

REPORT TO RAISE FOUNDATION

Raise Independent Evaluation Economic evaluation

March 2024

FINAL REPORT



Social
Outcomes
Lab.

ACKNOWLEDGEMENT OF COUNTRY

The Social Outcomes Lab (SouLab) would like to acknowledge and pay respect to the Traditional Custodians of the lands across Australia and Elders past and present.

ACKNOWLEDGEMENTS

SouLab would like to thank the team at Raise Foundation for their ongoing support and contribution to the evaluation. In particular, we would like to thank Lucy Snowball for managing the project and providing support to ensure that the evaluation ran smoothly and that we obtained the needed inputs.

We would like to acknowledge the schools that contributed to this evaluation and were generous with their time and efforts despite their numerous commitments. We would also like to acknowledge the mentors who took the time to participate in interviews and focus groups with us and provided valuable feedback.

We would like to acknowledge the contributions of the Raise Foundation's Research Advisory Council (RAC) and the Evaluation Advisory Group (EAG) in informing the benefit-cost conceptual model. We would like to acknowledge the contributions of the University of Melbourne, which undertook the outcome evaluation component of the independent evaluation.

Finally, we would like to acknowledge the support and input from Raise Foundation's CEO, Vicky Condon, and Chairperson of the Board, Leon Condon.

SUGGESTED CITATION

The Social Outcomes Lab (2024), *Raise Independent Evaluation – Economic Evaluation*, Report prepared for Raise Foundation, March 2024.

RELIANCES AND LIMITATIONS

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Glossary

The glossary below is intended to assist readers in understanding some of the more technical terms or abbreviations used in this report.

Term or Abbreviation	Definition
Additional Raise group/cohort	A group of intervention students (Raise mentees) for which student attendance data is collected, from control schools that took part in the Outcome Evaluation.
BRS	Brief Resilience scale - a validated measure for resilience in adolescents.
Connectedness subscale	A subscale from the EPOCH scale that refers to one's ability to establish relationships with others and believe one is cared for, loved, esteemed and valued.
Control group	A group of students that did not receive intervention (did not undertake Raise youth mentoring program).
Control schools	The schools that took part in the Outcome Evaluation and outcomes data was collected for students from those schools in the control group.
Difference-in-difference	A technique used to compare the changes in outcomes over time between an intervention and a control group.
Discount rate	A rate applied to calculate the present value of the future benefits.
EAG	Evaluation Advisory Group of Raise
EPOCH	Engagement, Perseverance, Optimism, Connectedness and Happiness scale - a validated measure for wellbeing in students.
Evaluation participants	A group of students that took part in the Outcome Evaluation. Can be divided between control and intervention students.
ICSEA	Index of Community Socio-Educational Advantage. ICSEA provides an indication of the socio-educational backgrounds of students.
Indexation rate	A rate applied to a value to adjust for inflation in the future.

Glossary (cont'd)

Term or Abbreviation	Definition
Intervention group	A group of students that received the Raise Youth Mentoring program.
Matched control group/ Matched intervention group/ Matched cohort	A subgroup of students from control group or intervention group or from both groups that are similar between each other. For a cohort to be matched, students from control group and intervention group have to have similar characteristics. Matching intervention and control students is done through statistical technique explained in more detail in the Outcome Evaluation Report.
Mean difference/ Difference in means	A difference between the means of two groups
MH, MHD	Mental Health, Mental Health Disorder
Net benefit	The calculation of benefits after deducting costs
RAC	Research Advisory Council of Raise
SC	School Counsellor
SROI	Social return on investment - a method that aims to capture social, economic and other broader returns from an intervention. SROI in this report captures benefits for Raise youth mentoring program mentees that flow from improvement in their mental health and school attendance. SROI is calculated as a ratio, benefits over costs.
Supplemented Raise	A group of intervention students (Raise mentees) for whom student attendance data is collected. These students come from schools with identical characteristics to the control schools, but did not participate in the Outcome Evaluation.
Total cost per program, cost of program delivery	The full cost for one program to be delivered, including direct and indirect costs.
UoM/University of Melbourne	The University of Melbourne, Faculty of Education; educational and research organisation commissioned by Raise to work on the Outcome Evaluation component of the Independent Evaluation.

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Executive Summary

The Social Outcomes Lab (SouLab) and the University of Melbourne (UoM) were commissioned by the Raise Foundation (Raise) to undertake an independent evaluation of the Raise youth mentoring program. The evaluation was funded by the Australian Government Department of Health and Ageing.

The evaluation includes a process, outcome, and economic evaluation. The University of Melbourne was commissioned to undertake the outcome evaluation, and SouLab was commissioned to undertake the process and economic evaluations. This report contains the findings of the economic evaluation.

About the Raise Youth Mentoring program

Raise's early intervention mentoring program aims to equip young people (years 7 to 9) to navigate through adolescence, believe in themselves, and pursue a purposeful life.

The key focus areas for mentees' outcomes are mental health support, social and emotional well-being and school engagement. The program connects young people with mentors in a school setting that follows through a guided mentoring program. The diagram below provides an overview of the outcomes that the program is seeking to achieve.

About this evaluation

The purpose of this evaluation is to understand the effectiveness and magnitude of impact that the Raise program is making in improving outcomes for young people.

The economic evaluation asks the following questions:

- What is the economic value of the program's benefits to society compared to not doing the program?
- Is the return on expenditure adequate to justify investment in the program?



Key findings

01

The program reveals a positive social return on investment of \$4.37 for each dollar invested in the program under the high scenario

The program results in a positive return on investment. Each dollar invested in the program generates four times the return in benefits and avoided costs to the economy in the high scenario. The base scenario showed a return of \$2.80. The differences in scenarios represent different assumptions on the social discount rate.

03

56% of economic benefits are due to direct improvements in mental health outcomes

Improved school belonging and resilience lead to improved mental health outcomes. These are key desired outcomes of the program and lead to the largest share of total benefits.

02

The key sources of benefits are from improved mental health and school attendance of mentees

Improvements in mental health outcomes lead to lifelong reductions in health service system usage. Improved school attendance results in an increase in the likelihood of year 12 completion which results in lifelong improvements in economic, health, and safety outcomes.

04

36% of economic benefits are due to improvements in attendance rates

Attendance data was collected from schools and showed that those students who went through the program had improved their attendance rates compared to the control group.

05

Ongoing evaluation and monitoring will benefit from ongoing collection of attendance and mental health data

Schools are co-operative in providing data to Raise. As Attendance and mental health outcomes are critical data inputs to determining economic return, collecting this data on an ongoing basis will be beneficial.

Key Stats

\$4.37

Social Return on Investment (SROI) per mentee (high scenario). SROI in the base scenario is \$2.80.

\$3,223

Program delivery cost per mentee

\$10,861

Net benefits per mentee over their lifetime
(high scenario)

\$24.3m

Estimated net lifetime benefits for Raise mentees in one year (2,238 mentees) under the high scenario

\$121.5m

Estimated net benefits over the next five years of the Raise program (assuming the same number of mentees annually) under the high scenario

Economic analysis - summary

The table below presents a summary of the economic analysis.

Mentee Benefits	Base - 1y	Base - Lifetime	Low - Lifetime	High - Lifetime
Mentee benefits				
Benefits per mentee, per program delivered	\$ 219	\$ 8,319	\$ 5,430	\$ 13,216
From MH improvement pathway	\$ 139	\$ 5,087	\$ 3,498	\$ 8,027
From improved attendance pathway	\$ 81	\$ 3,231	\$ 1,933	\$ 5,189
Benefits per program delivered (12 mentees)	\$ 2,633	\$ 99,827	\$ 65,164	\$ 158,590
School Benefits	Base - 1y	Base - Lifetime	Low - Lifetime	High - Lifetime
Benefits for school, per program, per mentee	\$ 695	\$ 695	\$ 564	\$ 868
Benefits for school, per program delivered	\$ 8,334	\$ 8,334	\$ 6,772	\$ 10,416
Total Benefits				
Per program delivered	\$ 10,968	\$ 108,161	\$ 71,936	\$ 169,006
Per mentee	\$ 9,013	\$ 9,013	\$ 5,995	\$ 14,084
Costs				
Total cost of program delivery	\$ 38,677	\$ 38,677	\$ 38,677	\$ 38,677
Total cost of program delivery per mentee	\$ 3,223	\$ 3,223	\$ 3,223	\$ 3,223
Net benefits		Base - Lifetime	Low - Lifetime	High - Lifetime
Per program delivered		\$ 69,484	\$ 33,259	\$ 130,329
Per mentee		\$ 5,790	\$ 2,772	\$ 10,861
SROI		2.80	1.86	4.37
Lifetime benefits over one year		\$ 12,958,832	\$ 6,202,796	\$ 24,306,355
Lifetime benefits over five years		\$ 64,794,158	\$ 31,013,982	\$ 121,531,773

The table above presents three different scenarios. These scenarios represent the application of different social discount rates in accordance with NSW treasury guidelines. Details are presented in Section 5 of the report.

Key Recommendations

01

Incorporate collection and monitoring of attendance data from schools as part of the regular monitoring and evaluation activities.

As the key drivers of benefits of the program were identified as mental health outcomes and improved school attendance, monitoring these indicators may assist Raise in the continuous improvement of its program and SROI over time.

02

Add a validated instrument to existing tools that will more accurately capture mental health outcomes

While there are strong demonstrated links between the outcomes measured by Raise and mental health outcomes, greater accuracy can be achieved in measuring economic benefits if a validated instrument for mental health was included in future data collection tools.

03

Analyse trends and patterns in changes in mental health and attendance outcomes by mentee characteristics to consider further targeting or refinement of the youth mentoring program

With greater understanding of factors that can influence mental health and school attendance rates, Raise may be able to further tailor the program to sustain or improve impact.

Overall conclusion

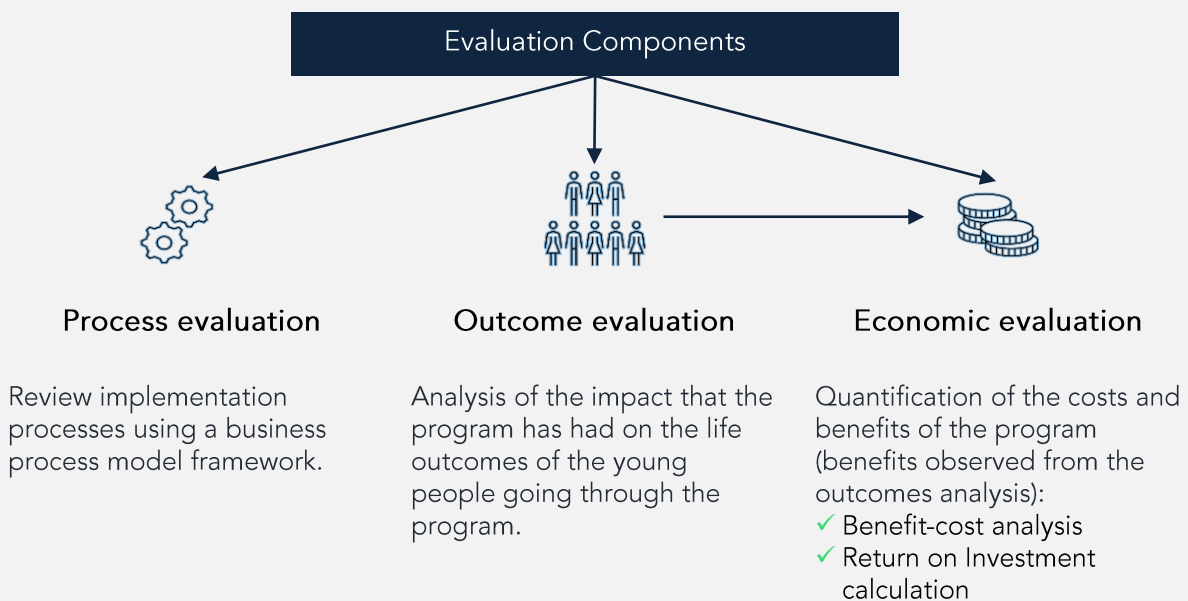
SouLab's independent economic evaluation concludes that the Raise program generates a positive social return on investment:

- The program generates a social return on investment (SROI) of \$4.37 per dollar invested in the program (high-scenario). This SROI is primarily driven by improvements in school engagement and mental health outcomes that lead to improved productivity and avoided costs. The SROI is \$2.80 in the base scenario and \$1.86 in the low scenario in the sensitivity analysis.
- The program resulted in an improvement in school attendance rate of 1.05% (compared to the control group). Attendance rate is a key predictor of outcomes for various other life outcomes such as employment, health and safety.
- Mental health outcomes improved by an additional 2.2% for those who participated in the Raise program compared to the control group.

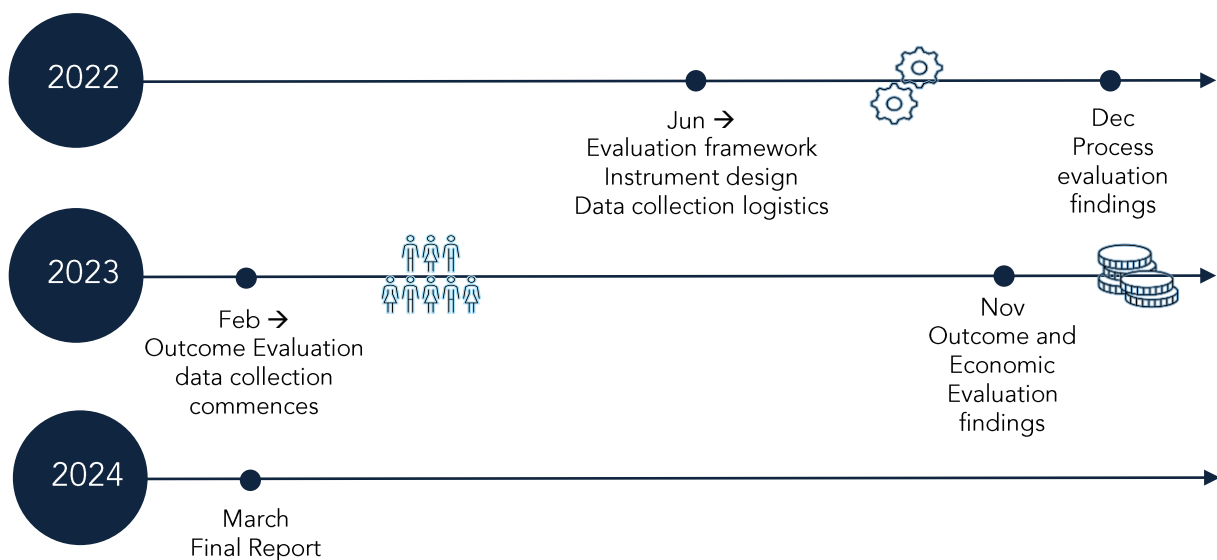
Introduction

Project Overview

The Raise program has been funded by the Australian Government Department of Health to undertake an external evaluation of the program. Raise has commissioned The Social Outcomes Lab (SOULAB) and the University of Melbourne to undertake this evaluation. SOULAB is undertaking the process and economic evaluation while University of Melbourne is undertaking the outcome evaluation, while working jointly as a team to ensure that the different parts of the evaluation leverage the findings of the others.



