

A Social Return on Investment Analysis on the Impact of DIAL House

NOVAS

Housing | Health | Recovery

Prepared by

 **Quality Matters**
supporting improvement in social services

Executive Summary

What are the objectives of the evaluation?

This evaluation aimed to identify the outcomes experienced by young adults who are service users of DIAL House and to explore the value of these outcomes relative to the cost of achieving them. The report was developed for Novas, who aim to use the findings to further develop the service and to maximise outcomes for young people in the future.

This report may also be of interest to other stakeholders, particularly funders and decisions makers, who are equally concerned with understanding the needs and concerns of young people leaving care and improving provisions for all young people at-risk of homelessness in Ireland.

Why a Social Return on Investment methodology?

To establish if DIAL House creates value relative to resources invested in it, a Social Return on Investment methodology (SROI) was selected as the most appropriate evaluation approach. SROI is a principle-based approach, using well-trialled methods, to gather detailed information on the outcomes experienced by stakeholders.

SROI was chosen due to its robust approach to measuring and assessing the value generated by the service. Another reason for choosing SROI was that the outcomes generated by DIAL House do not have a simple or fixed market cost. Many outcomes reported by participants were social and behavioural changes, which cannot be easily measured or valued using standard market valuation measures. Other benefits of this methodology were:

- It focusses on identifying the outcomes, both expected and unexpected, experienced by different individuals or groups involved in DIAL House
- It measures the extent of change experienced by participants, and participants were involved in calculating the financial value of this change
- Complex data collection was needed for DIAL House to understand how much of this change was directly attributable to their work, and how much was attributable to the support provided by other service or agencies
- Counterfactual data was gathered to help understand if outcomes would have occurred without the engagement with DIAL House
- It helped DIAL House understand how outcomes could be improved or ways the service could be adapted to improve their social return in the future

This SROI evaluation was also independently peer-assured by Social Value International [pending report assurance], who, following a rigorous assurance process, confirm that report shows a good understanding of, and is consistent with, the Social Value principles and process of undertaking an SROI.

What did the evaluation find?

The key findings of this evaluation are:

- DIAL House generated a social value between €5.30 to €6.26 for every €1.00 invested in the service, which shows that the service produces good value for its investment.
- Young adults attending the service reported they would not have been able to achieve the same outcomes by attending other services or agencies, if available. DIAL House offers a unique mixture of accommodation and life skill training to help young people with preparing for transition into adulthood.
- DIAL House creates important outcomes for young adults who are leaving care or are at-risk of homelessness, such as an increased ability to live independently, improved mental wellbeing, increased social support and better coping and resilience skills. These have potential to change the course of young people's lives, by setting them up

to progress to independent living, education and employment, and avoid negative experiences, such as homelessness, addiction or unemployment.

- DIAL House significantly benefits young people who are transitioning from care to living on their own, especially individuals with complex, intersecting needs including poor mental health, substance misuse, learning difficulties or lack of practical support in their lives
- Lastly, the service creates positive outcomes for services or agencies working alongside DIAL House, namely reduced staff hours and stress, while increasing staff knowledge and capacity within their work.

How this information can be used?

This SROI evaluation is an important contribution to understanding the impact generated by DIAL House, or similar accommodation services for care leavers or vulnerable young adults. To the knowledge of the research team, there are no assured SROI evaluations on the impact of accommodation services for care leavers in Ireland. It is hoped this evaluation will contribute to national literature on this topic.

Lastly, this SROI should provide clear evidence that DIAL House has a benefit for both clients and service providers. Given the high number of young people leaving care, in Ireland, this evaluation demonstrates that DIAL House's model presents value for money, is effective and is replicable.

Acknowledgements

Novas and DIAL House would like to thank the many individuals who participated in this SROI analysis. Many of the experiences and challenges shared by participants at DIAL House are detailed in this report, and the research team, on behalf of Novas would like to thank everyone for their honesty and openness with sharing their story.

The team at Quality Matters would like to acknowledge the support received from the staff members at DIAL House and Novas in facilitating the research team through the evaluation. Their care for their service users and commitment to quality service provision is consistently evident.

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Glossary of Terms

Aftercare: Is defined as preparation and supports for a young person moving from state care to independent living.

