having work like gardening and property up-keep. Resident's health is put at the forefront in Retirement Living, with onsite GP available in the villages to encourage appropriate use of early intervention and provide ongoing support. Exercise programs are also offered at the villages to support the resident's continued mobility and health.

BaptistCare uses an Adaptive Living approach which provides easy access to aged care services such as home care and Residential Care. This gives Retirement Living residents the freedom to live as independently as they want while being able to receive the right amount of support to meet their needs.

In FY22, BaptistCare provided housing to 817 people living in 9 retirement villages across NSW and ACT.

2.2.4 Community Housing

Community Housing is affordable housing for individuals with low to moderate incomes currently experiencing housing distress. It is estimated that over a million low-income earning Australians are experiencing housing stress due to the rising costs of living.

Nationally, the number of Community Housing homes has increased three-fold in the last 15 years to 108,500 in 2021, equating to a quarter of the total social housing stock. Occupancy within Community Housing is at approximately 95 per cent.

Community Housing primarily supports those who are low-income earners or have special needs to secure affordable housing. Tenants are still expected to pay rent; however, rent is typically set at 20-30 per cent below the market rate.

Each state/territory is responsible for the management and service delivery of Community Housing, with significant commitments announced by State Governments in recent years, including a \$2.1 billion package for social housing by the Western Australian Government and a \$5.9 billion social and affordable housing package by the Victorian Government.

While Community Housing does not receive any Commonwealth funding, residents are eligible to receive Commonwealth Rent Assistance (CRA) payments which are non-taxable income supplements to assist

In Australia, Community Housing is run by Community Housing Providers (CHPs), not-for-profit organisations. Currently, across the country, there are approximately 531 CHPs, one of which is BaptistCare.

In FY22, BaptistCare provided Community Housing to 606 people.

BaptistCare provides affordable, social, and transitional housing for older Australians, single-parents, and women experiencing domestic/family violence. Affordable housing is available for low-moderate income, social housing is available for low-income earners, and transitional housing for women experiencing domestic/family violence, providing a safe, connected community where people can access financial, emotional, and physical support.

2.2.5 Community Services

Community Services isn't recognised in and of itself as its own sector but includes support such as counselling, casework, group work and food relief. Community Services also extends to Community Development initiatives, however due to data limitation have not been captured in this study.

Across Australia, the rising living costs are affecting people's ability to have adequate food and nutrition. In 2020, nearly 15 per cent of people in Australia are living below the poverty line and were unable to support their basic needs such as food and housing. In addition, 31 per cent of Australians experienced food insecurity which was more than double the year before. The most vulnerable groups to food insecurity include people with low incomes, single-parent families, and younger people.

Nationally, 1 in 6 women and 1 in 16 men over the age of 15 have experienced physical/sexual violence.

BaptistCare continues its commitment to supporting communities, particularly those most vulnerable, by trained professionals specialising in complex themes, including domestic and family violence, divorce, gambling, grief, parenting, sexual abuse, and suicide. Support is provided through developing tools for people to cope with life challenges through group, family, couples or one-on-one counselling or case-work. There are also a number of support groups, including women's and children's, parenting, and a men's behaviour change program.

Spiritual and emotional support is also available through BaptistCare's chaplaincy service. Chaplains have been trained to support people through life challenges and provide compassionate care.

Through HopeStreet Services, BaptistCare also supports those living below the poverty line and experiencing disadvantage and helping people such as those who have gone through domestic violence, addiction problems, mental health issues, homelessness, and long-term unemployment. BaptistCare provided support through transitional housing for women and children escaping domestic violence, sit-down cooked meals, low-cost groceries, no-interest loans to low-income earners, and providing safe spaces for women.

BaptistCare is committed to helping Australians going through hardships by offering supportive services and compassionate care. In FY22, a total of 4,353 unique individuals received 42,920 Community Services during the year.



Methodology



Methodology Overview

3

This section presents the methodology and SROI modelling framework applied to undertake the study. BaptistCare's social contribution has been measured across its five primary service lines by assuming the organisation did not exist and was, therefore, unable to provide care and support to the clients presently served.

3.1 Introducing Social Return on Investment

SROI is an emerging form of Benefit Cost Assessment (BCA) analysis, which seeks to quantify benefits and costs which are typically excluded from traditional BCA due to their less economic or financial nature. It is a particularly useful form of analysis for not-for-profit or mission-based organisations, which seek to foster positive social change but have benefits that are difficult to measure in traditional financial means.

The SROI framework below represents a typical process for any rigorous benefit cost assessment.

- Establishing scope and identifying key stakeholders
- Mapping outcomes
- Evidencing outcomes and giving them a value
- Establishing impact
- Calculating the SROI
- Reporting, using and embedding

SROI involves the development of an overarching impact framework, which articulates how the activities of the program, policy, investment or entity contribute to changes experienced by the stakeholders they impact. A typical SROI study initially involves the determination of the changes fostered by the program, policy, investment, or entity and then undertaking a structured approach to determining whether the identified benefits can be converted into financial terms for the purposes of valuation.

In this case, the assessment is based on a world in which there is no BaptistCare. In this hypothetical world, the outcomes for those receiving care and support from the organisation are lessened, while society must use other resources to provide alternative support.

The output of an SROI exercise is similar to a benefit cost assessment in that benefits are presented in a ratio relative to costs. However, in SROI, the value of non-financial inputs is also considered part of the program, policy, investment, or entity costs. An overall "SROI ratio" demonstrates the unit benefits achieved for every dollar of investment society has made in the delivery of the program, policy, investment, or entity.

3.2 SROI Framework

ACIL Allen's SROI framework has been developed on a desktop basis, using operational data provided by BaptistCare as well as publicly available information. In building up a scenario in which BaptistCare does not exist, ACIL Allen has relied on desktop research and credible data sources. Given that this is a hypothetical scenario based on assumptions for which there is no demonstrable case study, ACIL Allen acknowledges there is a degree of uncertainty in the actual scenarios that may occur in the absence of the organisation – a caution that necessarily applies to all studies of this nature. Notwithstanding this limitation, ACIL Allen has been able to build a credible, conservative estimate of the social impacts associated with the organisation.

To develop the initial benefits framework, ACIL Allen held an initial scoping workshop followed by workshops focussing on each of the five primary service lines of BaptistCare and attended by service line representatives. These workshops focussed on the available data from each service line and also resulted in a long list of benefits, costs, and impacts for consideration in the framework.

In considering the impacts, the study is based on an alternative (or counterfactual) scenario in which the services delivered by BaptistCare were not available. An important implication of this frame of reference is that in the absence of BaptistCare, an equivalent peer service provider wouldn't simply absorb the unmet demand left by the organisation. Instead, it was assumed the service user would seek assistance from the next most likely service provider group, such as a family member or hospital. In this way, the study does not compare the impact of BaptistCare to an equivalent service provider but to the next most logical provider group.

Long list of SROI Benefits and Impacts

Following the workshops, ACIL Allen work with the project sponsor to categorise and filter the list down into impacts which could be readily quantified, those which could be quantified with adequate information and capacity, and those which were more likely to be non-quantifiable impacts. This resulted in the development of an SROI framework with five core quantifiable benefit categories across each of the service lines, as described below.

Impact channels

The five primary benefit categories identified below are used to categorise the social impacts.

- **Service Cost Savings:** Impacts under this category relate to avoided costs for service providers who would be required to care and/or provide support to those who currently access BaptistCare services. These broadly relate to health and income support service providers.
- **Economic Empowerment & Independence:** Impacts under this category relate to the contribution of the services to economic activity. This captures both those employed by BaptistCare to deliver its services and the employment opportunities generated as a result of the services delivered.
- **Family Support & Relationships:** Impacts under this category relate to improvements in family relationships. This captures both the positive impacts generated as well as the avoidance of negative impacts.
- **Health & Safety Outcomes:** Impacts under this category relate to improved health and safety outcomes for BaptistCare's clients. These are generally calculated using the health status measure of Disability Adjusted Life Year (DALY) and monetised using the Value of a Statistical Life Year (VSLY)
- **Connected Communities:** Impacts under this category relate to improvements in community connectivity and an individual's ability to participate and feel socially connected, which contributes to mental health wellbeing.

Benefits Estimation

4

This section outlines the benefits that are attributable to the BaptistCare, including the rationale and evidence for each benefit type and methodology used to estimate and monetise the benefit.



4.1 Residential Care

4.1.1 Profile of service users

BaptistCare care for people at 18 aged care homes across ACT and NSW. People may enter Residential Care for a brief period, such as those that come for respite and leave to return home. Alternatively, people may enter Residential Care more permanently, such as those requiring palliative care. During FY22, the team provided care for a full-year equivalent⁸ of 1,668 people.

4.1.2 Service impacts

Residential Care is delivered to vulnerable, older Australians who require assistance with daily care and also provides important support relief to their family members and carers.

This service enables those with high care needs who are no longer able to live independently to receive the care they require, which helps individuals live healthier and safer lives, generates cost savings for other service providers and allows family members to allocate more time to employment and other leisure activities, which also delivers benefits.

Benefit 1 – Service Cost Saving

In the absence of Residential Care, it was assumed those currently receiving care would require assistance from either kin and family members (those with alternative care support) or require assistance from alternative services (those without care support). It was assumed both groups would require greater hospitalisation care as an inpatient.

Assumptions

To determine the alternative care settings for people, ACIL Allen has first relied on rates of social isolation⁹ as a proxy for lack of kin or family member support. While difficult to estimate with strong confidence, this is deemed a reasonable proxy estimate of those with family members / social supports who could care for them in the absence of Residential Care. In reality, a lack of social isolation may not mean one has supports to provide equivalent Residential Care and therefore this assumption has a conservative impact on the benefit calculation.

⁸ Full-year equivalent is the average number of people served over the year.

⁹ Social isolation is the state of having minimal contact with others (AIHW 2020).

Applying rates of social isolation by age category¹⁰ proportionally to the cohort of residential aged care users yields a social isolation rate of 8.0 per cent – equivalent to 133 users of BaptistCare residential aged care services.

Next, outcome data¹¹ for those using residential aged care services in NSW and ACT 2020-21 has been used to estimate the care requirements of residents.

According to this data, 38 per cent of people who enter Residential Care pass away in care. The remaining 62 per cent are discharged to another Residential Care location, to home, to hospital or to another location and may return to Residential Care in the future.

Of those that pass away in Residential Care, 10.1 per cent do so within six months of admission, a further 26.8 per cent do so within 12 months and the remaining 63.1 per cent do so after 12 months.