Project Timeline



About Raise Youth Mentoring program

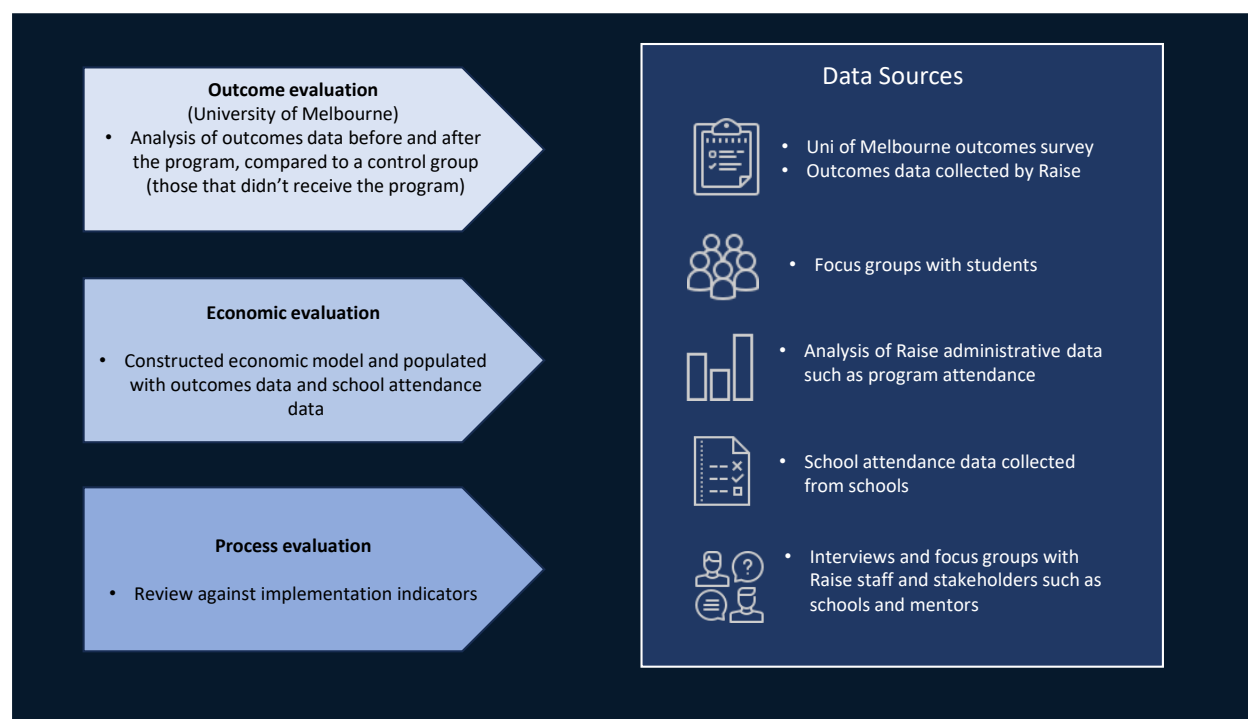
Raise's early intervention mentoring program aims to equip young people (years 7 to 9) to navigate through adolescence, believe in themselves and pursue a purposeful life. The key areas of focus for mentees' outcomes are mental health support, social and emotional well-being and school engagement.

Specifically, the key outcomes that the Raise program seeks to impact are:

- School belonging
- Resilience
- Asking for help
- Hope for the future

About this evaluation

The purpose of this evaluation is to understand the effectiveness and magnitude of impact that the Raise program is making in improving outcomes for young people. The evaluation has used a range of data sources to determine the effectiveness of the program, as shown below.



The economic evaluation asks the following questions:

- What is the economic value of the benefits to society compared to alternatives?
- Is the return on expenditure adequate to justify investment in the program?

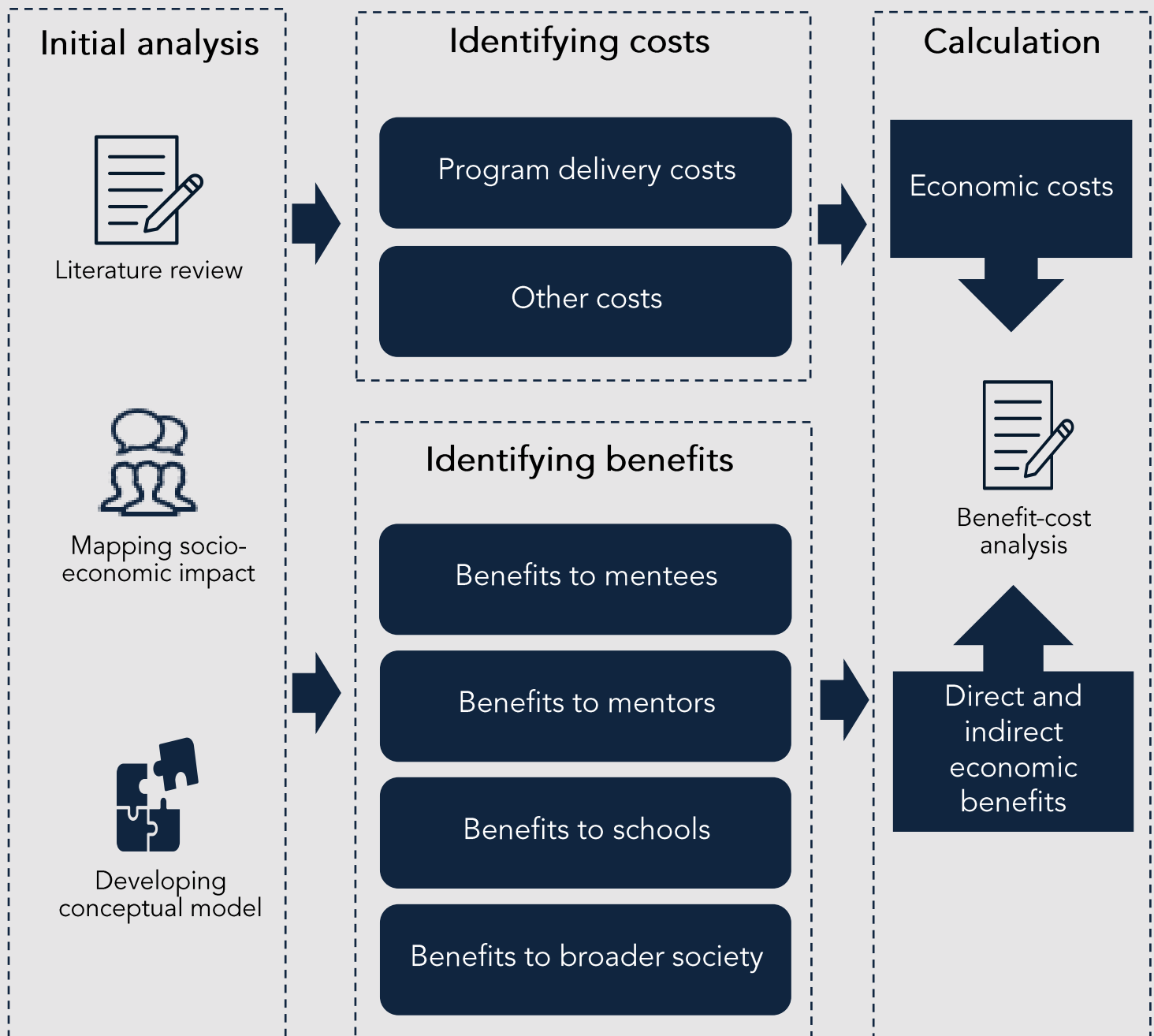
This report presents the findings of the economic evaluation.

Methodology

Overarching approach

The first key step of the economic evaluation entailed the development of a conceptual framework for the benefit-cost analysis. This framework formed the basis of the evaluation in that it articulated how Raise's programs ultimately generated benefits and to whom. The conceptual framework was developed through a review and understanding of the program, a literature review as well as iterative testing and refining with the Raise team, Raise's Research Advisory Council (RAC) and Evaluation Advisory Group (EAG).

Once the conceptual framework was finalised, the relevant inputs were gathered and a benefit-cost analysis model was developed.



Program Impact

Raise's early intervention mentoring program aims to impact young people (years 7 to 9). It intends to equip mentees to navigate through adolescence, believe in themselves, and pursue a purposeful life. The program intends to improve outcomes for mentees; however, this translates to improved outcomes for mentors and schools as well.

Mental health support, social and emotional wellbeing and school engagement are the key three focus areas for mentees' outcomes. The program impact for mentees is measured against four key outcomes:

- Asking for help
- Resilience
- School belonging
- Hope for the future

Participants		Outcomes	Impact
	Mentees	Mental health support <ul style="list-style-type: none"> • Asking for help • Finding trusted adults who can help • Knowledge of resources 	Young people are able to navigate challenges, believe in themselves and others, and are equipped to shape a purposeful life
		Social and emotional wellbeing <ul style="list-style-type: none"> • Resilience • Confidence • Coping strategies • Hope for the future • Awareness of capabilities • Ability to set goals • Ability to achieve goals 	
		School engagement <ul style="list-style-type: none"> • School belonging • Better relationships • Academic confidence • Improved attendance 	
	Mentors	<ul style="list-style-type: none"> • Transferable skills • Empathy with young people • Understanding of youth issues • Increase sense of purpose • More confident mentors in society • More connected generations 	
	Schools	<ul style="list-style-type: none"> • Increased capacity for School Wellbeing Teams • Wellbeing needs of students are met • Schools are able to meet key Australian Wellbeing Framework objectives 	

Source: Adapted from Raise Annual and Evaluation Report 2022

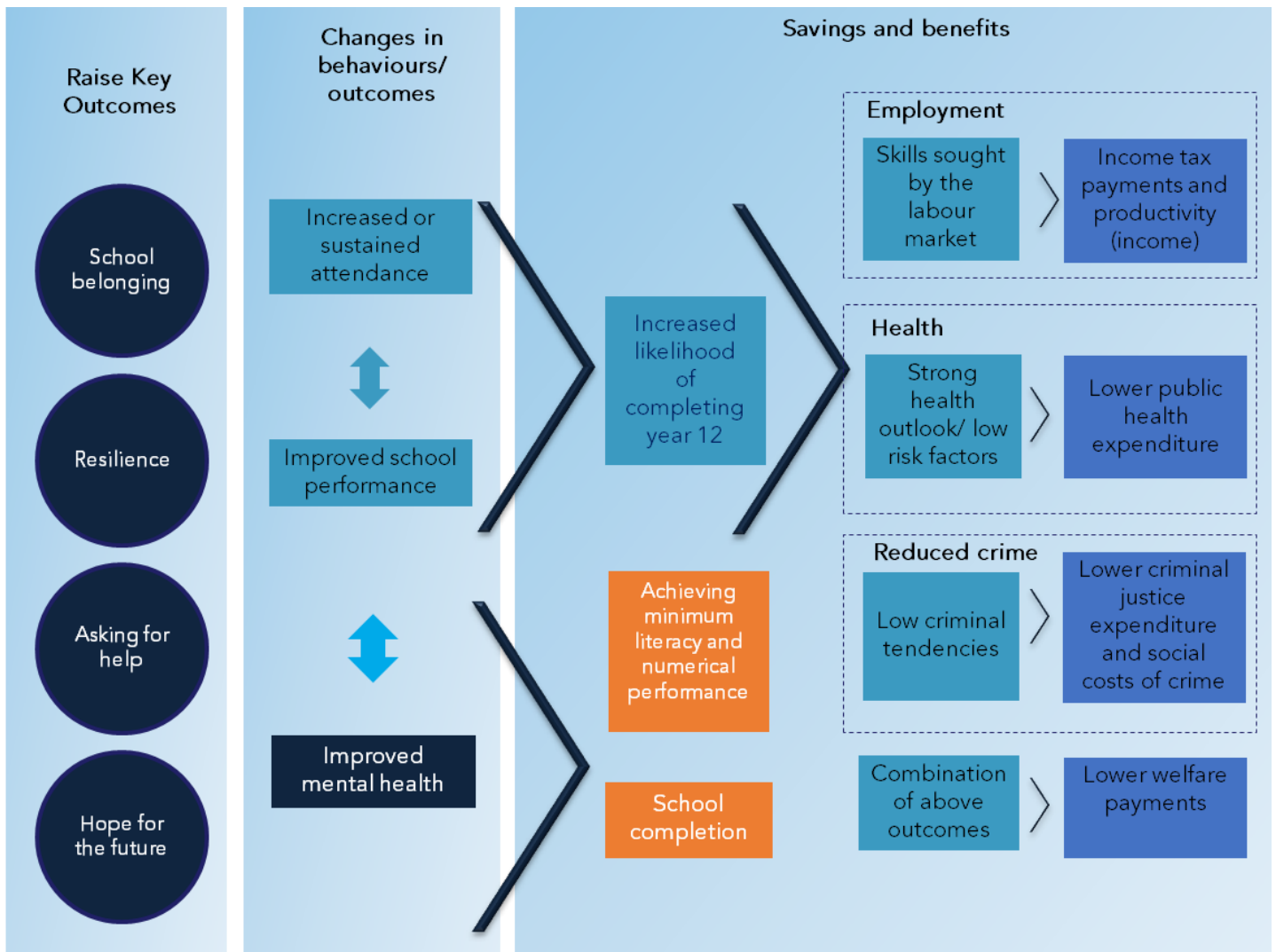
Program Impact (cont'd)

The table below describes the benefits and the quantification method as captured in the benefit-cost analysis.