At-risk of homelessness: an individual who is in a precarious situation that may result in a lack of access to stable accommodation.

Attribution: an assessment of how much an outcome is as a result of the activity or intervention of the organisation under review, and how much is due to other organisations or interventions.

Care: a situation where a child or young person, below the age of 18 years old, is looked after by the state, as the legal system determines this is in the best interest of the child. The child or young person may be living in foster care, relative care or residential care.

Care leaver: a young adult aged 18 or over who has spent time in foster care or residential care. When a young person reaches the age of 18 years old and has accessed care for a specific period of time, they are eligible for aftercare.

Client / resident/ participant: a young adult between 18 to 24 years old engaged in DIAL House.

Deadweight: an estimation of the amount of change that would have occurred without the intervention.

DIAL House: the accommodation service that is the focus of this SROI analysis. DIAL is an acronym for Developing Independent Active Living.

Displacement: an outcome created for a stakeholder group may unexpectedly displace the benefit experienced by another group. For example, decreased littering in a neighbourhood park might only result in diverting littering to a park further down the road. Displacement considers the possibility that an activity has created unintended consequences for other stakeholders.

Drop-off: as time passes after an initial intervention, the causality between the initial intervention and the continued outcome will lessen; drop-off describes this relationship.

Duration: How long an outcome will last after the initial intervention.

Inputs: the resources that are used to create the intervention by each stakeholder group.

Material: an outcome is material this means its inclusion will affect the ratio of an SROI. If this information does affect the results of an SROI, an outcome is immaterial.

Outcomes: changes that occur as a result of the intervention. In an SROI, outcomes include planned and unplanned changes, as well as positive and negative changes.

Outputs: the amount of activity communicated in numerical units.

Stakeholders: Individuals and organisations that are affected by the activities of DIAL House.

Theory of Change: the story about the sequence of events and changes that led to final outcomes for participants.

Valuation: this is the estimated monetary value to describe the worth of the outcome to stakeholders.

Value map: this is a spreadsheet which accompanies an SROI report and contains all the information and calculations used to determine the SROI generated by DIAL House.

Foreword

TBC - Anne Cronin & Louise Creamer

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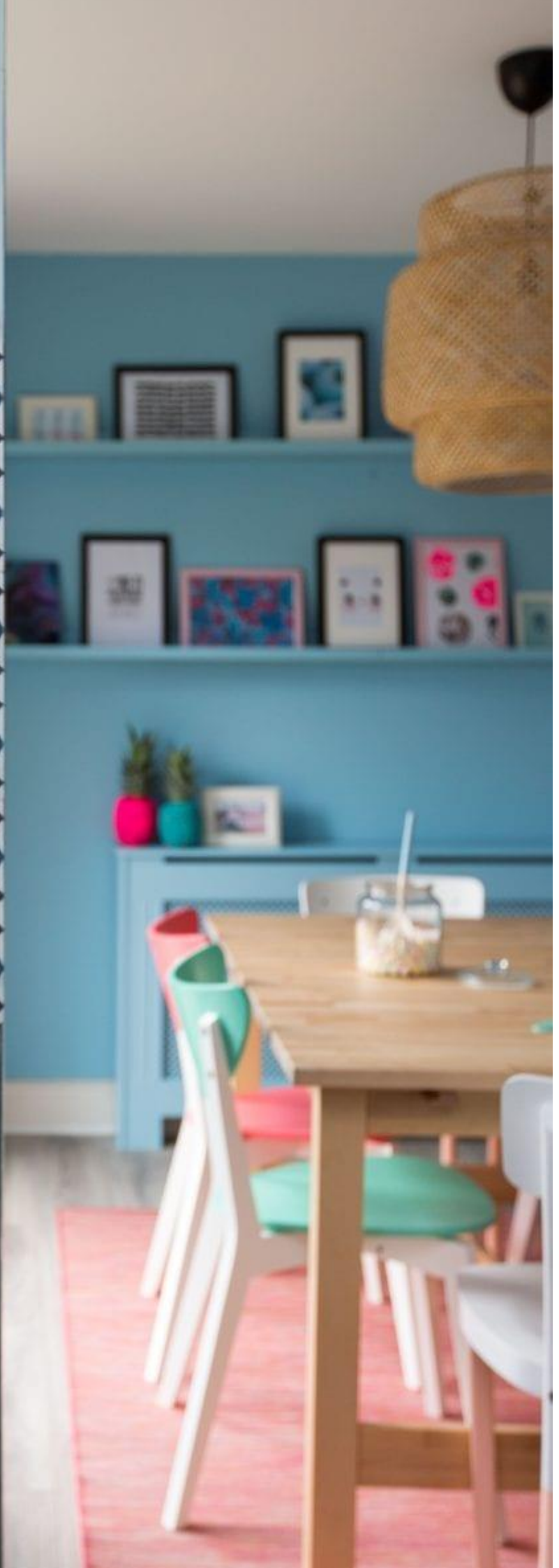
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1 Introduction