ACIL Allen has applied the survival rate as a proxy for severity of care needs.

For the cohort without care support, it has been assumed that over the year:

- those that pass within 6 months are assumed to require an ongoing admission to hospital in the absence of Residential Care (either receiving palliative care or more acute care); and
- Those that pass within 12 months are assumed to require a 6-month admission to hospital; and
- those that pass after 12 months are assumed to require a 3-month admission to hospital.

Those receiving alternative care supports are also assumed to require interactions with the hospital system given that those providing care will not be as qualified as Residential Care staff, and the environments may be riskier in terms of infection and injury hazards.

For the cohort with alternative care supports, it has been assumed:

- those that pass away within 6 months would have required 3 admissions to hospital for the median admission length of stay for those over 65 of 5.7 days suffering a fall injury. Note that this only includes the duration of inpatient care, excluding those where a hospital transfer was required (12.8 days) or where rehab was also required (15.4 days) and therefore has a conservative effect on the benefit calculation.
- those that pass within 12 months are assumed to require 2 admissions to hospital; and
- those that pass after 12 months are assumed to require a 1 admission to hospital.

Our modelling methodology accounts for those that pass while admitted to hospital. While these assumptions are not underpinned by empirical estimates, which are not available, they are deemed a reasonable and conservative projection of the outcomes those without access to Residential Care services would likely face.

The average expenditure on admitted patient care per bed day adjusted to 2021 dollars is estimated at \$2,035¹².

Benefit Calculation

Based on the above assumptions, it is estimated that residential aged care services delivered by BaptistCare avoided \$24.7 million in hospitalisation costs in FY22.

**Residential
Care avoided
\$24.7 million in
hospitalisation
costs in FY22**

¹⁰ Relationships Australia (2018) Rates of Social Isolation and Loneliness, by age

¹¹ Australian Institute of Health and Welfare (2020) GEN data: People leaving aged care, Exits from residential aged care 2020-21

¹² Australian Institute of Health and Welfare (2013), Australian health expenditure — demographics and diseases: Hospital admitted patient expenditure.

Benefit 2 – Economic Empowerment & Independence

In the absence of Residential Care, it was assumed greater care requirements would fall to family and kin members. This would in turn, reduce the time family members and kin have available undertake paid employment. This benefit also captures the value of salaries and wages paid to BaptistCare staff.

Assumptions

As noted above, it has been assumed 92 per cent (1,535) of Residential Care clients would have access to alternative care based on rates of social isolation. For each client, it was assumed that in the absence of BaptistCare, the burden of care and non-medical support would fall to one kin or family member.

Of those kin or family members assumed to provide alternative care, ACIL Allen analysed the Commonwealth Government's Aged Care Data Snapshot report for 2020¹³ to estimate the distribution of the age of kin or family members impacted. Prevailing age distribution rates for kin / family in the labour force were then applied. This analysis yields assumed employment engagement rates of 52.5 per cent for kin and family who would be providing alternative care.

For the individuals who are assumed to be otherwise engaged in the labour force, it is assumed they have the capacity to work up to 40 hours per week (or 1,920 hours per annum) if they choose, reflecting the average maximum hours which could be expected for a full time equivalent worker.

It is assumed for the purposes of this study that the impacted kin or family member is already providing some level of care and non-medical support in the base case, meaning that not all of this care and non-medical support requirement is met on an incremental basis. An average of two hours per day of care and non-medical support is assumed to already provided by family and kin in addition to care provided by BaptistCare.

The incremental care and non-medical support needs of each person met by a kin or family member are then distributed according to the labour force status of the individual providing support. Each hour of labour engagement is valued at the rate of NSW's Gross State Product per hour worked for FY22 (\$99.75 per hour)¹⁴

This effective "crowding out" of the kind or family members' time due to the need to provide care and non-medical support which would otherwise be provided by BaptistCare creates a social loss across the State, which is avoided through the provision of Residential Care services.

An additional benefit stream captured under this category is the value of BaptistCare staff salaries and wages. In FY22, BaptistCare paid \$128.9 million in staffing costs.

Benefit Calculation

Based on the above assumptions, it is estimated that residential aged care services delivered by BaptistCare enabled kin and family engage in the labour force and also provided employment for BaptistCare Staff, contributing a total of \$259 million to the economy in FY22.

Benefit 3 – Family Support & Relationships

This benefit captures the leisure time family and kin members can enjoy, which would be lost in the absence of BaptistCare due to additional care requirements.

**Residential Care
generated
\$259 million in
employment
opportunities in
FY22**

¹³ Commonwealth Government. 2020. *Aged Care Data Snapshot 2020*. Accessed online at <http://www.health.gov.au/>

¹⁴ REMPLAN (2022) Economy, Jobs and Business Insights. Accessed online at <https://app.remplan.com.au/eda-newsouthwales/economy/industries/gross-regional-product?state=3MxlcG!KnOelBGz2sX3OBv!RyEgGtaH2fG!KcgfNfAl!fwGJ>

Assumptions

This benefit involves the application of a number of assumptions outlined above. The same cohort of family and kin providing care in the absence of BaptistCare has been adopted (i.e., 92 per cent of Residential Care clients, or 1,535 people).

Of this group, based on the assumptions outlined in the previous section, it was assumed 52.5 per cent were engaged in the labour force, and the residual 47.5 per cent were not engaged in the labour force.

The number of available leisure hours available each year for each group was calculated. For those not in the labour force, this was estimated to be 5,824 (accounting for 8 hours of sleep each night). For those in the labour force, this was estimated to be 3,920 (accounting for sleep and 40 hours of work each week).

Hours are valued at the National Minimum Wage in 2021¹⁵ (\$20.33 per hour), and avoided costs arise for both labour force and not in labour force kin and family members (noting not in labour force kin and family members have larger non-labour hour availability than those engaged in the labour force).

Benefit Calculation

Based on the above assumptions, it is estimated that residential aged care services delivered by BaptistCare enabled kin and family to enjoy leisure time valued at \$151 million in FY22.

Benefit 4 – Health & Safety Outcomes

This benefit¹⁶ is an estimate of the value of disability avoided as a result of the provision of Residential Care services. The basis for this benefit is that without Residential Care services and associated preventative and curative health supports, additional disability would be suffered by those currently using the service.

Assumptions

Associated with the avoided hospitalisation outlined in Benefit 1 is the avoided disability suffered by those receiving Residential Care.

A Disability Adjusted Life Year (DALY) is a weighting used to express the relative burden associated with certain health conditions. A condition that deteriorates one's quality of life by 30 per cent is assigned a DALY of 0.3.

ACIL Allen performed an analysis of those health conditions that account for the highest share of DALYs for those aged 65 or higher¹⁷. ACIL Allen then mapped these conditions to the Global Burden of Disease Study 2019 to estimate the DALY associated with each condition. Based on this analysis, it was found that the average health condition suffered by those aged 65 and over imposes a DALY of 0.2119.

This DALY has been used and applied to the hospital episodes estimated in Benefit 1.

To monetise the DALY estimate, the Australian Government¹⁸ provides a guidance on the Value of a Statistical Life Year (VSLY). In 2021, this is estimated to be \$220,000.

¹⁵ Fair Work Ombudsman (2022). Minimum wages, <https://www.fairwork.gov.au/pay-and-wages/minimum-wages>

¹⁶ ACIL Allen acknowledges the health and safety impacts generated by BaptistCare may be broader than those measured in this study, which are intended to be a conservative and illustrative impact of the organisation and are limited by the data available at this time.

¹⁷ Australian Institute of Health and Welfare (2020) – Australia's health 2020

¹⁸ Australian Government (2019) Best Practice Regulation Guidance Note Value of a statistical life.

Residential Care enabled kin and families to enjoy \$151 million in leisure time in FY22

**Residential Care
prevented
\$1.6 million in
disability burden
in FY22**

Benefit Calculation

Based on the above assumptions, it is estimated that residential aged care services delivered by BaptistCare prevented \$1.6 million in disability burden for those that received the service in FY22.

Benefit 5 – Connected Communities

ACIL Allen identified a range of ways in which the Residential Care services delivered by BaptistCare enhance the connectedness of communities, and contributes to people's mental health wellbeing. These impacts are presented qualitatively due to data and methodological limitations.

- *Community confidence in care for vulnerable citizens:* Residential Care instils pride and confidence in high quality services for vulnerable citizens within the community. The community benefit from knowing that the health and mental wellbeing needs of older individuals are being catered for.
- *Greater community amenity:* High quality facilities and grounds, particularly gardens, can add to the amenity of the neighbourhood in which the residential facility is located. BaptistCare operate 18 facilities, each of which has a structured maintenance and investment program. This can confer a benefit to those living in and travelling through the area.
- *Greater security:* Residential Care can offer greater levels of security, personal safety, and connectedness. Older individuals, particularly those living by themselves in their own home, can be a target for crimes such as burglaries, home invasions, and physical assaults. Being the victim of a crime can have significant negative psychological effects on an older individual, particularly with respect to their confidence to engage and participate in their local community. Living in a residential aged care facility reduces the risks and consequences associated with these crimes.
- *Creating the opportunity for volunteers to contribute:* Volunteering at a residential aged care facility can enable an individual to contribute by helping others in their local community. For older people, social interaction is highly valuable and helps to minimise the health implications associated with social isolation. Volunteers may have particular skill sets, such as music or cooking, that they can share with residents. Through meeting people from all walks of life, with different backgrounds, personalities and aspirations, volunteers get to step into someone else's shoes and share their perspectives.

Service Cost

Based on data provided by BaptistCare, ACIL Allen estimates the cost to deliver Residential Care services was \$192 million in FY22.



4.2 Home Care

4.2.1 Profile of service users

BaptistCare care provided care for a full-year equivalent of 9,516 people in FY22. The majority (70 per cent) of clients were recipients of the Commonwealth Home Support Programme, while the remaining service were delivered to recipients of Home Care Packages (in FY22 Home Care Packages accounted for 60% of service delivery hours).

4.2.2 Service impacts

Home care is available at a range of levels to assist older Australians who require assistance with a range of supports that improve people's wellbeing and prevent their risk of injury, including domestic services such as cooking, cleaning, transport and home maintenance and preventative health services such as allied health and therapy services. Each service type confers a protective and enhancing effect on people's welfare and health status.

The service enables people with low to moderate needs to remain living at home, in a safer and more comfortable environment. The service impacts associated with Home Care are described below.