	Description of benefits	Quantification method
Mentees	<p>This group represents the largest beneficiaries of the program. There are two key pathways through which mentees receive benefits through the program:</p> <ol style="list-style-type: none"> 1. Improved mental health 2. Improved school attendance leading to increased likelihood of completing year 12. 	<p>Improvements in mental health are estimated through the results of the Connectedness subscale scores (EPOCH scale) and the resilience scores (BRS scale) captured in the outcomes survey. Students in the control group were matched with mentees who had completed the outcomes survey and had similar characteristics. The benefits of improved mental health result from avoided costs to the health system. A benefit transfer technique was applied to estimate the avoided costs.</p>
	<p>Improved school attendance flows onto a range of outcomes that continue over a young person's lifetime, including health, economics, safety, and housing.</p>	<p>Improvements in school attendance data were captured by collecting attendance data from schools that received the Raise program and had similar characteristics to schools in the control group. A benefit transfer technique, leveraging Lamb et al., 2017, was applied to estimate the impacts of year 12 completion on various life outcomes.</p>
Schools	<p>Schools benefit from Raise's mentoring program by extending the reach of their well-being teams. Schools participating in Raise's mentoring program note that the program helps build individual and collective well-being at the school, helps students cope with challenges, and encourages student engagement with school (Raise, 2023). Schools also benefit by freeing up time for other students with the well-being officers or other mental health professionals during the time that mentees are in the program.</p>	<p>Avoided costs from reduced usage of well-being teams or other mental health supports during the Raise program was estimated using hourly rate of a school counsellor and estimated time that was diverted due to the program.</p>
Mentors	<p>Mentors, that are volunteers engaged with Raise, undertake training to prepare for their mentoring roles. Although Raise has different groups of mentors (corporate, mentors on studies, community mentors), they all note improvements in their listening and communication skills, parenting skills, relationships with friends and family, as well as improved mental health literacy (Raise, 2023).</p> <p>Moreover, mentors note improvements in their confidence to mentor a young person outside of the program, better understanding of youth issues and higher levels of empathy for young people (Raise, 2023).</p>	<p>Volunteer mentors' in-kind contributions to the program are a highly important segment of program delivery. Some literature exploring volunteer cost-benefits suggests that their individual benefits outweigh the costs of volunteering (see pages 28-29), which we adopt as an assumption. The benefits that volunteer mentors experience from Raise's program are at least equal to their costs (the value of their time), and because of this, we cost them zero.</p>
Broader society	<p>Broader societal benefits can be a result of the skills and knowledge improvements of mentors, who are trained to better communicate on their workplace and within their families. Moreover, the mentoring experience of volunteers can impact their productivity and wellbeing or can provide them with appropriate job opportunities for mentors currently doing their studies (Raise, 2023). Society can also benefit from mentees who have been through the program and are ready to return as mentors and give back to society.</p>	<p>Impacts to broader society are not quantified.</p>

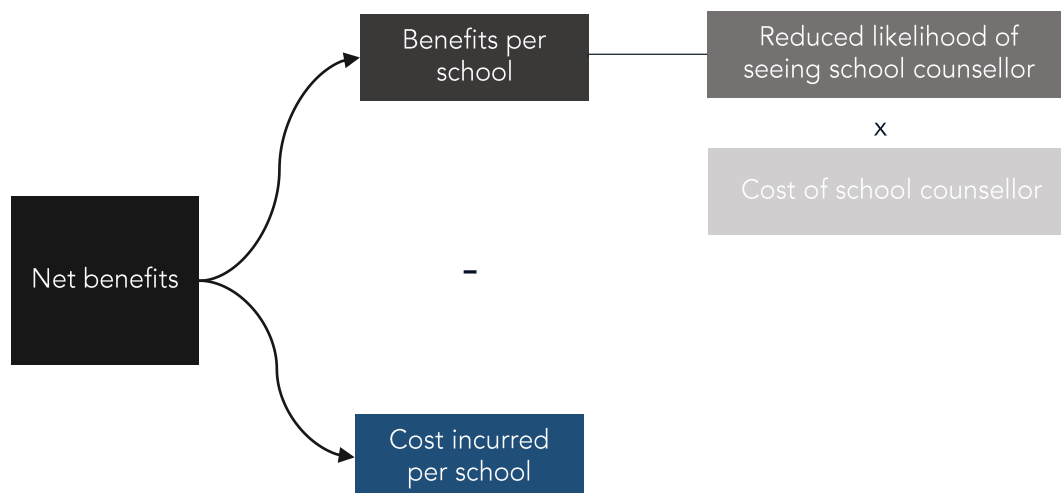
Benefit-cost analysis conceptual framework

Mentees



Sources: Hancock et al. (2013), TSF (2018), Lamb et al. (2017), Mitchel et al. (2022)

Schools



Data

Mentee outcomes data

Overview

This evaluation leverages a result dataset built by the University of Melbourne from the data they have collected during the Outcomes Evaluation and supplemented with data on Raise mentees (listed in the table below). The result dataset provides individual-level pre-program and post-program results for the scales and subscales used in the survey instrument.

Descriptives of the result dataset are presented below.

Type	Raise	Control group				
Matched	175	276	School	Raise mentees	Matched	Non-matched
Non-matched	/	321	BRHS	13	27	17
			LSC	10	1	2
			NCHS	12	/	/
			MBHS	18	2	105
			NHS	14	/	/
			KGHS	13	/	/
			COHS	12	/	/
			BSC	14	65	18
			CHS	9	/	/
			NBSC	16	56	43
			YHS	13	14	89
			KHS	16	57	39
			MKHS	15	54	8
			Total	175	276	321

Grade	Raise	Matched control group
Year 7	11	1
Year 8	103	161
Year 9	46	114
Total	160	276

Gender	Raise	Matched control group
Male	66	148
Female	82	108
Other	8	10
Rather not say	3	8
Total	159	274

Deriving differences in means

In the Outcome Evaluation report, the authors indicate statistically significant odds of Raise mentees having improved scores compared to a matched control group for two areas (Quach & O'Brien, 2024; p.36):

- Connectiveness (subscale of EPOCH scale – Engagement, Perseverance, Optimism Connectiveness and Happiness);
- Resilience (Brief Resilience Scale).

Based on the result dataset, we explore the mean difference between pre-program and post-program between Raise mentees and the matched control group.

Mentee outcomes data

Deriving mean differences (cont.)

The results of the difference-in-difference analysis are presented in the tables below. We find the positive mean difference between Raise mentees and the control group pre-program and post-program delivery.

Matched cohort: Difference in difference for student connectedness (EPOCH, Connectedness subscale)			
Cohort	Mean (M pre)	Mean (M post)	Difference (M post - M pre)
Control group	3.84 (n=276)	3.89 (n=83)	0.06
Raise mentees	3.70 (n=153)	4.03 (n=118)	0.33
Difference-in-difference			0.271

Matched cohort: Difference in difference for Resilience (Brief Resilience Score)			
Cohort	Mean (M pre)	Mean (M post)	Difference (M post - M pre)
Control group	3.105 (n=83)	3.080 (n=83)	-0.025
Raise mentees	2.894 (n=98)	3.006 (n=119)	0.112
Difference-in-difference			0.137

Mentee attendance data

Initial attendance insights

To inform the economic evaluation, SouLab approached the 8 schools participating in the evaluation to collect individual-level school attendance data for students (control group and Raise mentees). Considering the small number of Raise mentees in the original sample, as outlined in the Outcome Evaluation report under Data collection (Quich & O'Brien, 2024), Raise mentees were supplemented to improve the robustness of the analysis.

Initial Attendance				
Cohort	Sample size	Attendance Term 1 2023	Attendance Term 3 2023	Difference
Control group	282	92.16%	87.7%	-4.46%
Raise mentees	36	88%	83.66%	-4.35%
Difference-in-difference				0.11%

Expanding the intervention sample

In close collaboration with Raise, the sample of Raise mentees (intervention sample) was expanded in two ways:

- We re-approached the 8 schools participating in the evaluation and requested the student attendance data for all of Raise's mentees in that school; and
- We identified similar schools to the schools included in the control group, based on ISCEA, and asked for student attendance data for Raise mentees in their schools (details are provided in the appendix of this report).

Mapped groups	Control Schools	Distribution	# schools implementing Raise	Possible supplement school	# schools provided data	Distribution	# Raise mentees
A11		0%	2	2			
A12	1	13%	18	17	2	10%	25
A13	6	75%	86	80	16	80%	168
A14		0%	9	9			
A15		0%	6	6			
A18		0%	25	25			
A19	1	13%	8	7	2	10%	21
A20		0%	4	4			
A23		0%	3	3			
A6		0%	1	1			
A7		0%	2	2			
A8		0%	4	4			
Total	8	100%	168	160	20	100%	214

Mentee attendance data

Expanding the intervention sample (cont.)

- Out of the eight schools participating in the evaluation, six provided individual-level student attendance data for the rest of the Raise mentees in their schools, resulting in complete attendance data for 42 mentees (Additional).
- Out of the similar schools invited to provide supplementary attendance data for Raise mentees at their schools, 20 schools provided student attendance data. This resulted in complete attendance data for 209 mentees (Supplemented).

In total, 27 schools provided data to inform the analysis regarding the changes in attendance between students not enrolled in Raise compared to Raise mentees. The expansion of the sample increased the sample of Raise mentees from 36* (with complete student attendance data) to 295.

The comprehensive sample for analysing changes in attendance data is presented in the table below.

Sample for attendance data analysis				
Source	Type	# students	# schools	Total
Evaluation participants	Control group	418	6	418
	Raise mentees	44	7	295
Additional	Raise mentees	42	6	
Supplemented	Raise mentees	209	20	
Total		713	27	

* The difference between 36 Raise mentees mentioned here, and the 44 presented in the table below is due to the additional consents from students to take part in the outcome evaluation, for which we have collected attendance data at a later stage.

Mentee attendance data

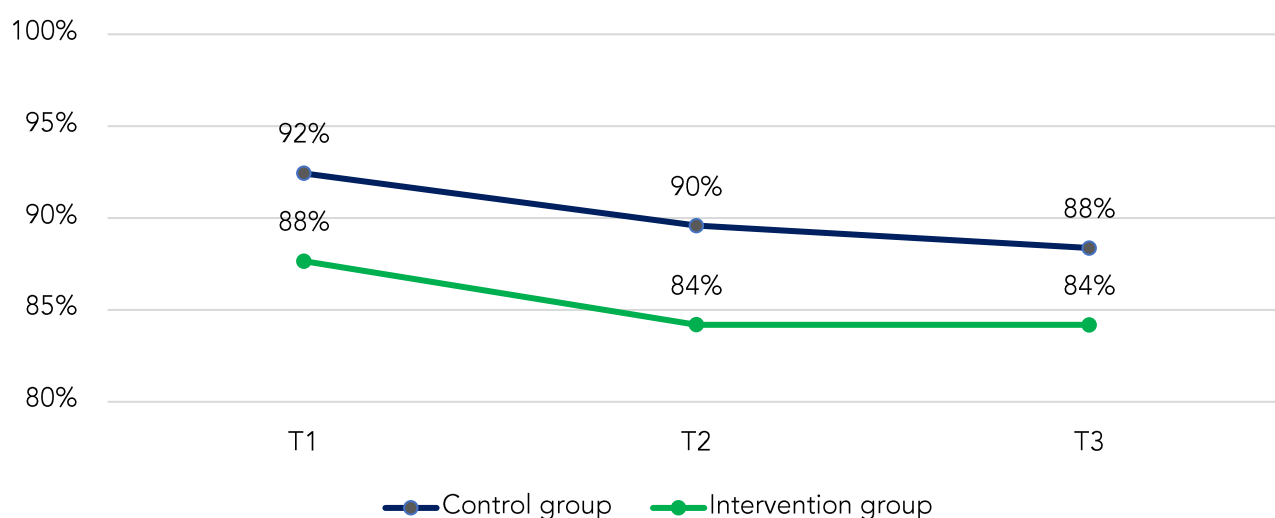
Understanding the attendance dynamics

In this segment of the report, we present a breakdown of attendance rates across different categories.

Across all the schools involved in this evaluation, the average attendance rate drops from term 1 to term 3, with a more significant drop between term 1 and term 2 than between term 2 and term 3.

The intervention group starts with a lower average attendance rate than the control group in term 1. This aligns with Raise's aim of offering early intervention for slowly disengaging students. Between term 2 and term 3, which captures the period when Raise's program is run at schools, the intervention group maintained the average attendance rate compared to the intervention group, where further decline in the average attendance rate can be seen.

Average attendance rates between control and intervention group
in T1, T2, T3



Cohort	T1	T2	T3	Change T2-T1	Change T3-T2
Control group	92.4%	89.6%	88.4%	-2.9%	-1.2%
Intervention group	87.7%	84.2%	84.2%	-3.5%	0.0%
Additional Raise	80.6%	77.1%	72.7%	-3.4%	-4.4%
Evaluation participants	91.0%	88.4%	87.6%	-2.6%	-0.8%
Supplemented Raise	88.4%	84.7%	85.8%	-3.7%	1.0%

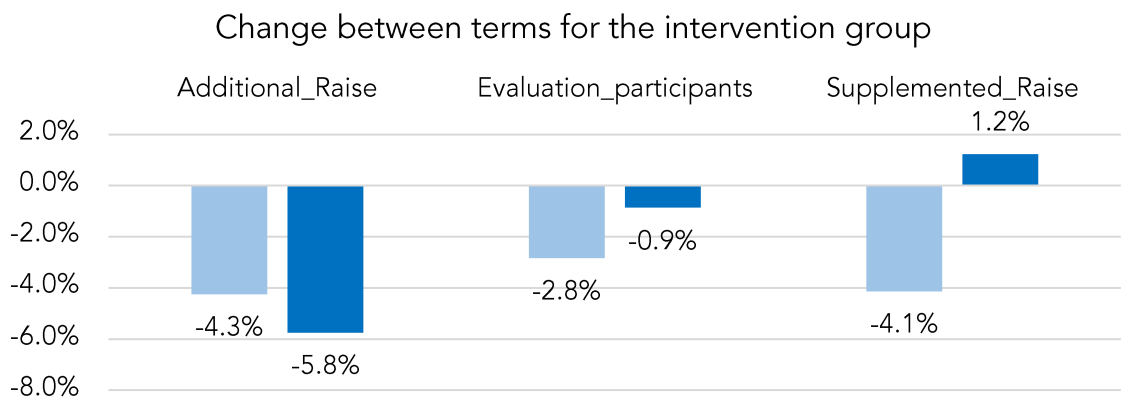
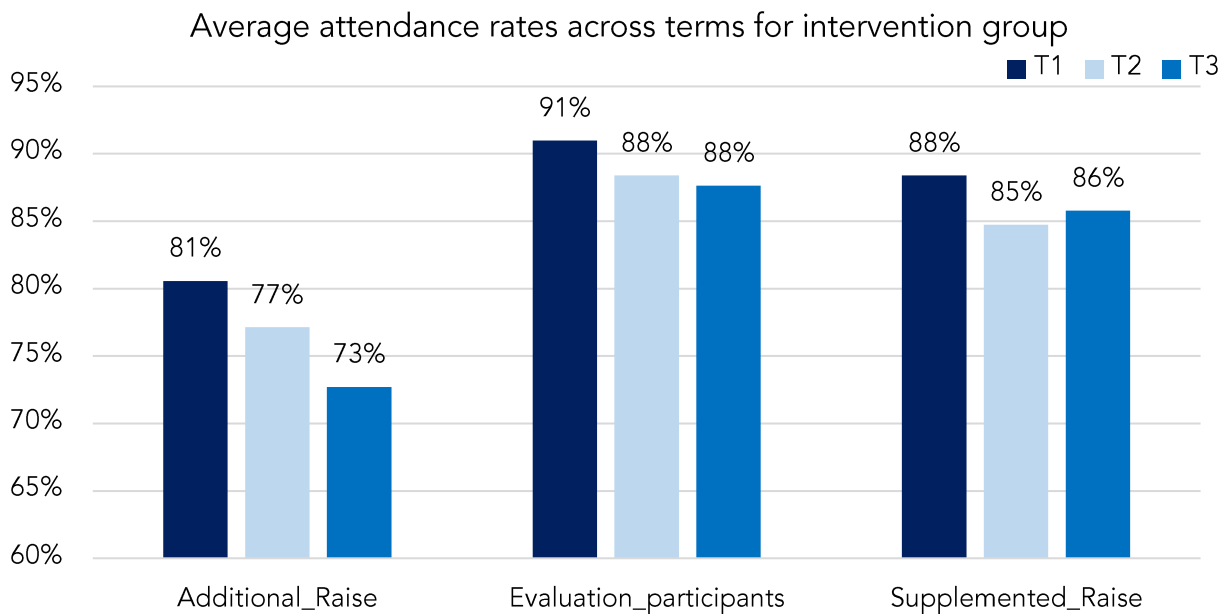
Mentee attendance data

Understanding the attendance dynamics

The student attendance data of the initial sample of Raise mentees that took part in the outcome evaluation (Evaluation_participants) was supplemented by attendance data from Raise mentees from the same schools that did not take part in the evaluation (Additional_Raise) and Raise mentees from other similar schools to the control schools (Supplemented_Raise). Details are outlined in the previous pages in part 3 of this report.

The average attendance rate across terms in the same schools (the eight schools that took part in the evaluation) between Raise mentees who took part in the evaluation and those who did not is quite significant. Raise mentees who did not take part in the outcome evaluation (Additional_Raise) have a lower average attendance rate in term 1 compared to their peers (81% vs 91%).

Considering that Raise mentees in these schools engage with similar environments, they are not as successful as their peers (Evaluation_participants) when it comes to sustaining attendance in terms 2 and 3. This could help inform Raise's policy on mentee selection in the future.



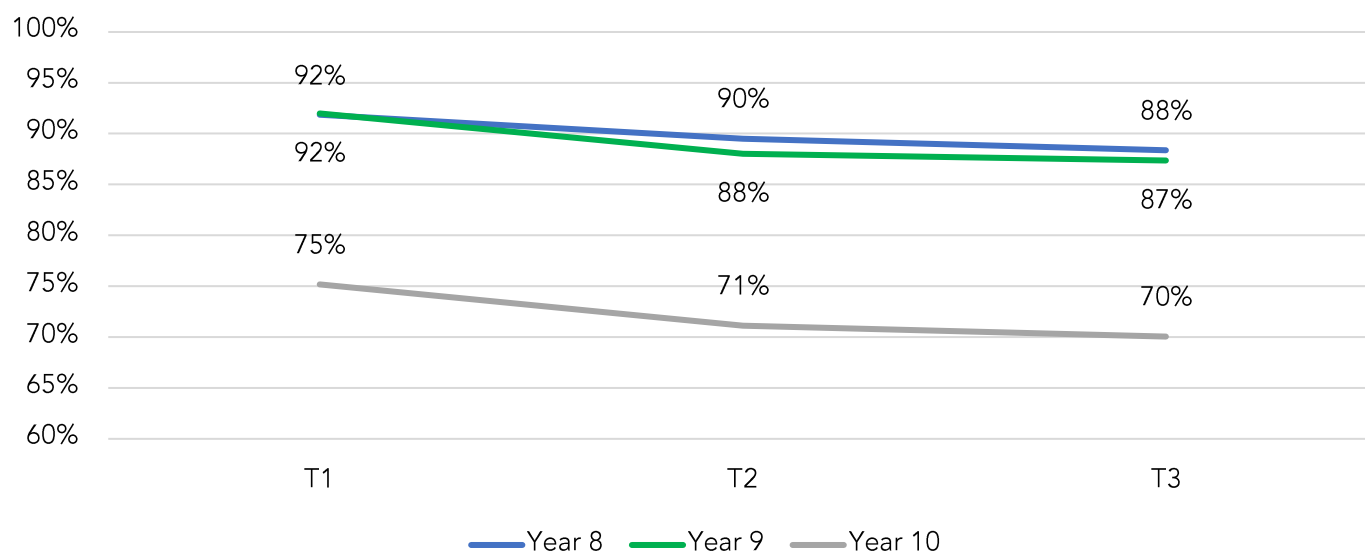
Mentee attendance data

Understanding the attendance dynamics

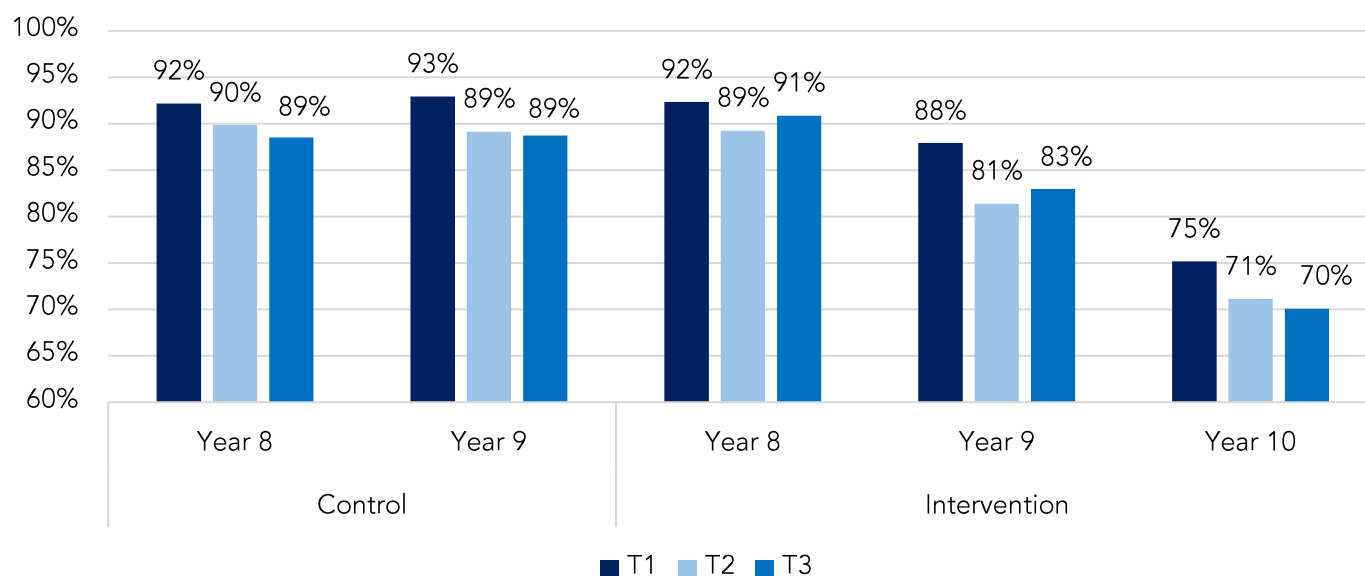
A breakdown of the term 1 to term 3 in 2023 attendance data by student year, indicates that students in the intervention group do better.

While students in years 8 and 9 in the control group manage to sustain the average school attendance in term 3 compared to term 2, students in the intervention group are able to slightly rebound in term 3 from the drop in term 2.

Breakdown of average attendance rates across grades and terms



Breakdown of average attendance rates across grades and terms, control vs. intervention group

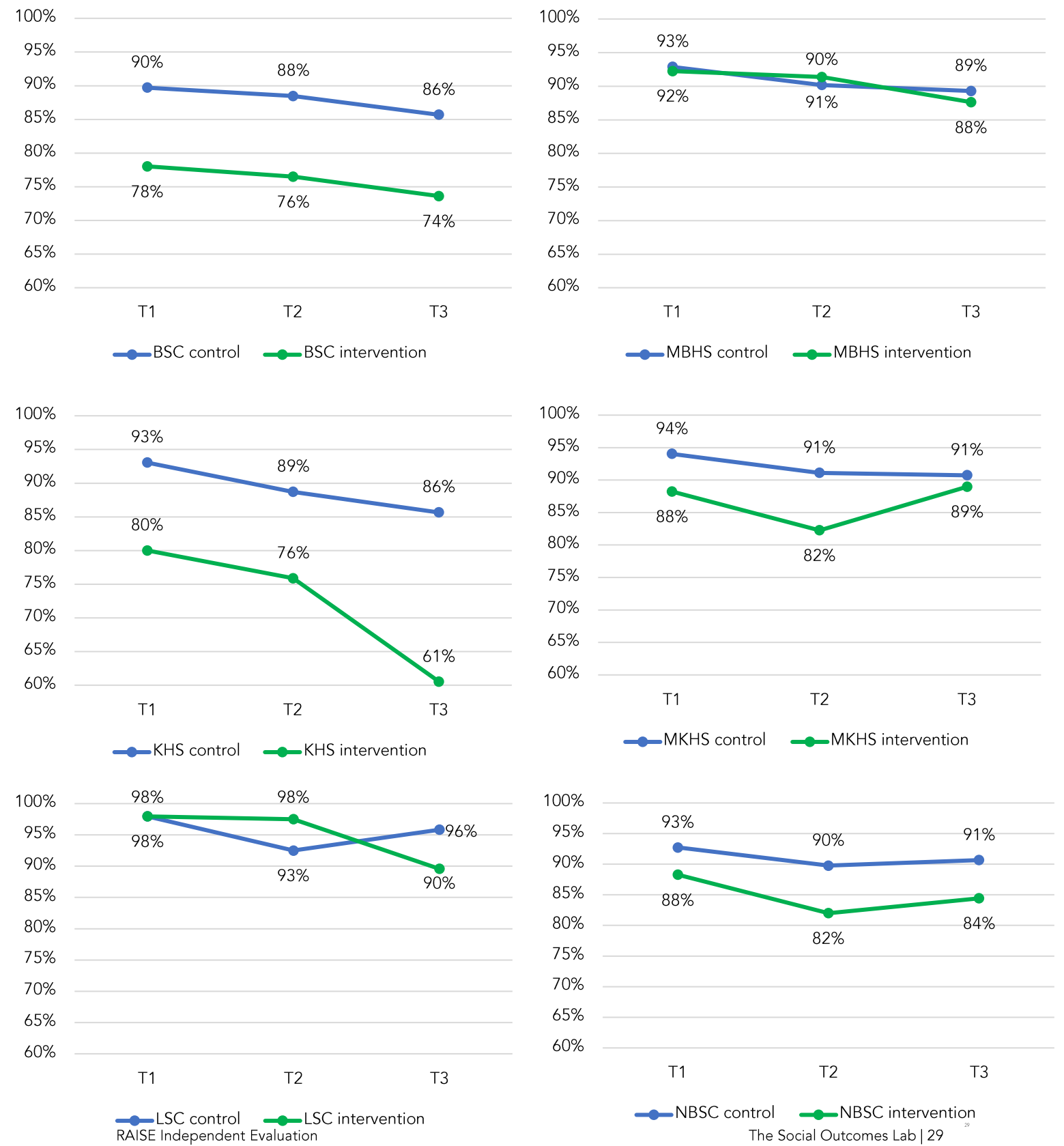


Even if we exclude the cohort of mentees from year 10 (because of their lower attendance levels), the insights from the previous page are sustained.