Benefit 1 – Service Cost Saving

In the absence of home care, it was assumed those currently receiving care would require assistance from either kin and family members (those with alternative care support) or require assistance from alternative services (those without care support). It was assumed both groups would require greater hospitalisation care as an inpatient.

Assumptions

The alternative care settings for people were again based on age-adjusted rates of social isolation (8.1 per cent)¹⁹ as a proxy for lack of kin or family member support. Applied to the total home care users provides an estimate of 771 users of BaptistCare home aged care services.

The next step was to stratify the group into 'cohort of need', based on the level of service they accessed. Those accessing Level 3 or 4 Home Care packages (14 per cent) were deemed a high need cohort, those receiving a Level 1 or 2 Home Care packages (15 per cent) were deemed a medium need cohort; and those receive CHSPs (71 per cent) were deemed a low need cohort.

Those in the high need care cohort were assumed to require three hospital admissions each year for the median length of stay for those aged over 65 suffering a fall injury (5.7 days), while those in the medium need care cohort were assumed to require two hospital admissions and one hospital admission was assumed to be required for the low need cohort.

Furthermore, it was assumed that those with alternative care supports avoided 85 per cent of the care requirements of those without alternative care supports. While the care supports are assumed to confer a benefit greater than no care supports, given that they aren't as qualified as community aged care workers, the avoidance of hospital costs is not completely achieved.

The average expenditure on admitted patient care per bed day adjusted to 2021 dollars is estimated at \$2,035²⁰.

¹⁹ Social isolation is the state of having minimal contact with others (AIHW 2020).

²⁰ Australian Institute of Health and Welfare (2013), Australian health expenditure — demographics and diseases: Hospital admitted patient expenditure.

Home care prevented \$34.5 million in hospitalisation costs in FY22

Benefit Calculation

Based on the above assumptions, it is estimated that home care services delivered by BaptistCare avoided \$34.5 million in hospitalisation costs in FY22.

Benefit 2 – Economic Empowerment & Independence

In the absence of home care, it was assumed greater care requirements would fall to family and kin members. This would in turn, reduce the time family members and kin have available to undertake paid employment. This benefit also captures the value of salaries and wages paid to BaptistCare staff.

Assumptions

It has been assumed 91.9 per cent (8,555) of home care clients would have access to alternative care based on rates of social isolation. For each client, it was assumed that in the absence of BaptistCare the burden of care and non-medical support would fall to one kin or family member.

The next step was to calculate the labour force participation rate²¹ of the age of kin or family members impacted. Prevailing age distribution rates for kin / family in the labour force were then applied. This analysis yields assumed labour force participation rates of 60.1 per cent for kin and family who would be providing alternative care.

For the individuals who are assumed to be otherwise engaged in the labour force, it is assumed they have the capacity to work up to 40 hours per week (or 1,920 hours per annum) if they choose, reflecting the average maximum hours which could be expected for a full time equivalent worker.

It is assumed for the purposes of this study that the impacted kin or family member is already providing some level of care and non-medical support in the base case, meaning that not all of this care and non-medical support requirement is met on an incremental basis. An average of two hours per day of care and non-medical support is assumed to already provided by family and kin in addition to care provided by BaptistCare.

It was assumed the net additional care requirements that would fall during working hours for each care cohort in the absence of BaptistCare equated to:

- 7 hours per week for the high need cohort
- 3.5 hours per week for the medium need cohort
- 1.75 hours per week for the low need cohort

The incremental care and non-medical support needs of each person met by a kin or family member are then distributed according to the labour force status of the individual providing support. Each hour of labour engagement is valued at the rate of NSW's Gross State Product per hour worked for FY22 (\$99.75 per hour)²²

An additional benefit stream captured under this category is the value of BaptistCare staff salaries and wages. In FY22, BaptistCare paid \$66.3 million in home care staffing costs.

Benefit Calculation

Based on the above assumptions, it is estimated that home care services delivered by BaptistCare enabled kin and family engage in the labour force and also provided employment for BaptistCare Staff, contributing a total of \$141 million to the economy in FY22.

Home care supported \$141 million in employment opportunities in FY22

²¹ Commonwealth Government. 2020. *Aged Care Data Snapshot 2020*. Accessed online at <http://www.health.gov.au/>

²² REMPLAN (20221) Economy, Jobs and Business Insights. Accessed online at <https://app.remplan.com.au/eda-newsouthwales/economy/industries/gross-regional-product?state=3MxlcG!KnOelBGz2sX3OBv!RyEgGtaH2fG!KcgfNfAlfwGJ>

Benefit 3 – Family Support & Relationships

This benefit captures the leisure time family and kin members are able to enjoy, which would be lost in the absence of BaptistCare due to additional home care equivalent requirements.

Assumptions

This benefit involves the application of a number of assumptions outlined above. The same cohort of family and kin providing care in the absence of BaptistCare has been adopted (i.e., 91.9 per cent of home care clients, or 8,555 people).

Of this group, based on the assumptions outlined in the previous section it was assumed 60.1 per cent are engaged in the labour force and the residual 59.9 per cent were not engaged in the labour force.

It was assumed the total net additional care requirements for each care cohort in the absence of BaptistCare equated to:

- 21 hours per week for the high need cohort
- 10 hours per week for the medium need cohort
- 7 hours per week for the low need cohort

The next step was to adjust the hours based on those provided during working hours (i.e., those already measured in the Benefit 2). For instance, the high need cohort were assumed to require 14 hours of care that would fall during working hours, and therefore the residual 7 hours would arise during leisure hours. These estimates were applied to the rate of labour participation outlined above.

Hours are valued at the National Minimum Wage in 2021²³ (\$20.33 per hour)

Benefit Calculation

Based on the above assumptions, it is estimated that home aged care services delivered by BaptistCare enabled kin and family to enjoy leisure time valued at \$28.2 million.

Benefit 4 – Health & Safety Outcomes

This benefit is an estimate of the value of disability avoided as a result of the provision of home care services. The basis for this benefit is that without Home Care services and associated preventative and curative health supports, additional disability would be suffered by those currently using the service.

Assumptions

Associated with the avoided hospitalisation outlined in Benefit 1 is the avoided disability suffered by those receiving home care.

As with the corresponding benefit outlined under Residential Care, this benefit draws on similar assumptions regarding Disability Adjusted Life Year (0.2119), and the Value of a Statistical Life Year (\$220,000).

These estimates have been applied to the hospital episodes estimated in Benefit 1.

**Home care enabled
kin and families to
enjoy \$28.2 million
in leisure time in
FY22**

²³ Fair Work Ombudsman (2022). Minimum wages, <https://www.fairwork.gov.au/pay-and-wages/minimum-wages>

**Home Care
prevented
\$2.1 million in
disability
burden in FY22**

Benefit Calculation

Based on the above assumptions, it is estimated that home care services delivered by BaptistCare prevented \$2.1 million in disability burden for those that received the service in FY22.

Benefit 5 – Connected Communities

ACIL Allen identified a range of ways in which the home care services delivered by BaptistCare enhance the connectedness of communities, and contributes to people’s mental health wellbeing. These impacts are presented qualitatively due to data and methodological limitations.

- *Higher representation from the aged in communities:* Older individuals receiving home care are often able to maintain an active presence in the local community. An older individual may be a member of a number of local community groups, hold volunteering roles and in some cases may hold additional responsibilities such as a leadership role. The flexibility associated with the delivery of home support and home care services can help ensure older individuals have the capacity to dedicate time to fulfil these responsibilities which supports these important community contributions.
- *Greater engagement with aged family members:* Home care provides greater freedom to engage with aged family members when compared to time constraints oftentimes imposed within residential aged care facilities. This freedom helps to support the wellbeing of both the older individual and family members, facilitates social engagement and mitigates against loneliness. Older individuals are at an increased risk of loneliness, relative to other age cohorts, as they are more likely to face factors such as living alone, the loss of family and friends and chronic illnesses or impairments that can limit capacity for social engagement.
- *Delay admission to more intensive services:* Home care can delay the onset of admission to more intensive services, such as residential aged care, primary health services or a hospital. Older people have a strong preference to stay living in their own home should they ever need support or care. Home care carers play a critical role enabling older people to maintain their independence and stay at home for longer through the possible early identification of health needs and the reduction of potential long-term health implications when these issues are not addressed.
- *Support in navigating access to the aged care services:* Home care carers provide information to older people and their families to help them navigate the aged care system and ensure that the required services are being delivered to meet health care needs. It is important that information relating to a step up in the level of care delivered is effectively communicated to an older individual and their family. Generally, carers are well informed on the specific care needs of an individual on the basis of the existing service relationship, and as such can deliver tailored information and informed recommendations.

Service Cost

Based on data provided by BaptistCare, ACIL Allen estimates the cost to deliver home care services in FY22 was \$102.2 million. This equates to an average cost of \$10,745 per service user.



4.3 Retirement Living

4.3.1 Profile of service users

BaptistCare provided housing to 817 people living in 9 retirement villages across NSW and ACT. Retirement villages offer people over the age of 55 lifestyle benefits, with fully maintained residences and grounds, and also high levels of social connectivity.

4.3.2 Service impacts

Baptist Care's retirement villages offer its users key lifestyle benefits, by reducing the burden of domestic maintenance duties and also enhancing social connectivity with facilitated activities and colocation of those at a similar life stage.

Owing to some data limitations for the Retirement Living service line, ACIL Allen has relied on a combination of operational data from BaptistCare and related studies to develop assumptions in this section.

Benefit 1 – Service Cost Saving

Retirement Living can increase utilisation of healthcare service focussed on preventative monitoring, which can in turn reduce utilisation of more expensive curative healthcare, which may arise if people didn't move to a retirement village.

Assumptions

Retirement Living can both increase and decrease an individual's utilisation of health services. On one hand, BaptistCare villages have general practitioners on site, which may encourage greater levels of healthcare service utilisation. Alternatively, the monitoring and preventative focus of general practitioners may alleviate the impact of more acute and expensive health conditions at later stages in a person's life. Furthermore, exercise classes, maintenance and cleaning, and social activities may improve people physical and mental health and safeguard against future disease and injury.

A similar study²⁴ found that retirement villages deliver healthcare expenditure services. ACIL Allen estimates that the equivalent saving generated by BaptistCare, adjusting for inflation, service scope and scale, was \$2,960 per resident in FY22. For context, this is broadly equivalent 1.5 admitted patient bed days. This cost saving was assumed to apply to all service users.

Another potential service saving is the aged care pension. While those living in retirement villages are typically self-funded and financially secure, BaptistCare do offer affordable placements which are 30 per cent below market rate. Furthermore, movement to a retirement village may prompt individuals to assess their financial situation and undertake planning and preparation that reduces reliance on pension support (planning that may be delayed in the absence of such a move). ACIL Allen was unable to determine the extent to which this cost saving may arise for Retirement Living service users and has therefore elected not to apply a quantitative valuation to this impact and instead treat it as a potential qualitative benefit.

Benefit Calculation

Based on the above assumptions, it is estimated that Retirement Living services delivered by BaptistCare avoided \$2.4 million in hospitalisation costs in FY22.

Retirement Living prevented \$2.4 million in hospitalisation costs in FY22

²⁴ Think Impact (2018) Living Communities Age Well. Available From: <https://ocav.com.au/app/uploads/2018/06/Living-Communities-Age-Well.pdf>

Benefit 2 – Economic Empowerment & Independence

This benefit focusses on the employment opportunities provided to BaptistCare staff.

Assumptions

Retirement villages may better facilitate employment conditions for its residents and their family members. The social connectivity generated at villages may help people find new jobs, particularly in part-time roles that may better suit the desired lifestyle of residents. Residents also likely have lower home maintenance requirements, which may fall to family members and in turn reduce the time available for paid employment.

However, ACIL Allen found limited evidence to suggest these impacts were sufficiently substantive to be quantified in this report.

As such, the benefit stream captured under this category is the value of BaptistCare staff salaries and wages. In FY22, BaptistCare paid \$3.1 million in Retirement Living staffing costs.

Benefit Calculation

Based on the above assumptions, it is estimated that Retirement Living employment contributed a total of \$3.1 million in salaries and wages to the economy in FY22.

Benefit 3 – Family Support & Relationships

Retirement Living delivers benefits to the family and kin of residents. With stable and safe living conditions, as well as an improved lifestyle, Retirement Living can improve the relationship between residents and their family and reduce the stress experience by both groups.

Assumptions

Retirement villages provide safer, more connected and more convenient places for aging people to live. As people age, they may require greater assistance undertaking domestic duties such as cleaning and home maintenance, which may in turn fall to family members. This can create relationship stressors. In some cases, those requiring assistance may fear the loss of independence and increasing reliance on family members. Those providing care may also find it challenging to provide support in addition to other competing professional and family priorities.

In both cases, the transition places strain on the aging and their family members and the relationship can suffer. Retirement villages can help family members feel relieved that arrangements are in place for the housing and care of their family member

A study²⁵ found retirement villages improved family relationships and avoided physical and emotional demands on the family. ACIL Allen estimates that the equivalent benefit generated by BaptistCare, adjusting for inflation, service scope and scale, was \$5,610 per resident in FY22. This benefit was assumed to apply to all service users.

Benefit Calculation

Based on the above assumptions, it is estimated that Retirement Living services delivered by BaptistCare delivered \$4.6 million in improvements to relationships between residents and their family members in FY22.

Retirement Living supported \$3.1 million in employment opportunities in FY22

Retirement Living generated \$4.6 million in family relationship improvements in FY22

²⁵ Think Impact (2018) Living Communities Age Well. Available From: <https://ocav.com.au/app/uploads/2018/06/Living-Communities-Age-Well.pdf>

Benefit 4 – Health & Safety Outcomes

Retirement villages provide safe, connected and well-resourced environments for people to live, which can contribute to enhanced health and safety outcomes.

Assumptions

Retirement villages can enhance the physical and mental health of its residents.

Through routine building maintenance undertaken by BaptistCare, residents avoid this stress and responsibility, which can be dangerous and leads to falls and injuries.

Facilitated events at the BaptistCare villages can help people maintain and establish new relationships, which contributes to improved mental health outcomes. This can be the case particularly for single residents following a bereavement or divorce. Exercise activities, such as gym classes and hydrotherapy can help individuals maintain better physical health as they age, also contributing to better health outcomes.

A study²⁶ found retirement villages lead to improved physical and mental health for its residents. ACIL Allen estimates that the equivalent benefit generated by BaptistCare, adjusting for inflation, service scope and scale, was \$8,570 per resident in FY22. This benefit was assumed to apply to all service users.

Benefit Calculation

Based on the above assumptions, it is estimated that Retirement Living services delivered by BaptistCare delivered \$7.0 million in improvement physical and mental health outcomes for its users in FY22.

Benefit 5 – Connected Communities

BaptistCare’s retirement villages facilitate high levels of connection for its residents. This feature of Retirement Living and yields benefits to independence, inclusiveness and mental health wellbeing.

Assumptions

BaptistCare retirement villages home an average of 90 people at each of its nine locations. Each village offers a range of facilitated social activities catered to a range of interests and capabilities. Villages are also secure and well monitored, giving residents the confidence to travel on holiday and rest assured their home will be watched by neighbours and staff when away.

A study²⁷ found retirement villages enhance independence and lifestyle choices and also contribute to a sense of inclusion and community belonging. ACIL Allen estimates that the equivalent benefit generated by BaptistCare, adjusting for inflation, service scope and scale, was \$13,089 per resident in FY22. This benefit was assumed to apply to all service users.

Benefit Calculation

Based on the above assumptions, it is estimated that Retirement Living services delivered by BaptistCare delivered \$10.7 million in lifestyle choices and community inclusion for its users.

Service Cost

Based on data provided by BaptistCare, ACIL Allen estimates the cost to deliver Retirement Living services in FY22 was \$17.8 million. This equates to an average cost of \$21,730 per service user.

Retirement Living generated \$7 million in improved health outcomes in FY22

Retirement Living generated \$10.7 million in lifestyle and inclusion impacts in FY22

²⁶ Ibid.

²⁷ Ibid.



4.4 Community Housing

4.4.1 Profile of service users

BaptistCare provided 606 people with Community Housing in FY22. Community Housing includes affordable, social and transitional housing and is available to seniors, single-parent families and women experiencing domestic violence.

Broadly, BaptistCare's Community Housing clients fall into two groups:

- Transitional housing, which tends to be more short-term in nature and for people in urgent need of housing support due to safety concerns and had 23 tenants in FY22; and
- Social and affordable housing, which is longer-term and for financially disadvantaged people, had 583 tenants in FY22.

4.4.2 Service impacts

Community Housing provides a basic need by offering a safe and secure environment for people to reside. This can mitigate the impacts of urgent threats, such as domestic violence, and avoid instances of homelessness, which can be associated with greater health and social services utilisation.

Benefit 1 – Service Cost Saving

Assumptions

In the absence of Community Housing, occupants face the prospect of becoming homeless. Those experiencing homelessness face greater health and social risks, which in turn results in higher costs for a range of public services.

ACIL Allen reviewed a number of related studies to determine a reasonable estimate for the cost of homelessness, including:

- A study by the Australian Housing and Urban Research Institute²⁸ which estimated that the annual cost of homelessness, considering costs of health, justice, and welfare equated to \$15,300 per person; and
- A study by SSG Economics and Planning²⁹ estimated that the annual cost of homelessness, considering costs of health, violence, crime, and human capital equated to \$18,500 per person.

ACIL Allen took an average of the two studies (i.e., \$16,900) to derive a reasonable estimate for this study.

It was assumed this cost saving was achieved for all residents occupying social and affordable housing (i.e., 583).

Benefit Calculation

Based on the above assumptions, it is estimated that Community Housing delivered by BaptistCare delivered \$10.2 million in service cost savings for Government in FY22.

**Community
Housing generated
\$10.2 million in
government
service cost
savings in FY22**

²⁸ Davison J, Brackertz N, Alves T. Return on investment for social housing in the ACT. Melbourne: Australian Housing and Urban Research Institute. 2021.

²⁹ SGS Economics and Planning. Give Me Shelter: The long-term costs of underproviding public, social and affordable housing - Cost-benefit analysis report. 2022.

Benefit 2 – Economic Empowerment & Independence

Community Housing can provide a safe and secure environment for people to live in, which in turn may support people in finding and sustaining employment. Stable housing enables people to lead routine-based lives, which are important conditions for sustaining employment.

A research paper³⁰ exploring the relationship between housing assistance and employment in Australia found that 9.8 per cent of working-age public housing tenants were employed. As employment data was unavailable for BaptistCare's Community Housing tenants, ACIL Allen assumed the same rate of employment in the aforementioned study.

This rate has been applied to working-age adults accessing social and affordable housing. It was assumed those employed were earning the National Minimum Wage in 2021³¹ (\$20.33 per hour) and working full-time jobs (38 hours / week).

The benefit stream captured under this category also includes the value of BaptistCare staff salaries and wages paid to those delivering Community Housing. In FY22, BaptistCare paid \$1.5 million in Community Housing staffing costs.

Benefit Calculation

Based on the above assumptions, it is estimated that Community Housing employment contributed a total of \$2.4 million in salaries and wages to the economy in FY22.

Benefit 3 – Family Support & Relationships

Assumptions

In FY22, BaptistCare provided transitional housing to an annualised total 23 people. This estimate accounts for those entering and leaving housing during the year.

It was assessed that these tenants were escaping a domestic violence situation and avoided the ongoing costs associated with domestic violence.

Based on the average family composition statistics, it was estimated that 9 of the tenants were single parents with 14 children (or an average of 1.6 children each).

Based on the long-term impact of domestic violence, the annualised cost of domestic violence was estimated to be \$28,639 per person experience domestic violence³², and \$60,555 per child of those experience domestic violence³³.

These estimates include individual wellbeing costs, public service costs and productivity losses and were assumed to be the cost saving achieved as a result of temporary Community Housing offered by BaptistCare.

Of these cost estimates, it was found that 80 per cent of the estimate for children and 48 per cent of the estimate for adults captured health and welfare impacts. These proportions of the cost saving were removed from this benefit calculation and applied in Benefit 4 (Health & Safety).

**Community
Housing supported
\$2.4 million in
employment
opportunities in
FY22**

³⁰ Productivity Commission (2015), Housing Assistance and Employment in Australia, Productivity Commission Research Paper Volume 1: Chapters

³¹ Fair Work Ombudsman (2022). Minimum wages, <https://www.fairwork.gov.au/pay-and-wages/minimum-wages>

³² PricewaterhouseCoopers (2015). A high price to pay. PwC Australia.

³³ Deloitte Access Economics. The economic cost of violence against children and young people: Advocate for Children and Young People. Deloitte. 2019.

Community Housing prevented \$0.3 million in non-health related domestic costs in FY22

Benefit Calculation

Based on the above assumptions, it is estimated that Community Housing prevented \$0.3 million in non-health related domestic violence costs in FY22.