Mentee attendance data

Understanding the attendance dynamics

Average attendance rates between control and intervention students at the same school

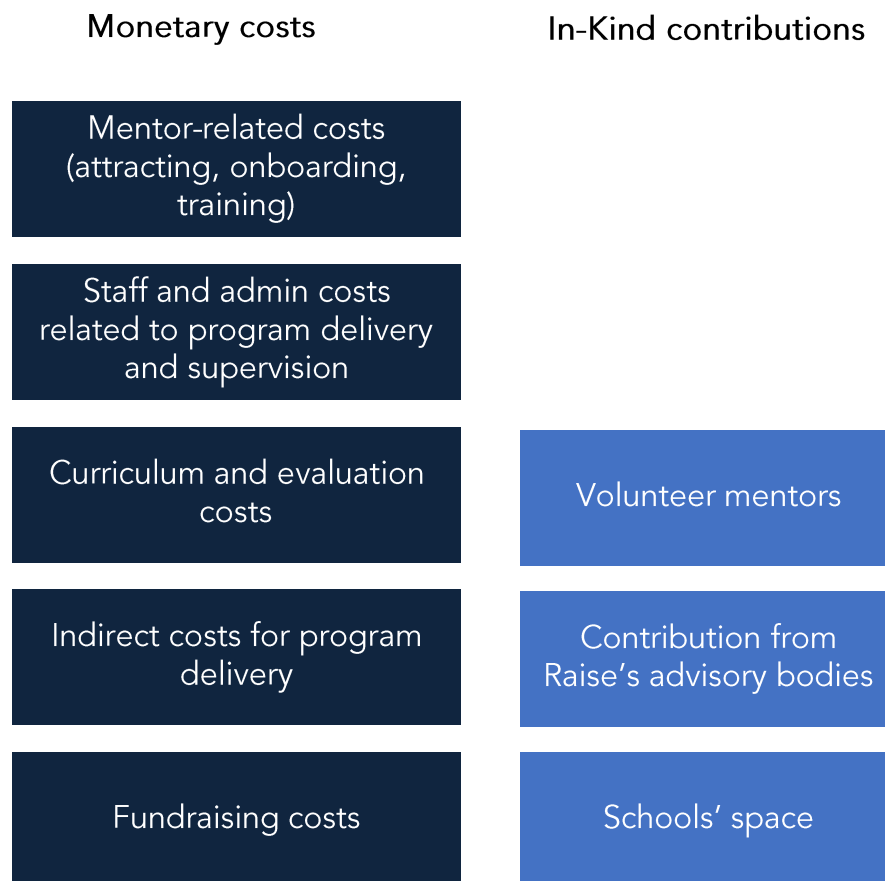


Program costs

Treatment of monetary and in-kind contributions

Raise engages resources to deliver its program. Three essential resources for Raise related to mentoring program delivery are its staff, volunteer mentors, and relationships with schools. Their contribution could be expressed in monetary terms or in-kind.

- Volunteer mentors' in-kind contributions to the program are a highly important segment of program delivery. Some literature exploring volunteer cost-benefits suggests that their individual benefits outweigh the costs of volunteering (Handy & Mook, 2011; Lee & Brudney, 2009; Jones, 2016; Gray & Stevenson, 2020). Leveraging this, we assume that the individual benefits that volunteer mentors experience from Raise's program are at least equal to their costs (value of their time). Because of this, we cost them zero.
- Another in-kind contribution comes from Raise advisory bodies. While contributions regarding know-how and in-kind from volunteer engagement of boards and advisory bodies are important, they will not be included in the program costing.
- The third category of in-kind program contributions comes from schools. Schools contribute their spaces so the program can be delivered. Considering this contribution is difficult to quantify, it will not be included in the program costing.



Program costs

Direct and Indirect costs

We have worked with the Raise team to understand program costs and develop a unit cost of program delivery. The program delivery costs are informed by Raise's Financial Statements for 2023 (year ending December 2023), which are subject to audit at the time of this report.

Direct Program Delivery Cost

Program direct costs refer to costs directly related to the delivery of the mentoring program. These could be grouped into three main categories, including:

Mentor-related costs	Marketing and other costs to attract volunteer mentors for the program costs related to mentor screening, verifying checks (e.g., Work with Children Check, Police Check), mentor placements, and mentor engagement, as well as costs related to creating and delivering mentor training
Program delivery and supervision	The cost of staff directly involved in program delivery (e.g. Program Counsellors, Program Area Managers, etc.) and supervision throughout schools and administrative costs (e.g., printing, stationery, catering, etc.)
Curriculum and evaluation costs	Cost for continuous program evaluations

Indirect Program Delivery Cost

Indirect costs relate to other organisational functions and resources that support the program's operations.

Organisational Overheads	Cost related to staff in supporting and managerial capacity in the organisation (e.g. finance, IT department, HR) and rent, insurance, software and licenses.
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Other Costs

This evaluation also considers the cost of Fundraising. The cost of fundraising activities allows us to capture the full cost of program delivery.

Costs that are not considered part of the full cost of program delivery are once-off costs during Raise's financial year.

Program costs

Deriving the cost per program

Cost Item	Annual Costs 2023	Per program 2023	Per student 2023	Per program 2022	Per student 2022
Mentor Attraction	\$445,664	\$2,122	\$177	\$2,878	\$240
Mentor Onboarding	\$439,658	\$2,094	\$174	\$1,977	\$165
Mentor Training	\$346,360	\$1,649	\$137	\$1,410	\$118
Program Delivery & Supervision	\$3,622,502	\$17,250	\$1,438	\$10,145	\$845
Curriculum & Evaluation Expenses	\$315,595	\$1,503	\$125	\$1,816	\$151
Total Direct Cost	\$5,169,779	\$24,618	\$2,051	\$25,199	\$2,100
Organisational Overheads	\$1,535,612	\$7,312	\$609	\$3,897	\$325
Total Indirect Cost	\$1,535,612	\$7,312	\$609	\$8,370	\$697
Fundraising Costs	\$1,416,745	\$6,746	\$562	\$6,261	\$522
Total Cost	\$8,122,136	\$38,677	\$3,223	\$39,829	\$3,319

Underlying assumptions

To derive the cost per program and per student, the following assumptions were made:

- Number of programs: 210 in 2023 and 180 in 2022

The costs per program result from the total annual costs divided by the total number of programs in the year.

- Number of mentees per program: 12

The cost per student results from the cost per program divided by 12 mentees.

Distribution of the total cost of program delivery

Raise mentoring program requires that schools participating in the program contribute around 10% of the overall program cost. The Raise Foundation sources the remaining funds needed for program delivery from different stakeholders. Because of this, we assume that the overall program delivery cost is split between Raise and schools.

Cost-taker	Share	Per program (2023)	Per student (2023)
Total cost	100%	\$38,677	\$3,223
Raise	90%	\$34,809	\$2,901
School	10%	\$3,868	\$322

Economic Analysis

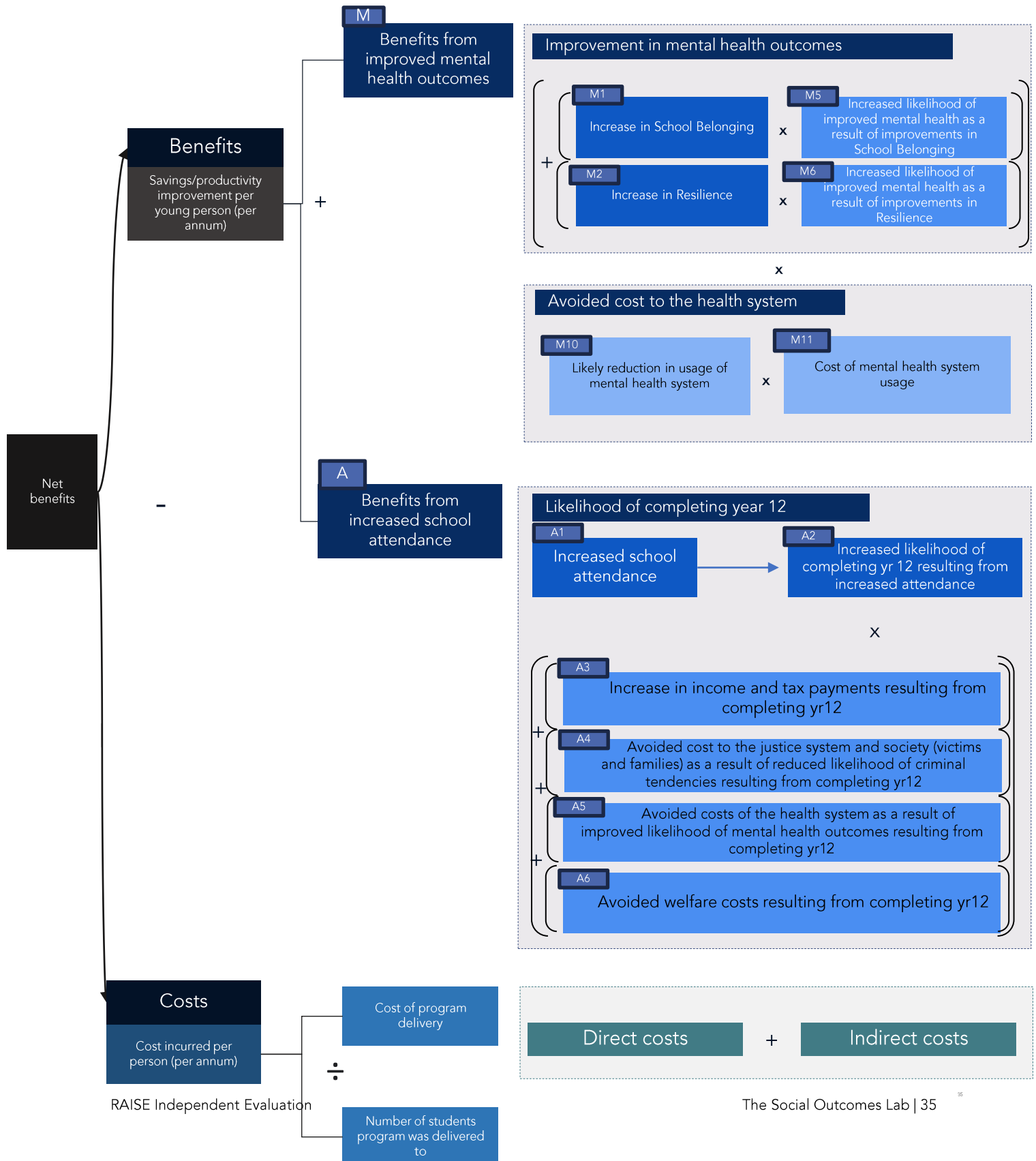
Summary

The table below presents a summary of the economic analysis. Detailed calculations are presented in the remainder of this section.

Mentee Benefits		Base - 1y	Base - Lifetime	Low - Lifetime	High - Lifetime
Mentee benefits					
Benefits per mentee, per program delivered		\$ 219	\$ 8,319	\$ 5,430	\$ 13,216
From MH improvement pathway		\$ 139	\$ 5,087	\$ 3,498	\$ 8,027
From improved attendance pathway		\$ 81	\$ 3,231	\$ 1,933	\$ 5,189
Benefits per program delivered	Program has 12 mentees	\$ 2,633	\$ 99,827	\$ 65,164	\$ 158,590
School Benefits		Base - 1y	Base - Lifetime	Low - Lifetime	High - Lifetime
School benefits					
Benefits for school, per program, per mentee		\$ 695	\$ 695	\$ 564	\$ 868
Benefits for school, per program delivered		\$ 8,334	\$ 8,334	\$ 6,772	\$ 10,416
Total Benefits		Base - 1y	Base - Lifetime	Low - Lifetime	High - Lifetime
Per program delivered		\$ 10,968	\$ 108,161	\$ 71,936	\$ 169,006
Per mentee		\$ 9,013	\$ 9,013	\$ 5,995	\$ 14,084
Costs					
Total cost of program delivery	12 x cost per mentee	\$ 38,677	\$ 38,677	\$ 38,677	\$ 38,677
Total cost of program delivery per mentee		\$ 3,223	\$ 3,223	\$ 3,223	\$ 3,223
Net benefits			Base - Lifetime	Low - Lifetime	High - Lifetime
Per program delivered			\$ 69,484	\$ 33,259	\$ 130,329
Per mentee			\$ 5,790	\$ 2,772	\$ 10,861
SROI			2.80	1.86	4.37

Calculation for net benefits - mentees

The model developed to calculate the benefits for the mentees contains two main pathways. The first pathway is based on improvement in the mental health outcomes for Raise mentees, and the second one is improvement in their school attendance rates, which impacts their likelihood of completing year 12.



Mentees: Benefits from improvement of Mental Health Outcomes

Results

The table below summarises the calculation of the avoided cost to the health system as a result of improvement in mental health outcomes per Raise mentee per year.

Benefits from improved mental health outcomes				
Item		Description	Value	Source
M1		Increase in school belonging	0.271	Outcome evaluation data; matched cohort
M5	x	Increased likelihood of improved mental health as a result of improvements in school belonging	3.98%	Shochet, 2006
	=	School belonging effect	1.08%	Calculation: M1xM5
M2		Increase in resilience	0.137	Outcome evaluation data; matched cohort
M6	x	Increased likelihood of improved mental health as a result of improvements in resilience	8.21%	Azipaizu Izaguirre et al., 2021
	=	Resilience effect	1.13%	Calculation: M2xM6
		Improvement in MH outcomes, as a result from improvement in school connectedness and resilience	2.2%	Calculation: M1xM5 + M2xM6
M10		Likely reduction in health system usage	-5.5%	Calculation provided on page 37
M11	x	Annual health cost for a young person, per year, per person (\$2023)	\$2,516	Le et al., 2021; inflated to \$ 2023
	=	Savings from improved MH, per student, per year	\$138.75	Calculation: M10 x M11

Benefits from improved mental health outcomes - Lifetime		
Description	Value	Source
Savings from improved mental health outcomes, per year	\$138.75	Calculated
Lifetime period (years)	50	15 – 65
Discount rate	5%	NSW Treasury guidelines
Indexation rate	3.6%	Following MBS indexation. Department of Health and Aged Care (2024)
Lifetime savings per mentee (50 years, 3.6% indexation, 5% discount rate)	\$5,087	Calculated based on the inputs presented
Low-scenario lifetime savings, per mentee (50 years, 3.6% indexation, 7% discount rate)	\$3,498	Calculated based on the inputs presented
High-scenario lifetime savings, per mentee (50 years, 3.6% indexation, 3% discount rate)	\$8,027	Calculated based on the inputs presented

* Following MBS indexation, based on <https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-2023-11-01> and <https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf>

Mentees: Benefits from improvement of Mental Health Outcomes

Underlying assumptions and calculations

Relationship between school belonging and mental health outcomes

The survey instruments used during the outcome evaluation included questions from the Engagement, Perseverance, Optimism, Connectedness and Happiness (EPOCH) validated scale (Kern et al., 2016). The connectedness subscale from the EPOCH scale refers to one's ability to establish relationships with others and believe one is cared for, loved, esteemed and valued (Kern et al., 2016). Connectedness strongly correlates with interpersonal skills and school belonging (Zeng & Kern, 2019). In addition, experts consider connectedness the most suitable synonym for school belonging (Alink et al., 2023). Based on this, we consider the mean differences on the Connectedness subscale between the control and intervention group in the survey pre-program delivery and near the end of the program delivery to reflect changes in school belonging.

There are several articles suggesting a positive relationship between changes in school belonging and improvement in mental health for adolescents (Korpershoek et al., 2020; Marraccini & Brier, 2017; Lester et al., 2013). However, as Korpershoek et al. (2020) would note, most of the studies explore correlational effects and the empirical evidence for a causal relationship between school belonging and different student outcomes is scarcer.