Benefit 4 – Health & Safety Outcomes

Assumptions

The assumptions for this benefit are described in the above section and capture the health and safety portion of domestic violence.

As noted above, 80 per cent of the annualised cost of domestic violence (\$60,555) per child of a person experiencing domestic violence includes welfare costs, and for those experiencing domestic violence, welfare costs reflect 48 per cent of the total cost of domestic violence (\$28,639)

The welfare costs were captured under this benefit category.

Community Housing prevented \$0.8 million in health-related domestic costs in FY22

Benefit Calculation

Based on the above assumptions, it is estimated that Community Housing prevented \$0.8 million in health-related domestic violence costs in FY22.

Benefit 5 – Connected Communities

Assumptions

Consultation with BaptistCare indicated the nature of the supports provided by the organisation's Community Housing was similar to those offered by the Retirement Living service.

In addition to supporting people with transitional and social, and affordable housing, BaptistCare also provides additional supports that help clients feel more inclusive, supported and better able to access other services. ACIL Allen adopted the study's findings to measure the community benefits of retirement villages and calculated the equivalent benefit estimates for Community Housing provided by BaptistCare, adjusted for inflation, service scope and scale, was \$5,020 per resident in FY22. This benefit was assumed to apply to all service users.

Community Housing delivered \$3.0 million in community inclusion benefits in FY22

Benefit Calculation

Based on the above assumptions, it is estimated that Community Housing services delivered by BaptistCare delivered \$3.0 million in community inclusion benefits for its users.

Service Cost

Based on data provided by BaptistCare, ACIL Allen estimates the cost to deliver Community Housing services in FY22 was \$5.1 million. This equates to an average cost of \$3,334 per service user.



4.5 Community Services

4.5.1 Profile of service users

Community Services capture a broad range of supports delivered by BaptistCare. These are typically discrete episodes of assistance to help individuals on an as-need basis.

Given the nature of Community Services, the operational data available for this study was somewhat limited in its ability to isolate the precise services delivered to individuals. In some cases, an individual may present for more than one service (for example, seek casework services as part of a drop-in), and each episode will be counted separately. In other cases, the individual may seek a discrete service that is not recorded as another separate service.

ACIL Allen has analysed de-identified unit record operational data from BaptistCare and, in an effort to avoid overstating service delivery, made the following observations:

- A total of 4,353 unique individuals received community services during the year.
- A total of 42,920 unique services were delivered, of which
 - 33,182 were for drop-in services, primarily for food services and emergency relief.
 - 7,838 were for counselling and family services; and
 - 1,900 were for chaplaincy services.

On average, users accessed 10 services each, with 48 per cent accessing between 1 and 5 services, 30 per cent accessing between 6 and 10 services and 22 per cent accessing 11 or more.

4.5.2 Service impacts

Community Services provide important support to people in urgent need and cater to a variety of needs, from those needing one-off support to those needing regular and more intensive support.

ACIL Allen has analysed the impact of BaptistCare's Community Services through its delivery of meal assistance, counselling, family services and chaplaincy support.

Benefit 1 – Service Cost Saving

BaptistCare's Community Services provide those in need with access to a food support service. Food support programs can alleviate food insecurity, avoiding serious health conditions and health care costs.

Assumptions

In FY22, BaptistCare served 62,839 meals to 3,274 people. Of these clients, 22 per cent (722) accessed food services once a month or more on average, and 78 per cent (2,522) accessed the service less than once a month on average. It was assumed those accessing the service more than once a week were in a 'high-risk' food security group, and the remaining were in a 'low-risk' group.

Recent research³⁴ found the degree to which an individual faces food insecurity has an influence on their health care utilisation and expenditure. ACIL Allen analysed the findings in the study and applied adjustments to account for the to the location and scale of BaptistCare Community Services to develop estimates for this study. This resulted in the estimate that by changing an individual's status from:

- 'low food security' to 'marginal food security' reduced the individual's annual hospitalisation expenditure by \$218 each year; and

³⁴ Dean EB, French MT, Mortensen K. Food insecurity, health care utilization, and health care expenditures. *Health Serv Res.* 2020;55(Suppl. 2):883–893.

- ‘very low food security’ to ‘marginal food security’ reduced the individuals annual hospitalisation expenditure by \$2,060 each year.

These annual hospitalisation costs were applied to each food security risk group.

Community Services prevented \$0.7 million in hospitalisation costs in FY22

Benefit Calculation

Based on the above assumptions, it is estimated that Community Services delivered by BaptistCare avoided \$0.7 million in hospitalisation costs in FY22.

Benefit 2 – Economic Empowerment & Independence

Community Services may support people in finding and sustaining employment. The food and emergency relief, counselling and pastoral care may alleviate daily challenges and provide individuals with the confidence and support to pursue and maintain employment.

However, ACIL Allen found limited evidence to suggest these impacts were sufficiently substantive to be quantified in this report.

As such, the benefit stream captured under this category is the value of BaptistCare staff salaries and wages paid to those delivering Community Services. In FY22, BaptistCare paid \$13.3 million in Community Services staffing costs.

Community Services supported \$13.3 million in employment opportunities in FY22

Benefit Calculation

Based on the above assumptions, it is estimated that Community Services employment contributed a total of \$13.3 million in salaries and wages to the economy in FY22.

Benefit 3 – Family Support & Relationships

As part of BaptistCare’s community service, clients are able to access counselling and family services. This service provides urgent assistance to people experiencing or at risk of, family and domestic violence.

Assumptions

In FY22, BaptistCare provided Counselling and Family Services to support to 1,098 individuals.

Based on public estimates³⁵ of reported domestic violence, ACIL Allen estimates 911 service recipients were people who had experiences and 187 were people who had perpetrated domestic violence.

Furthermore, based on average family composition statistics³⁶, it is estimated that people who experienced domestic violence had 1,458 children.

Benefits were then calculated for each cohort.

For people who had experienced domestic violence, in a review of relevant literature, ACIL Allen found that 62 per cent³⁷ of people will leave their partner after an episode of domestic violence, while 38 per cent remain in the relationship. Of those that remain, 47 per cent³⁸ do not experience another episode of domestic violence after seeking counselling support. Therefore, it was assumed 266 people who had experienced domestic violence avoid a subsequent episode of domestic violence after accessing BaptistCare’s counselling support.

³⁵ AIHW: Family, domestic and sexual violence in Australia: continuing the national story 2019. Canberra: Australian Government. 2019.

³⁶ Australian Bureau of Statistics (2022) Household and Family Projections, Australia. Available from: <https://www.abs.gov.au/statistics/people/population/household-and-family-projections-australia/latest-release>

³⁷ AIHW: Family, domestic and sexual violence in Australia: continuing the national story 2019. Canberra: Australian Government. 2019.

³⁸ Ibid.

ACIL Allen found that 49 per cent of perpetrators of domestic violence are deemed suitable for behavioural change programs. Of this group, it was found that 8.7 per cent³⁹ do not re-offend after participating in a behavioural program, assumed to be similar to those offered by BaptistCare. Therefore, it was assumed 8 perpetrators are prevented from committing a subsequent episode of domestic violence after accessing BaptistCare’s counselling support.

For children of victims of domestic violence, it was found that between 11 and 22 per cent go on to develop educational, behavioural and social problems. ACIL Allen applied to lower-end estimate of 11 per cent. Therefore, it was assumed 160 children avoid a subsequent episode of domestic violence after their parent accessed BaptistCare’s counselling support.

Based on the long-term impact of domestic violence, the annualised cost of domestic violence was estimated to be \$28,639 per person experience domestic violence⁴⁰, and \$60,555 per child of those experience domestic violence⁴¹. These estimates include individual wellbeing costs, public service costs and productivity losses, and were assumed to be the cost saving achieved as a result of counselling and family services offered by BaptistCare.

Community Services avoided \$17.5 million in domestic violence costs in FY22

Benefit Calculation

Based on the assumptions outlined above, it is estimated that family and counselling services delivered by BaptistCare avoided domestic violence costs estimated to be \$17.5 million in FY22.

Benefit 4 – Health & Safety Outcomes

As part of BaptistCare’s community service, clients are able to access chaplaincy and pastoral care support. This service provides spiritual support and guidance and can safeguard against the development of mental health issues.

Assumptions

In FY22, BaptistCare’s chaplaincy supports were accessed by 202 individuals.

Those practising religious and spiritual beliefs and practices have been found to benefit in a number of ways. Studies have found people can live better quality lives and enjoy a longer life expectancy by engaging in religious practices⁴².

A recent study analysing the mental health outcomes for people of faith determined that pastoral care is an effective mode of improving one’s mental health. Specifically, the study found pastoral care can improve clinical outcomes by 15.7 per cent⁴³. This estimate was applied to the Disability adjusted weight of a moderate episode of depression (0.396) and monetised using the Value of a Statistical Life Year (\$220,000).

Community Services supported \$15.0 million in improved health outcomes in FY22

Benefit Calculation

Based on the assumptions outlined above, it is estimated that chaplaincy supports delivered by BaptistCare delivered improved mental health outcomes valued at \$15.0 million in FY22.

³⁹ Department of Social Services. National Outcome Standards for Perpetrator Interventions: Baseline report, 2015–16. Canberra: Australian Government. 2016.

⁴⁰ PricewaterhouseCoopers. A high price to pay. PwC Australia. 2015.

⁴¹ Deloitte Access Economics. The economic cost of violence against children and young people: Advocate for Children and Young People. Deloitte. 2019.

⁴² Association of Professional Chaplains (2022), The benefits of spiritual care provided by professional chaplains. Available from: https://www.professionalchaplains.org/files/about_us/for_administrators/research_studies/professional_chaplaincy_role_in_healthcare_whitepaper/chaplaincy_role_importance_health_care_sec4_whitepaper.pdf

⁴³ Thomas M, Crabtree M, Janvier D, Craner W, Zechner M, Bussian LB. Bridging Religion and Spirituality With Gestalt Psychotherapy to Improve Clinical Symptoms: Preliminary Findings Using Gestalt Pastoral Care. Psychother. 2022;59(3):400-404.

Benefit 5 – Connected Communities

Community Services are available in an inclusive manner to those requiring support. Access to a friendly and caring support service, including its workers supports positive mental health impacts to those that access it.

Assumptions

In FY22, BaptistCare delivered a total of 42,920 services to 4,353 unique individuals.

It was assumed each user derived a welfare benefit from the service episode, in and above other impacts measured in the above sections. This welfare impact may be generated by simply knowing they have a support service they can access in a time of need, and may also be enhanced by the friendly and supportive care the staff offer.

ACIL Allen assumed each service delivered a welfare benefit that lasted for 8 hours. The benefit was assumed to be the inverse of a mild depressive episode (DALY = 0.145) and monetised using the Value of a Statistical Life Year (\$220,000).

Benefit Calculation

Based on the assumptions outlined above, it is estimated that Community Services delivered by BaptistCare delivered welfare improvements valued at \$0.3 million in FY22.

Service Cost

Based on data provided by BaptistCare, ACIL Allen estimates the cost to deliver Community Services in FY22 was \$13.5million. This equates to an average cost of \$21,730 per service user.

**Community
Services supported
\$0.3 million in
community welfare
benefits in FY22**



Results



Results and Key Findings

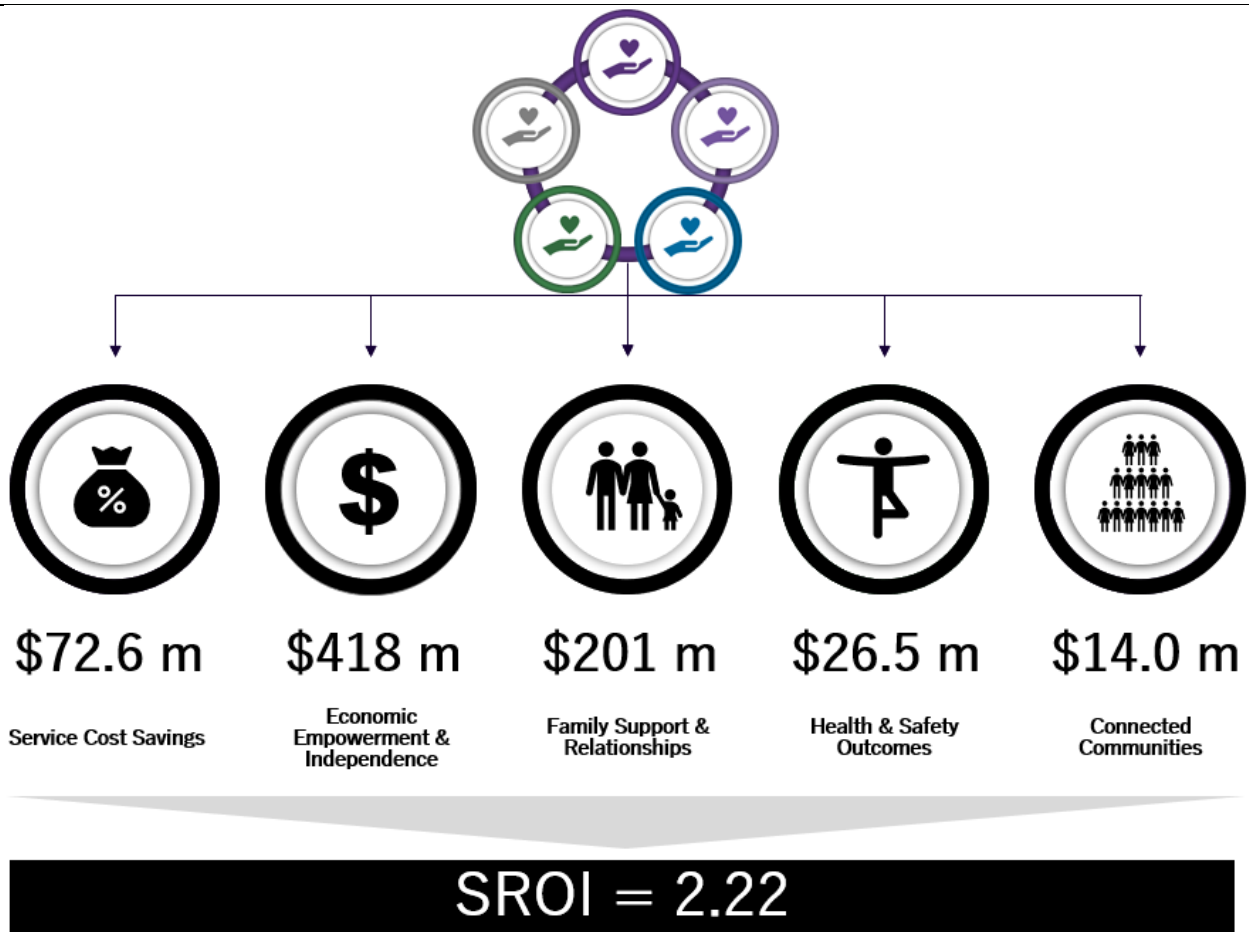
5

This section presents the results and findings of the SROI study. This includes a summary overview of the results of the overall organisation, as well as the results by service line. The results are presented in terms of the estimated value for each impact channel, the social return on investment ratio, net benefits, and benefit per service user.

5.1 Summary of Results

Through its SROI framework, ACIL Allen quantified the benefits and costs of BaptistCare's services across each of the five impact channels in FY22, which has been summarised in **Figure 5.1**.

Figure 5.1 BaptistCare – Summary SROI Results

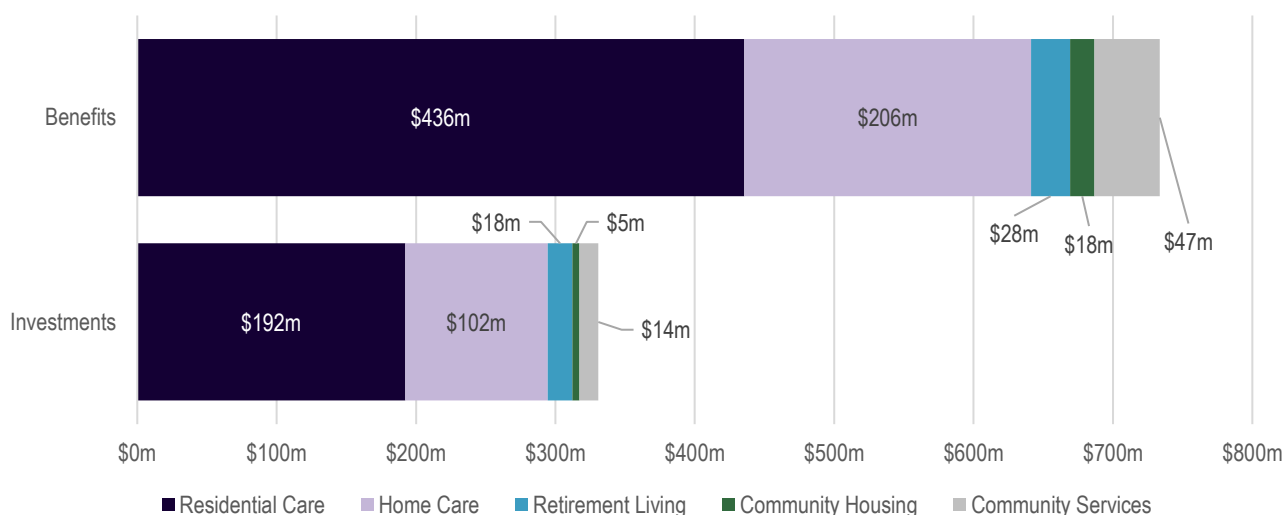


Source: ACIL Allen

Overall, BaptistCare is estimated to have generated a net social benefit (i.e., total benefits minus total costs) of \$402 million in FY22, and generated \$2.22 in benefits for every \$1.00 spent by the organisation. This equates to a social benefit of \$43,214 per client served by the organisation.

Figure 5.2 below presents a summary of the investment and social return by service line.

Figure 5.2 BaptistCare SROI Results – Total Investment and Social Return by Service line



Source: ACIL Allen

Service Cost Savings (Benefit 1) arises as a result of avoided utilisation and costs in adjacent public services, such as hospitals and other Community Services. This benefit accrues to the funders of public services, typically the Federal and State / Territory Governments. At \$72.6 million, this benefit accounts for 10 per cent of the total social impact of the organisation.

Impacts measured under **Economic Empowerment & Independence** (Benefit 2) were estimated to yield \$418 million, accounting for the largest impact at 57 per cent of the overall social impact. Impacts broadly relate to the additional employment opportunities that arise from BaptistCare’s services, including jobs held by BaptistCare’s staff and those able to work as a direct result of the care supports offered by the organisation.

Family Support & Relationships (Benefit 3) accounts for \$201 million (28 per cent of the overall impact). This is the second largest category of impact by value and measure the impact of improved family relationship and the avoidance of traumatic episodes such as domestic violence.

Health & Safety Outcomes (Benefit 4) capture \$26.5 million or 4 per cent of the total social impact. These impacts capture the improved health and welfare clients enjoy as a result of receiving BaptistCare services.

The fifth and final benefit category **Connected Communities** represents \$14 million or two per cent of the overall social impact. These impacts capture the improved community cohesion and mental health wellbeing that arises from BaptistCare’s services. Due to data limitation, these impacts have been analysed qualitatively in the Residential Care and Home Care service lines, which likely understates the value of this benefit category.