Shochet (2006) finds a relationship between changes in school connectedness and mental health in adolescents aged 12 to 14. Improvement in school connectedness has negative predictive link to future mental health problems and increase of belonging translates in improvements in the functioning of adolescents for 3.98%. Based on this, we establish the link between changes in school belonging and the impact on adolescents' mental health.

Relationship between resilience and mental health outcomes

Another scale used in the survey instrument for the outcome evaluation is the Brief Resilience Scale (BRS) (Smith et al., 2008), which measures one's ability to bounce back or recover from stress. In general, higher resilience scores would predict lower levels of depression, anxiety, and stress in adolescents (Hjemdal et al., 2011).

The link between changes in adolescent resilience and the impact on adolescents' mental health is informed by the research done by Azipaizu Izaguirre et al. (2021). They found a direct effect of adolescent resilience on life satisfaction expressed in standard deviations, which we quantified to 8.21% change.

Mentees: Benefits from improvement of Mental Health Outcomes

Underlying assumptions and calculations

To calculate the likely reduction in the usage of mental health services, we utilise the work done by Goodsell et al., 2017, Lawrence et al., 2023 and Pagliaro et al., 2022. Lawrence et al., 2023 provide synthetic estimates of the 12-month prevalence of mental health disorders among 12 - 17-year-olds in Australia based on the 2021 Census data. This work complements the work done by Goodsell et al., 2017 which leverages the data from Youth Minds Matter: the second Australian Child and Adolescent Survey on Mental Health and Wellbeing. The work of Pagliaro et al., 2022 provides us with the demand of health services related to mental health for adolescents (12–17-year-olds) in Australia that do not experience mental health disorder or need for help.

Category	Prevalence of MHD	Assumed demand
Mild	6.9%	50%
Moderate	5.6%	80%
Severe	3.4%	100%
Any disorder	16%	72%
Remitted for more than 12 months	10%	50%
12-month sub-threshold Mental Health Disorder (MHD)	8.4%	45%
Any disorder or need for help	34.5%	59%
No disorder or need for help	65.6%	12.8%*

* The demand for MH services for 12 – 17-year-olds in Australia without indication of a need for help comes from Pagliaro et al., 2022.

We assume that we can divide Raise mentees into three categories in terms of their mental health disorder status that replicate the general adolescent population in Australia. We also adopt the assumptions by Lawrence et al., 2023 and Pagliaro et al., 2022, on adolescents' demand for mental health services.

Category	MHD prevalence in population	MHD prevalence (Raise)	Description
Any disorder or need for help	26%	26%	This category includes those remitted for more than 12 months on top of any disorder.
Any subthreshold disorder	8.4%	8.4%	
No disorder or need for help	65.6%	65.6%	

Mentees: Benefits from improvement of Mental Health Outcomes

Underlying assumptions and calculations (cont.)

We assume that the 2.2% improvement in mental health outcomes for Raise mentees would decrease the prevalence of mental health disorders in the cohort with any disorder or need for help for the same size and that those mentees would move onto the next category of adolescents with no disorder or need for help. The likely reduction of health services for mental health issues, is calculated in the table below.

Category	MHD prevalence and demand				MH Service usage		Cost (annual)		
Category	pre-program	improvement in MH	post-program	demand	pre-program	post-program	per person	pre-program	post-program
Any disorder or need for help	26%	-2.2%	23.8%	63.5%	16.5%	15.13%	\$1,739	\$288	\$263
Any subthreshold disorder	8.4%	0.0%	8.4%	45.0%	3.77%	3.77%	\$1,352	\$51	\$51
No disorder or need for help	65.6%	2.2%	67.8%	12.8%	8.4%	8.68%	\$768	\$65	\$67
Cost of MH services, per adolescent, annually								\$402.9	\$380.7
Difference between post-program and pre-program (M10 element in the model)									- 5.5%

A study conducted in 2021 by Le et al. estimates the expenses associated with medical and pharmaceutical services for mental health disorders in children and adolescents in Australia. The cost calculation takes into account various items such as the costs covered by Medicare and those paid out of pocket for service providers, including psychologists, psychiatrists, mental health nurses, social workers, and general practitioners, as well as the cost of medications.

We utilise the yearly costs they have calculated per young person and inflate them to 2023 dollars. The total annual health cost for a young person with any mental health disorder in Australia amounts to \$2,516.

The avoided cost to the health system per person annually equals \$138.75. An alternative approach to calculate the benefits of the improvement of mental health outcomes for Raise mentees is provided in the Appendix of this report. The result from the alternative approach is very close to this one: \$135 per person per year (\$2023).

Mentees: Benefits from improvement in attendance

Results

The table below summarises the calculation of the benefits from increased school attendance, linked to an increased likelihood of completing year 12.

Benefits from increased school attendance, which links to increased likelihood of completing year 12				
Item		Description	Value	Source
A1		Increase in school attendance	1.05%	Based on collected student attendance data; T1 and T3 2023
A2	~	Increase in likelihood of completing year 12 as a result of increased attendance	0.27%	Calculation provided on pages 39-40
A3		Increase in income and tax payments resulting from completing year 12	\$26,065	Lamb et al., 2017 inflated to 2023
A4	+	Savings to the justice system as a result of reduced likelihood of criminal tendencies	\$631	Lamb et al., 2017 inflated to 2023
A5	+	Savings in the health system as a result of improved likelihood of mental health outcomes	\$126	Lamb et al., 2017 inflated to 2023
A6	+	Avoided welfare costs resulting from completing year 12	\$3,027	Lamb et al., 2017 inflated to 2023
A3-6	=	Total benefits resulting from completing year 12	\$29,848	Calculation: A3+ A4+A5+A6
	=	Benefits per student, per year, resulting from increased likelihood of completing year 12	\$81	Calculation: A3-6 x A2

Benefits from improvements in attendance – Lifetime				
Item		Description	Value	Source
A2		Increase in likelihood of completing year 12 as a result of increased attendance	0.27%	
A3		Increase in income and tax payments resulting from completing year 12	\$1,043,384	Lamb et al., 2017
A4		Savings to the justice system as a result of reduced likelihood of criminal tendencies	\$24,035	Lamb et al., 2017
A5		Savings in the health system as a result of improved likelihood of mental health outcomes	\$6,187	Lamb et al., 2017
A6		Avoided welfare costs resulting from completing year 12	\$121,961	Lamb et al., 2017
		Lifetime period (years)	40	25 – 65; Lamb et al., 2017
		Discount rate	6%	Lamb et al., 2017
		Indexation rate	2.5%	Lamb et al., 2017
		Lifetime benefits per mentee (40 years, 2.5% indexation, 6% discount rate)	\$3,231	Calculated based on the inputs presented
		Low-scenario lifetime benefits per mentee (40 years, 2.5% indexation, 10% discount rate)	\$1,993	Calculated based on the inputs presented
		High-scenario lifetime benefits per mentee (40 years, 2.5% indexation, 3% discount rate)	\$5,189	Calculated based on the inputs presented

Schools: Benefits from Raise Youth Mentoring Program

Underlying assumptions and calculations

The improvements in the school attendance data for Raise mentees compared to the control group are calculated based on the overall cohort of students (control and intervention) with complete student attendance data. The need and expansion of the intervention sample is elaborated in part 3 of this report.

Initial Attendance				
Cohort	Sample size	Attendance Term 1 2023	Attendance Term 3 2023	Difference
Control group	282	92.16%	87.7%	-4.46%
Raise mentees	36	88%	83.66%	-4.35%
Difference-in-difference				0.11%

The expanded intervention sample allowed for attendance data comparison based on a bigger sample size. The average attendance data per term on the group level (e.g. for the control group) is calculated in the following manner:

$$\frac{\text{Actual days in attendance for the group}}{\text{Possible school days over the term for the group}}$$

The results for the average attendance rates for the control and intervention groups are presented in the table below.

Comprehensive sample				
Cohort	Sample size	Attendance Term 1 2023	Attendance Term 3 2023	Difference
Control group	418	92.49%	88.45%	-4.04%
Raise mentees	295	87.57%	84.58%	-2.99%
Difference-in-difference (element A1)				1.05%

Mentees: Benefits from improvement in attendance

Underlying assumptions and calculations (cont.)

Research undertaken by the Smith Family (2018) identified that improving school attendance rates in high school results in an increased likelihood of completing year 12. They look at students' attendance rates as early as year 7 and calculate their likelihood of completing year 12. They note that the relationship between attendance and school completion strengthens as students progress through high school. Changes (improvements) in the likelihood of completing year 12 result in benefits and system savings through the adult life of a young person (ages 25 to 65), as noted by (Lamb et al., 2017).

The economic model does not assume that school attendance rates must be sustained. We utilise the research results of the Smith Family (2018) and calculate the likelihood of students completing year 12, as elaborated in this section.

The Smith Family (2018) reports that:

- Students with attendance rates equal to or above 90% have a likelihood of completing year 12 of 75%;
- Students with attendance rates equal to or between 80% and 89% have a likelihood of completing year 12 of 63%;
- Students with attendance rates equal to or between 70% and 79% have a likelihood of completing year 12 of 59%; and
- Students with attendance rates equal to or below 69% have a likelihood of completing year 12 of 48%.

To calculate the likelihood of completing year 12 for Raise mentees and students in the control group, we interpolate the likelihood of completing year 12 for students with attendance rates between 69% and 90%, with the respective likelihoods being the mean point in the interval. Students with attendance rates above 90% are assumed to have a likelihood of completing year 12 of 75%, and students with attendance rates below 69% are assumed to have a likelihood of completing year 12 of 48%.

The likelihood of completing year 12 is calculated for each student individually based on their term 1 and term 3 school attendance data. The changes in the likelihood for each student are then averaged on a group level—a control group and intervention group (Raise mentees) for the overall cohort with complete attendance data (control n=417, Raise n=295).

Likelihood of completing year 12			
Cohort	Likelihood in T1	Likelihood in T3	Change
Control group	72.07%	69.9%	-2.17%
Raise mentees	68.92%	67.02%	-1.9%
Change in the likelihood of completing year 12 for Raise mentees (element A2)			0.27%

Schools: Benefits from running Raise mentoring program

Results

The table below summarises the net benefits for schools from Raise youth mentoring program, in the year when the program is implemented.

Net benefits for a school, per program delivery		
	Savings from reduced need from consultations with school counsellor	\$8,335
-	Cost for the school from program delivery	\$3,868
=	Net benefit for a school, from program delivery	\$4,467
	ROI	\$2.15

Net benefits for a school, per student		
	Savings from reduced need from consultations with school counsellor	\$695
-	Cost for the school from program delivery	\$322
=	Net benefit for a school, from program delivery, per mentee	\$373
	ROI	\$2.15

On average, a school with a Raise Youth mentoring program saves around \$4,467 in the school year the program is running. Depending on the cohort of mentees, this can vary between \$2,904 and \$6,550 (low scenario and high scenario).

Each dollar a school invests in the program gets back a \$2.15 return. The school's benefits come from expanding the capacity of the wellbeing teams within the schools and reducing the need for individual consultations with students enrolled in Raise's program.

Schools: Benefits from running Raise mentoring program

Underlying assumptions and calculations

During the process evaluation, schools have suggested that the Raise mentoring program extends the capacity of their wellbeing teams to support students. Schools have shared different ways in which they approach consultations with students during the program. This informed our assumptions.

We have leveraged the process evaluation to inform the base scenario and develop high and low scenario that assumes different level of utilization of a school counsellor or a wellbeing team member pre and post program.

Scenario	Assumptions
High-scenario	Pre-program, the school counsellor spends time with each student once a week (12 prospective mentees). During the program, the school counsellor does not conduct individual consultations with students enrolled in the Raise mentoring program.
Base-scenario	Pre-program, the school counsellor conducts individual consultations with at least 80% of the students (9.6 out of 12 prospective mentees). During the program, the school counsellor does not conduct individual consultations with students enrolled in the Raise mentoring program.
Low-scenario	Pre-program, the school counsellor conducts individual consultations with at least 80% of the students (9.6 out of 12 prospective mentees). During the program, the school counsellor resumes individual consultations with 15% of the students enrolled in the Raise mentoring program (1.8 out of 12 mentees).

Based on the Young Minds Matter survey conducted in 2013 – 2014 in Australia, Johnson et al. (2016) report that students aged 4 to 17 with different levels of mental health disorders would access any school service between 27% and 73%. For individual counselling, this drops between 19% and 50%. In the high scenario, we assume that all prospective Raise mentees would access school mental health services, or at least 80% of them in the base scenario and the low scenario.

In addition, in the low scenario, based on consultations with schools during the process evaluation, we assume that 15% of the mentees enrolled in the program would continue seeing the school counselor at least once weekly.

Schools: Benefits from running Raise mentoring program

Underlying assumptions and calculations (cont.)

The tables below outline the inputs used to calculate the average savings per program and per student under each of the three scenarios.

Inputs	
Number of mentees per program	12
Session length per student	45 minutes
Gross hourly wage for school counsellor (2023)	\$ 50.3
Program duration (weeks)	23

Item	High-scenario	Base-scenario	Low-scenario
SC weekly hours on consults (pre-program)	9	7.2	7.2
SC gross weekly cost	\$453	\$362	\$362
SC gross cost (23 weeks)	\$10,418	\$8,334	\$8,334
SC weekly hours on consults (during program)	/	/	1.35
SC gross weekly cost	/	/	\$68
SC gross cost (23 weeks)	/	/	\$1,563
Savings per program delivery	\$10,418	\$ 8,334	\$6,772
Savings per student	\$868	\$ 695	\$564

In the table, some of the items are abbreviated as follows: SC – School Counsellor.

School costs

We assume the cost per school per program delivery to be 10% of the overall program delivery cost. Part 3 of this report presents a breakdown of program costs and the derived cost per program delivery for schools.

Item	High-scenario	Base-scenario	Low-scenario
Savings per program delivery	\$10,418	\$ 8,334	\$6,772
Cost per program delivery	\$3,868	\$3,868	\$3,868
Net benefits for school, per program	\$6,550	\$4,467	\$2,904
Savings per student	\$868	\$ 695	\$564
Costs per student, for the school	\$322	\$322	\$322
Net benefits for the school, per program, per mentee	\$546	\$372	\$242

Scenarios: Mentee lifetime benefits

Benefits from improvement in mental health outcomes

The tables below outline the low and high scenarios for the calculations of lifetime benefits for mentees from improved mental health outcomes.