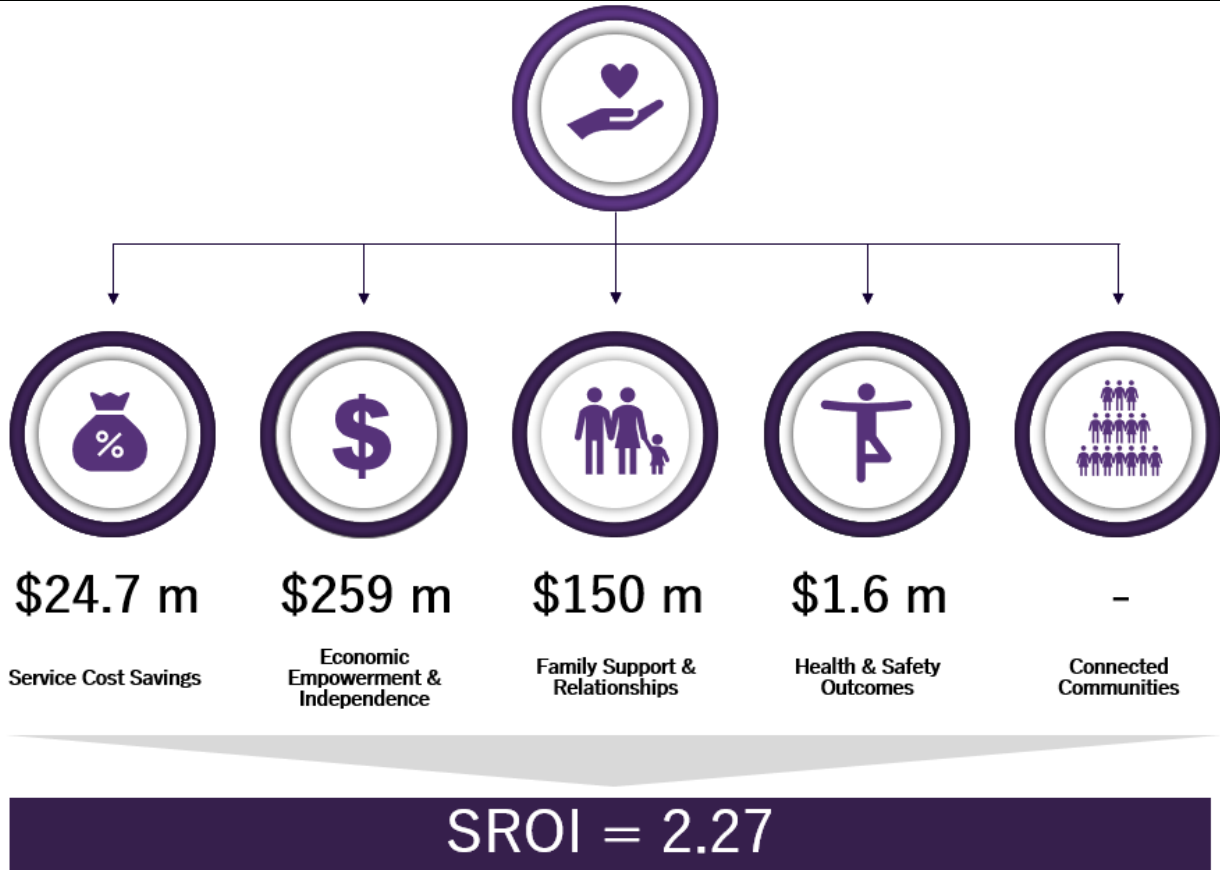
The remainder of this chapter outlines analysis on the service line results.

5.2 Residential Care

BaptistCare’s Residential Care service line generated a SROI of 2.27 in FY22. This equates to a total net benefit of \$243 million and a benefit of over \$261,000 per service user.

The impacts by benefit category is presented in Figure 5.3

Figure 5.3 Residential Care– SROI Results



Source: ACIL Allen

For every dollar spent, ACIL Allen estimates that the Residential Care returns return \$2.27 in benefits distributed as follows:

- 13 cents in service costs savings to the funders of health and Community Services
- \$1.35 in economic value as measured by the contribution to employment
- 78 cents in improved family supports and relationship outcomes; and
- 1 cent in improve health and welfare outcomes for service users.

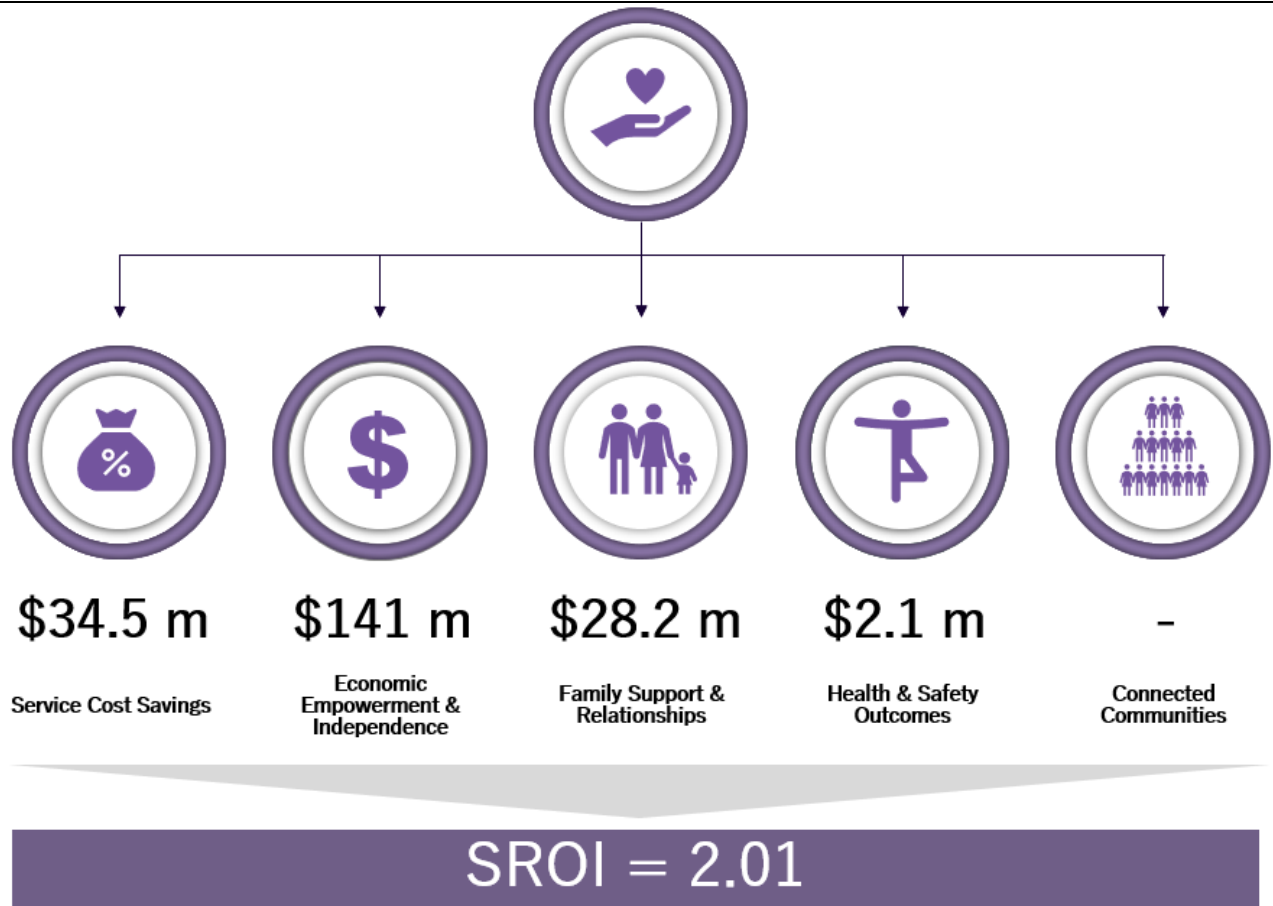
Residential Care also delivers a range of qualitative benefits, a number of which have been presented under the category of connected communities, including community confidence in care for vulnerable citizens, greater community amenity, greater security and creating the opportunity for volunteers to contribute.

5.3 Home Care

BaptistCare’s Home Care service line generated a SROI of 2.01 in FY22. This equates to a total net benefit of \$103 million and a benefit of over \$21,600 per service user.

The impacts by benefit category are presented in Figure 5.4

Figure 5.4 Home Care – SROI Results



Source: ACIL Allen

For every dollar spent, ACIL Allen estimates that the home care returns return \$2.01 in benefits distributed as follows:

- 34 cents in service costs savings to the funders of health and Community Services
- \$1.38 in economic value as measured by the contribution to employment
- 28 cents in improved family supports and relationship outcomes; and
- 2 cents in improve health and welfare outcomes for service users.

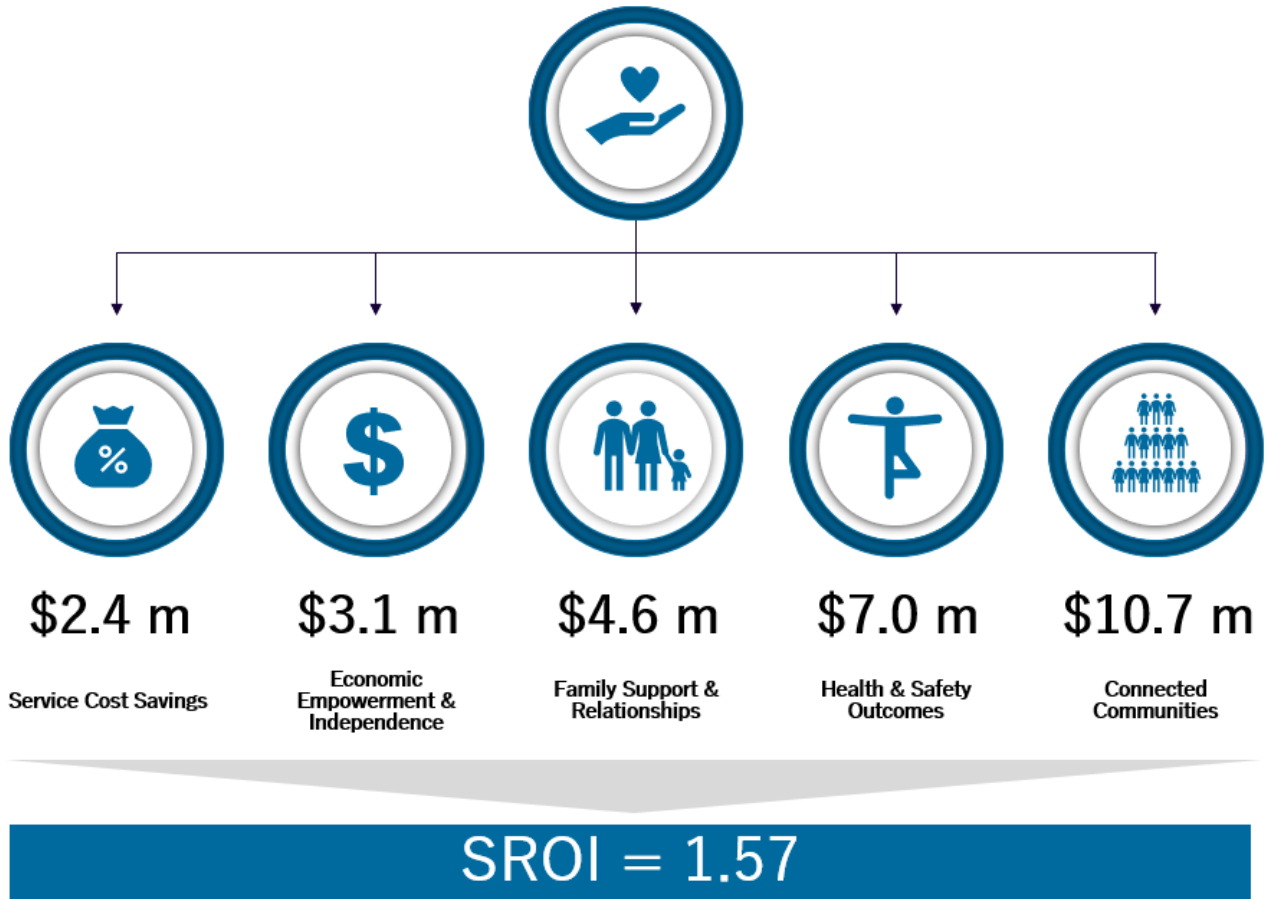
Home care also delivers a range of qualitative benefits, a number of which have been presented under the category of connected communities, including lower representation from the aged in communities, greater engagement with aged family members, delay admission to more intensive services and support in navigating access to the aged care services.