Low-scenario: Lifetime benefits from improved mental health outcomes		
Description	Value	Source
Savings from improved mental health outcomes (\$2023)	\$138.75	
Lifetime period (years)	50	15 – 65
Discount rate	7%	Recommended for scenario testing by Treasury
Indexation rate	3.6%	Following MBS indexation*
Lifetime benefits per mentee	\$3,498	Calculated based on the inputs presented

High-scenario: Lifetime benefits from improved mental health outcomes		
Description	Value	Source
Savings from improved mental health outcomes (\$2023)	\$138.75	
Lifetime period (years)	50	15 – 65
Discount rate	3%	Recommended for scenario testing by Treasury
Indexation rate	3.6%	Following MBS indexation*
Lifetime benefits per mentee	\$8,027	Calculated based on the inputs presented

Scenarios: Mentee lifetime benefits

Benefits from attendance

The tables below outline the low and high scenarios for the calculations of lifetime benefits for mentees from improved mental health outcomes.

Low-scenario: Lifetime benefits from improvements in attendance			
Item	Description	Value	Source
A2	Increase in likelihood of completing year 12 as a result of increased attendance	0.27%	
A3	Increase in income and tax payments resulting from completing year 12	\$640,306	Lamb et al., 2017
A4	Savings to the justice system as a result of reduced likelihood of criminal tendencies	\$15,608	Lamb et al., 2017
A5	Savings in the health system as a result of improved likelihood of mental health outcomes	\$4,018	Lamb et al., 2017
A6	Avoided welfare costs resulting from completing year 12	\$74,717	Lamb et al., 2017
	Lifetime period (years)	40	25 – 65; Lamb et al., 2017
	Discount rate	10%	Lamb et al., 2017
	Indexation rate	2.5%	Lamb et al., 2017
	Lifetime benefits per mentee	\$1,933	Calculated based on the inputs presented

High-scenario: Lifetime benefits from improvements in attendance			
Item	Description	Value	Source
A2	Increase in likelihood of completing year 12 as a result of increased attendance	0.27%	
A3	Increase in income and tax payments resulting from completing year 12	\$1,718,272	Lamb et al., 2017
A4	Savings to the justice system as a result of reduced likelihood of criminal tendencies	\$41,908	Lamb et al., 2017
A5	Savings in the health system as a result of improved likelihood of mental health outcomes	\$10,788	Lamb et al., 2017
A6	Avoided welfare costs resulting from completing year 12	\$200,620	Lamb et al., 2017
	Lifetime period (years)	40	25 – 65; Lamb et al., 2017
	Discount rate	3%	Lamb et al., 2017
	Indexation rate	2.5%	Lamb et al., 2017
	Lifetime benefits per mentee	\$5,189	Calculated based on the inputs presented

Key findings and recommendations

Key findings

01

The program reveals a positive social return on investment of \$4.37 for each dollar invested in the program

The program results in a positive return on investment. Each dollar invested in the program generates four times the return in benefits and avoided costs to the economy in the high scenario. The base scenario showed a return of \$2.80.

02

The key sources of benefits are from improved mental health and school attendance of mentees

Improvements in mental health outcomes lead to lifelong reductions in health service system usage. Improved school attendance results in an increase in the likelihood of year 12 completion which results in lifelong improvements in economic, health, and safety outcomes.

03

56% of economic benefits are due to direct improvements in mental health outcomes

Improved school belonging and resilience lead to improved mental health outcomes. These are key desired outcomes of the program and lead to the largest share of total benefits.

04

36% of economic benefits are due to improvements in attendance rates

Attendance data was collected from schools and showed that those students who went through the program had improved their attendance rates compared to the control group.

05

Ongoing evaluation and monitoring will benefit from ongoing collection of attendance and mental health data

Schools are co-operative in providing data to Raise. As Attendance and mental health outcomes are critical data inputs to determining economic return, collecting this data on an ongoing basis will be beneficial.

Key Recommendations

01

Incorporate collection and monitoring of attendance data from schools as part of the regular monitoring and evaluation activities.

As the key drivers of benefits of the program were identified as mental health outcomes and improved school attendance, monitoring these indicators may assist Raise in the continuous improvement of its program and SROI over time.

02

Add a validated instrument to existing tools that will more accurately capture mental health outcomes

While there are strong demonstrated links between the outcomes measured by Raise and mental health outcomes, greater accuracy can be achieved in measuring economic benefits if a validated instrument for mental health was included in future data collection tools.

03

Analyse trends and patterns in changes in mental health and attendance outcomes by mentee characteristics to consider further targeting or refinement of the youth mentoring program

With greater understanding of factors that can influence mental health and school attendance rates, Raise may be able to further tailor the program to sustain or improve impact.

Conclusion

Overall conclusion

SouLab's independent economic evaluation concludes that the Raise program generates a positive social return on investment:

- The program generates a social return on investment (SROI) of \$4.37 per dollar invested in the program (high-scenario). This SROI is primarily driven by improvements in school engagement and mental health outcomes that lead to improved productivity and avoided costs. The SROI is \$2.80 in the base scenario and \$1.86 in the low scenario in the sensitivity analysis.
- The program resulted in an improvement in school attendance rate of 1.05% (compared to the control group). Attendance rate is a key predictor of outcomes for various other life outcomes such as employment, health and safety.
- Mental health outcomes improved by an additional 2.2% for those who participated in the Raise program compared to the control group.

Appendix

Appendix: Expanding the intervention sample

Cohort name	ICSEA	ICSEA band	School size	School size band	Location	2 factor combo	2 factor mapping
Bentleigh Secondary College Raise Youth Mentoring	1075	3	931	3	Major cities	33	A13
Berri Regional Secondary College Raise Youth Mentoring	945	3	704	3	Outer regional	33	A13
Killara High School Raise Youth Mentoring 1	1158	4	1610	4	Major cities	44	A19
Kingsgrove High School Raise Youth Mentoring	975	3	715	3	Major cities	33	A13
Lalor Secondary College Raise Youth Mentoring	948	3	1128	3	Major cities	33	A13
Marrickville High School Raise Youth Mentoring	1063	3	540	2	Major cities	32	A12
Moorebank High School Raise Youth Mentoring	1020	3	986	3	Major cities	33	A13
NBSC Cromer Campus Raise Youth Mentoring 1	1036	3	954	3	Major cities	33	A13

2 factor mapping	A12	A13	A19	Total
Total students	198	911	85	1194
Students – total attendance data received	25	168	21	214
Share	12.6%	18.4%	24.7%	17.9%
Students with complete attendance data	23	165	21	209
Share	11.6%	18.3%	24.7%	17.7%
Total schools	17	80	7	104
Number of schools that provided attendance data	2	16	2	20

Appendix: Benefits from improvements in mental health outcomes

An alternative approach in calculating the avoided costs to the health system

As an alternative approach to calculating the avoided costs to the health system, we assume that Raise mentee's MH prevalence reflects the population-wide one identically with the initial calculation. In Goodsell et al. (2017), the authors explore the prevalence of mental health disorder among 11 – 17-year-olds who attended school, by level of engagement. We follow a similar approach, making another assumption that Raise mentees' movement from one MH prevalence category to another could be proxied by their responses to the EPOCH Engagement subscale between two surveys (n=40).

We split the sample of Raise mentees into three categories, assuming low engagement, fair engagement, and good engagement, and we captured the sample distribution across these three categories. We derive an improvement index, as presented in the table below, and we apply this improvement index to derive the MHD prevalence of Raise mentees post-program.

Engagement subscale EPOCH									
Raise sample distribution	pre-program		post-program		Improvement index				
Low engagement (1 or 2)	50.0%		22.5%		0.45				
Fair engagement (3)	30.0%		50.0%		1.67				
Good engagement (4 or 5)	20.0%		27.5%		1.38				

Category	MHD prevalence and demand				MH Service usage		Cost (annual)		
Category	pre-program	improvement index	post-program	demand	pre-program	post-program	per person	pre-program	post-program
Any disorder or need for help	26%	0.45	11.71%	63.5%	16.5%	15.13%	\$2,516	\$416	\$187
Any subthreshold disorder	8.4%	1.67	13.95%	45.0%	3.77%	3.77%	\$2,015	\$76	\$126
No disorder or need for help	65.6%	1.38	90.22%	12.8%	8.4%	8.68%	\$1,368	\$115	\$158
Health cost, per adolescent, annually								\$607	\$472
Avoided costs to the health system, per adolescent, annually									\$135

The results from the alternative approach are similar to the approach in the model.

Appendix: Summary Literature Review

Appendix: Summary Literature Review

This segment of the report presents insights from a summary literature review. The literature review explores the relationships between targeted mentees' outcomes, such as resilience, asking for help, hope for the future, school belonging, school attendance, academic performance, and mental health.

Resilience

Resilience assumes positive and effective coping with situations of risk and adversity (Rodríguez-Fernández et al., 2018), or said differently; resilience can be one's capacity to regain balance after experiencing certain traumatic events. Resilience develops through a "combination of supportive relationships, adaptive skill-building, and positive experiences", as per the Centre on the Developing Child at Harvard University (Kasehagen et al., 2018). The pathway from resilience to attendance and absenteeism is presented in this appendix.

A study on 945 adolescent students aged 12 to 17 in a Spanish region finds resilience and subjective well-being (happiness) to be decisive psychological variables in predicting school engagement and perceived performance among adolescent students (Rodríguez-Fernández et al., 2018). They find that resilience has a predictive power of 65% for subjective well-being, directly determining school engagement with 51% predictive power. School engagement is able to predict perceived academic performance with 70% predictive power. With subjective well-being as a mediator, resilience indirectly affects school engagement (Rodríguez-Fernández et al., 2018).

Poor outcomes in school engagement and homework completion are buffered when children show resilience, according to a study done in Canada (Kasehagen et al., 2018). The study involved 1,330 children aged 6 to 17 and explored resilience school engagement and adverse family experiences (AFEs). AFEs most commonly included divorce/separation of parents, parental absence, income hardships in the family, substance use, and mental illnesses (suicidality or severe depression). They find that children who demonstrate resilience can be more engaged in school despite being exposed to adverse family experiences. For instance, children who had three or more or one or two adverse family experiences compared to their peers with no adverse family experience had greater odds of not completing all required homework and not exhibiting resilience (Kasehagen et al., 2018). When accounting for resilience, children who experienced three or more adverse family experiences had improved odds of completing all required homework.

Academic resilience can be an important protective feature for school attachment and overcoming absenteeism (Seçer & Ulaş, 2020). Academic resilience demonstrates academic stability and success despite stressors encountered in school; it is seen as a dimension of psychological resilience. A study on young people aged 11 to 18 in Turkey finds that academic resilience mediates anxiety sensitivity and school attachment and partially mediates the relationship between social and adaptive functioning and school refusal and school attachment (Seçer & Ulaş, 2020). Moreover, they find that high academic resilience protects against negative school attachment and school absenteeism among young people.

Appendix: Summary Literature Review (cont'd)

Hope for the future

Hope for the future is defined as a “cognitive-motivational trait that equips individuals with determination and cognitive tools needed for successful goal pursuit” (Fraser et al., 2021; Snyder et al., 2002). Hope is essential for young people, especially between school transitions, as those involve adjustment and stress (Fraser et al., 2021). Fraser et al. (2021) explore the relationship between hope and academic performance in adolescents in the U.S. and find that a one-unit increase in 8th-grade hope predicted a .42-point increase in 9th-grade fall academic achievement for students. They measure academic achievement through the GPA reported in the student’s records by the school district.

Hope for the future could promote academic performance and could predict school dropout. A study of Japanese adolescents finds that young people who show hope for the future have higher self-rated academic performance (Kashiwabara et al., 2022). Moreover, these young people spend more time studying and reading more books and have higher scores of resilience, as assessed by their caregivers (Kashiwabara et al., 2022). In a study in the U.S. that involved high school students at risk of not completing school, the authors find that hope in the future can be a strong predictor of dropout and graduate students (Worrell & Hale, 2001). Hope for the future is a meaningful protective factor that could promote resilience in students at risk of dropping out (Worrell & Hale, 2001). Similarly, resilience and emotional intelligence in young people determine their ability to cope with problems and optimism, which can result in lower school refusal rates (Martín et al., 2021).

Asking for help

In general, help-seeking includes asking for help from professionals and non-professionals for various issues, including academic, medical or social (Kuhl et al., 1997). A study in the U.S. involving students in grades 6 and 7 suggests that help-seeking behaviour develops in early adolescence and has implications for achievement (Ryan & Shim, 2012). They differentiate between expedient (executive) help-seeking and adaptive help-seeking. The first implies asking for help when wishing the task to be solved by someone else, and the latter implies asking for help when completing the task by oneself. They find significant negative relationship between changes in academic performance, measured through the GPA scores, and expedient (or executive) help seeking (Ryan & Shim, 2012). On average, student’s adaptive help-seeking declined, while expedient help-seeking from peers increased (Ryan & Shim, 2012).

School belonging

School belonging can influence school attendance rates of young people. A research done to explore outcomes from school-based mentoring programs for children and adolescents from grade 7 to grade 10 in the U.S. finds that students that participated in a program is related to better school attendance rates and fewer behavioural problems across all grade levels (operationalised by discipline referrals).

Appendix: Summary Literature Review (cont'd)

School belonging (cont.)

Moreover, students participating in school-based mentoring programs note higher scores on connectedness (Gordon et al., 2013). School connectedness is another terminology for school belonging, similar to school affiliation, school bonding, school community (Allen et al., 2017), school membership, school relatedness and identification with school (Korpershoek et al., 2020).

School belonging is perceived as a precondition to overall school functioning. A meta-analytic review on the relationship between the sense of belonging and student's motivational, social-emotional, behavioural and academic functioning suggests school belonging to be negatively related to absence and dropout rates in students aged 6 to 12 in the U.S. (Korpershoek et al., 2020). The study finds that, on average, there is a positive correlation between school belonging and academic achievement, motivational outcomes (e.g. goal orientation), social-emotional outcomes (e.g. self-concept) and behavioural outcomes, such as behavioural, cognitive and agentic engagement in students (Korpershoek et al., 2020).