5.4 Retirement Living

BaptistCare’s Retirement Living service line generated a SROI of 1.57 in FY22. This equates to a total net benefit of \$10.1 million and a benefit of over \$34,000 per service user.

The impacts by benefit category are presented in Figure 5.5

Figure 5.5 Retirement Living – SROI Results



Source: ACIL Allen

For every dollar spent, ACIL Allen estimates that the Retirement Living returns return \$1.57 in benefits distributed as follows:

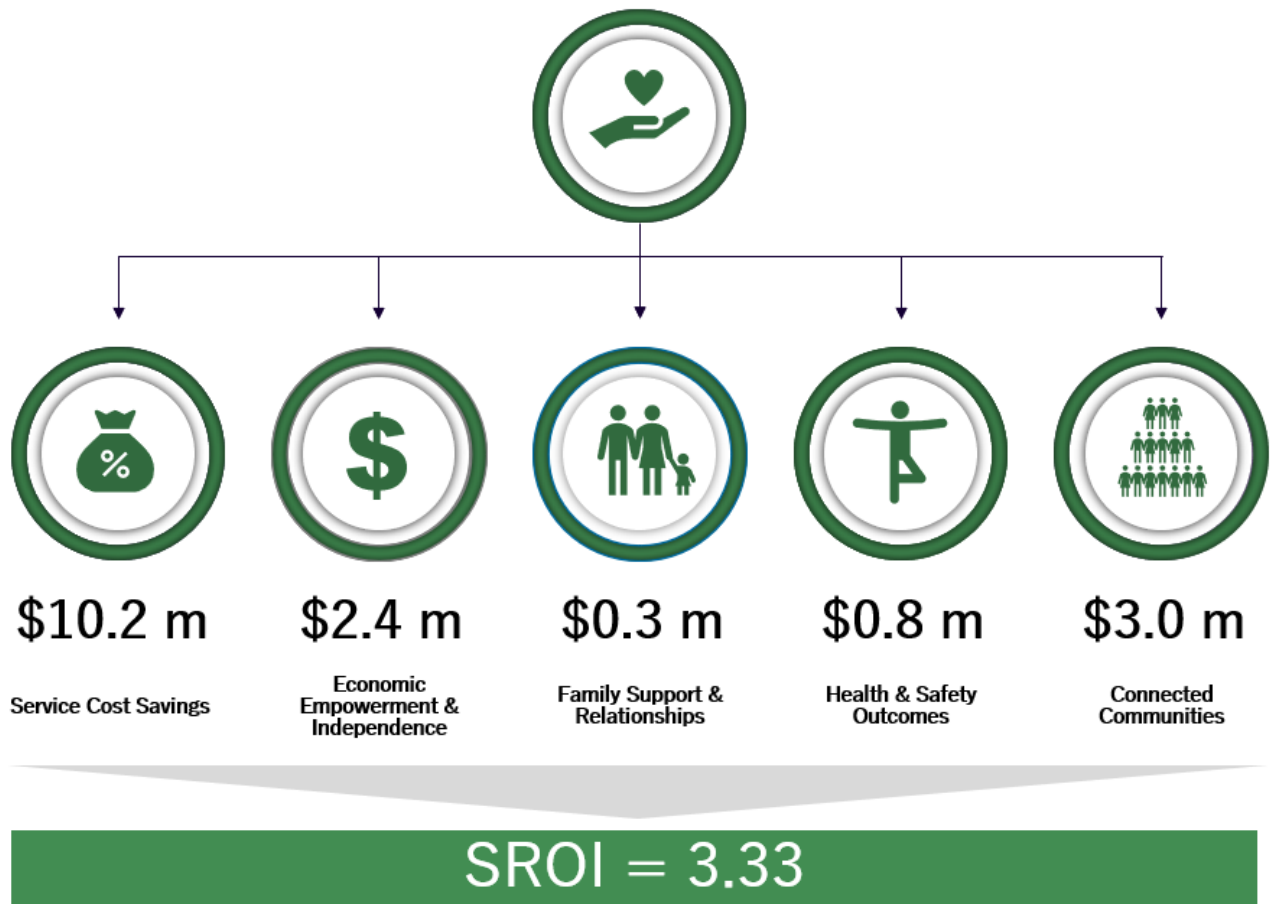
- 14 cents in service costs savings to the funders of health and Community Services
- 18 cents in economic value as measured by the contribution to employment
- 26 cents in improved family supports and relationship outcomes
- 39 cents in improve health and welfare outcomes for service users; and
- 60 cents in better connected communities impacts for service users.

5.5 Community Housing

BaptistCare’s Community Housing service line generated a SROI of 3.33 in FY22. This equates to a total net benefit of \$11.8 million and a benefit of over \$27,700 per service user.

The impacts by benefit category are presented in Figure 5.6

Figure 5.6 Community Housing – SROI Results



Source: ACIL Allen

For every dollar spent, ACIL Allen estimates that the Community Housing returns return \$3.33 in benefits distributed as follows:

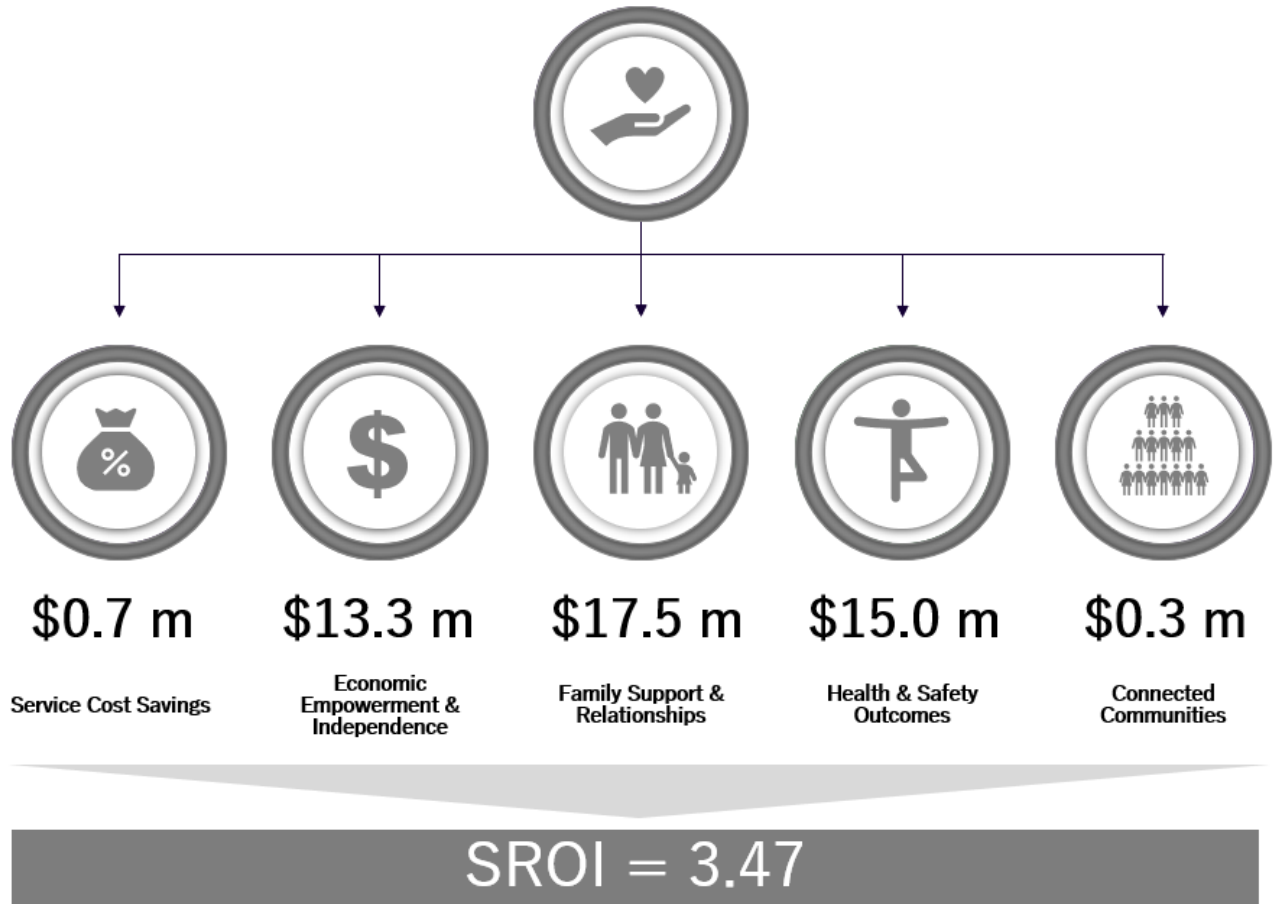
- \$2.03 cents in service costs savings to the funders of health and Community Services
- 48 cents in economic value as measured by the contribution to employment
- 6 cents in improved family supports and relationship outcomes
- 16 cents in improve health and welfare outcomes for service users; and
- 60 cents in better connected communities impacts for service users.

5.6 Community Services

BaptistCare’s Community Services service line generated a SROI of 3.47 in FY22. This equates to a total net benefit of \$33.4 million and a benefit of over \$10,700 per service user.

The impacts by benefit category are presented in Figure 5.7

Figure 5.7 Community Service – SROI Results



Source: ACIL Allen

For every dollar spent, ACIL Allen estimates that the Community Services return \$3.47 in benefits distributed as follows:

- 5 cents in service costs savings to the funders of health and Community Services
- 99 cents in economic value as measured by the contribution to employment
- \$1.30 in improved family supports and relationship outcomes
- \$1.11 in improve health and welfare outcomes for service users; and
- 2 cents in better connected communities for service users.

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