Mental health

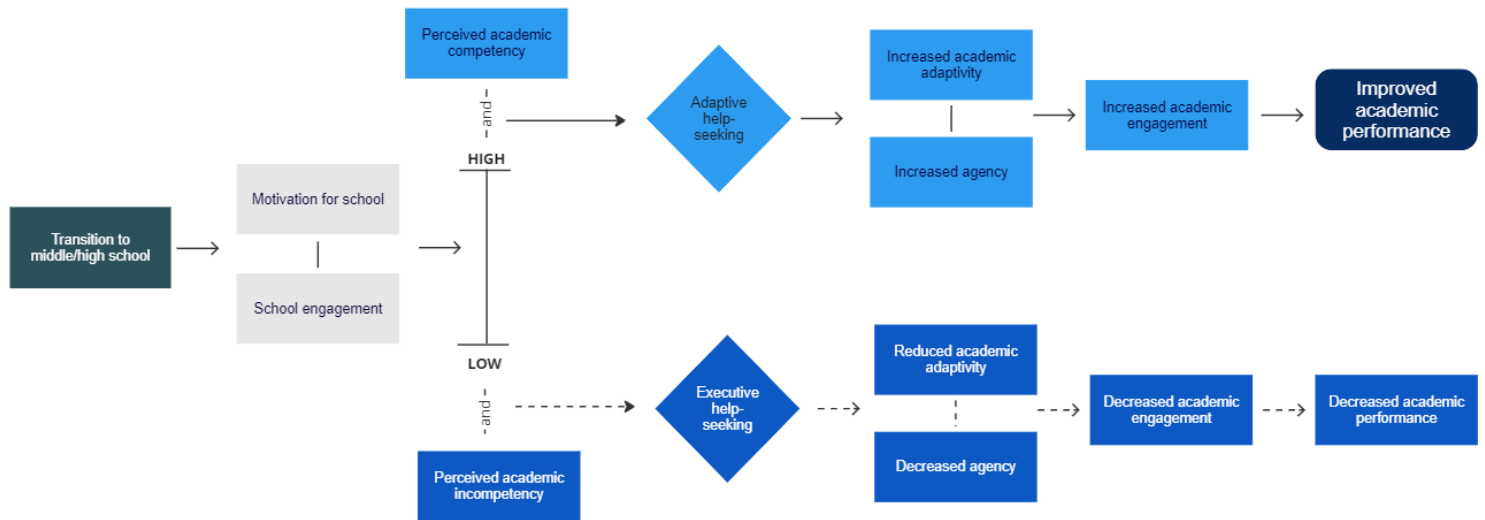
Adolescents with poor academic performance have higher risks of adverse lifetime outcomes, such as mental health problems, substance use or delinquency (Kashiwabara et al., 2022). School performance challenges are related to emerging and existing mental health problems in children (ages 7 to 16) that can culminate in school disengagement (DeSocio & Hootman, 2004). Poor academic performance can be both a mediator for dropping out of high school (Quiroga et al., 2013) and a predictor of high school dropout for students with mental disorders (Mitchell et al., 2022). Youth with persisting school challenges and youth that drops out of school are under increased risk for poor mental health outcomes and participation in deviant peer groups that might result in delinquent activities (DeSocio & Hootman, 2004). Hence, the consequences of not completing high school can include a lower income, reduced stability in relationships and employment, greater reliance on government financial assistance and poor general health associated with lower socioeconomic status (Bowman et al., 2017; Breslau et al., 2008, 2011; Larson et al., 2017).

Mitchell et al. (2022) did a retrospective study on young people in grades 3, 5, 7 and 9 in Australia to assess the relationship between poor mental health and school performance and completion for the period 2008 - 2018. The mental disorders they explore are substance disorders, psychotic, mood (depression), anxiety, eating disorders and conduct disorders. They find a strong association between young people being admitted to hospital for mental disorder treatment and a higher risk of not achieving the minimum standard for literacy and numeracy, as well as not completing high school compared to matched peers. Young males have over a 1.7 times higher risk of not achieving the minimum standard on numeracy and reading, while young females had a 1.5 times higher risk of the same, compared to matched peers. Students with mental disorders had ca. 3 times higher risk of not completing high school compared to matched peers.

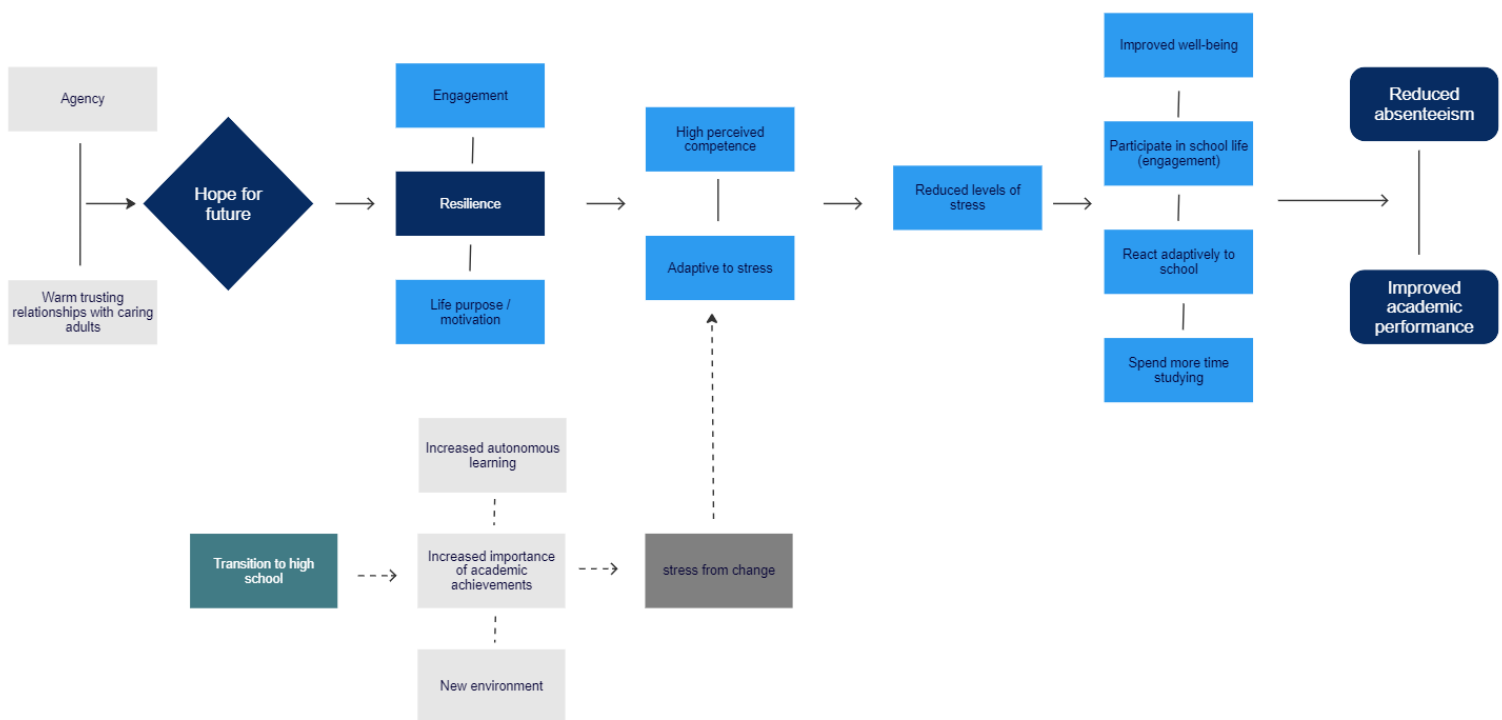
Similarly, Wickersham et al. (2021) find that depression in young people in the UK is associated with 40% lower odds of subsequently achieving minimum attainment levels expected at the end of secondary education. They suggest that positive mental health interventions could improve the situation and optimise student school outcomes (higher academic attainment and better attendance).

Appendix: Outcome pathways from literature

ASKING FOR HELP

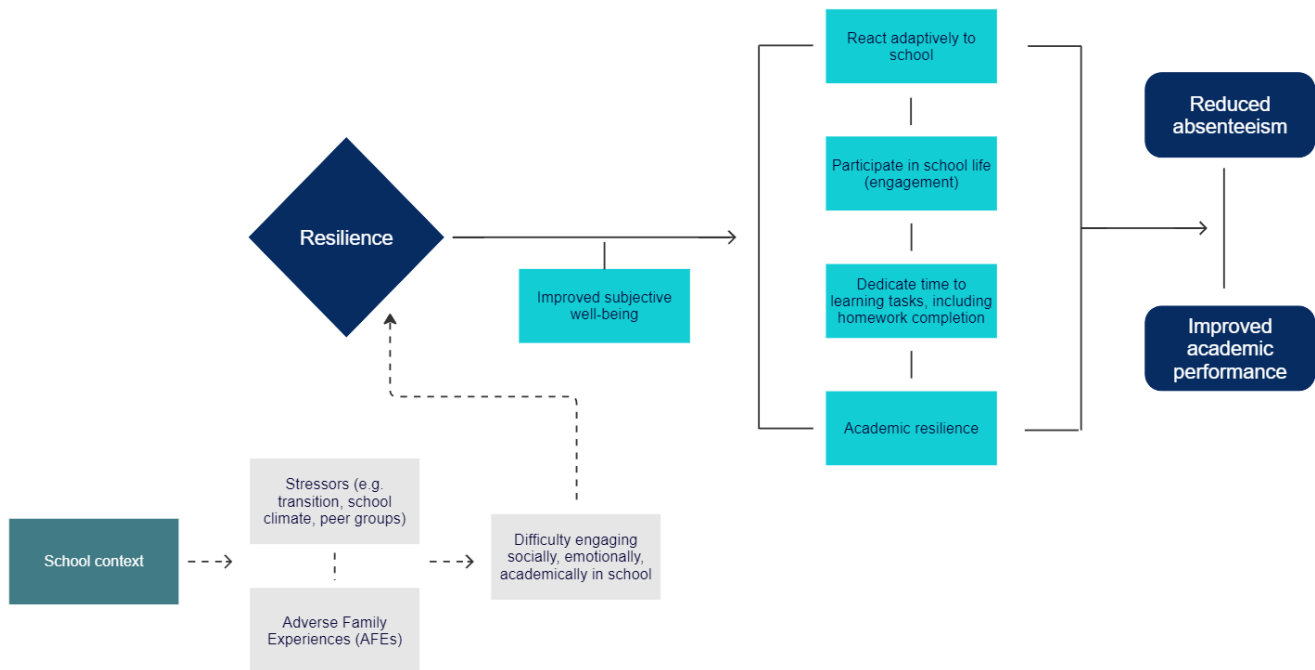


HOPE FOR FUTURE

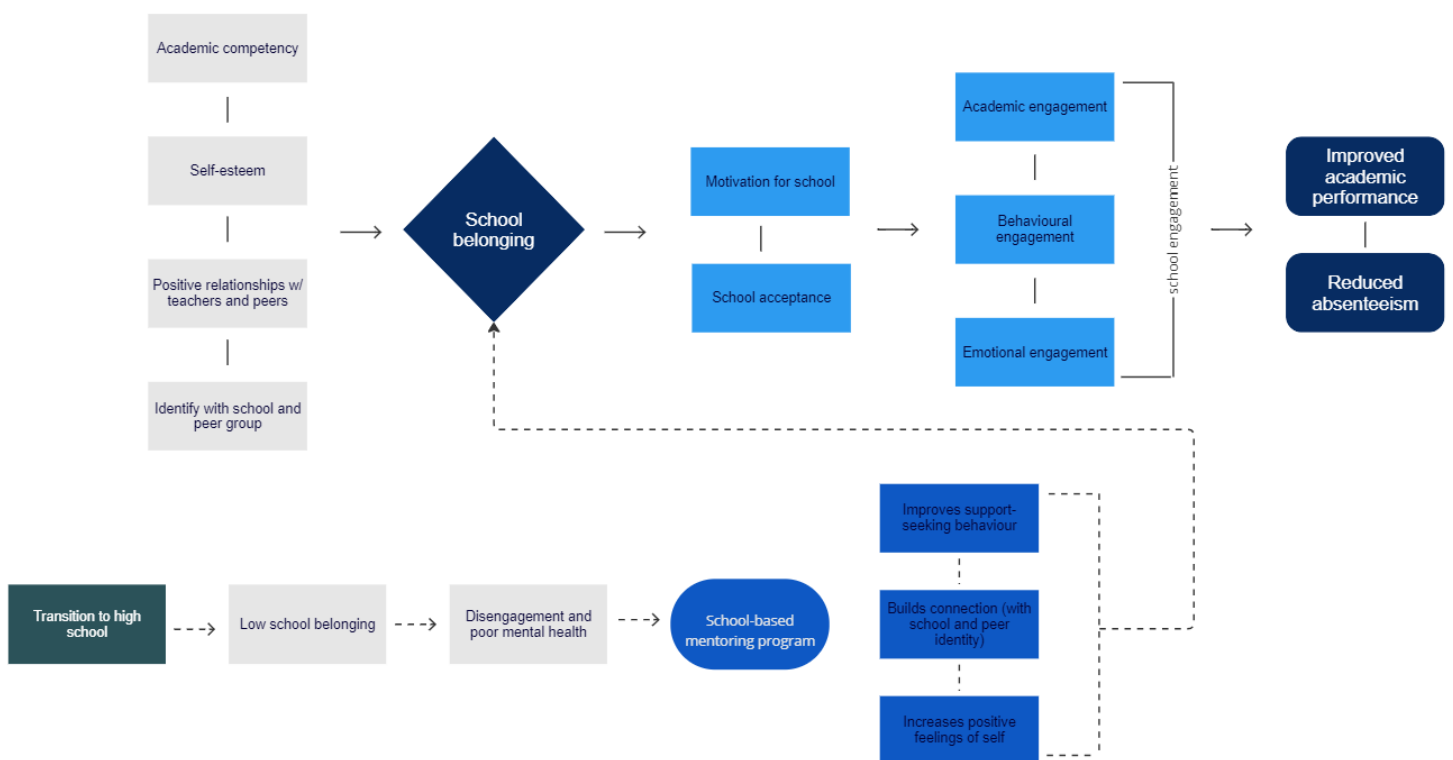


Appendix: Outcome pathways from literature

RESILIENCE



SCHOOL BELONGING



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