1.1 Overview

In Ireland, there are a range of specialised supports or transitional services for young adults who are leaving residential or foster care (1). However, literature has shown that many young people will experience varied and multiple challenges as they transition into their adulthood, especially young adults who lack the social networks and self-dependency skills to maintain living on their own (2,3).

As previous studies have found, many young adults in care come from situations of poverty and social disadvantage, and their early lives are further disrupted by being in care or being moved repeatedly. This instability in childhood means young people in care are at higher risk of disruptive behaviours, learning difficulties, patterns of irregular school attendance, substance misuse, increased anxiety or other mental health problems, and feelings of social exclusion. This experiences can make it difficult for young people to manage the transition from care to independent living (1,3,4).

As of January 2020, latest figures from Tusla show there are 5,971 young people in care and approximately 2,782 young people or adults receiving aftercare services (5). While there is limited data available the number of young people who are homeless each year in the Republic of Ireland, latest reports by Empowering People in Care (EPIC) found the number of care leavers who are homeless had increased. Out of the 653 cases that received advocacy support from EPIC, cases involving a homeless young person had increased from 8% to 12% between 2016 to 2017 (6).

Novas DIAL House is a supportive accommodation service working with young adults aged 18 to 25 years old, who are leaving residential care or foster care or may be at-risk of homelessness. DIAL House offers care leavers with accommodation, access to one-to-one supports and life skills development training, as well as intensive case management supports. The service delivery model emphasises support for care leavers to develop the personal networks and life skills needed for transitioning into adulthood, so they can live a stable, healthy and independent life in the community.

DIAL House offers two programmes for care leavers who are referred to the service:

- The **Two Year Life Skills Programme** for young adults or care leavers between the ages of 18 to 24 without stable or suitable accommodations. Young adults reside in DIAL House and develop personal life skills, autonomy, independence and self-efficacy as they transition into living independently.
- The **Outreach Service** is for young adults or care leavers with suitable accommodation, but who experience challenges that limit their chances of living independently or maintaining their tenancy. The service is designed to support young adults with developing their life skills and to help them to maintain their independence and tenancy in the community.

Young people living in care have often had to manage complex challenges concerning forming attachments, a lack of stability, other childhood traumatic experiences, and generally, experience elevated levels of stress (1,4,7). Developing survival skills to navigate such important childhood experiences can be at the expense of developing other skills that might normally be used to maintain stable tenancies as very young adults (2,4,7,8). Also, many of the social support networks that are usually available to young people moving to their first independent home such a family, school networks and old friendships may not be available to the same degree to many care leavers (2,3).

While most care leavers receive aftercare support from Tusla and may be linked into various health and social services, one challenge is the limited availability of affordable and suitable housing, as well as the need of transitional support services which can assist care leavers and young adults with improving their capacity to live independently (3,9). The purpose of DIAL House is to mirror a typical home living environment and to provide care leavers with the support and training to help navigate this early period of their adult lives.

This SROI presents findings on the value of changes that occurred for young adults engaged in the service. For DIAL House, the benefit of undertaking this evaluation was to understand, in practical terms, how the service has made a positive difference for its clients and how the service has helped reduce the risk of homelessness among care leavers.

Quality Matters, an independent research charity, was invited to undertake this evaluation of the service between January 2018 to January 2019¹. The involvement of stakeholders, and their perspectives on DIAL House, was an essential component of this SROI methodology and one that was particularly welcomed by Novas. In total, the voice of 27 individuals is captured in this report, including service users, professionals and representatives for statutory agencies and the local authority.

1.2 About Social Return on Investment

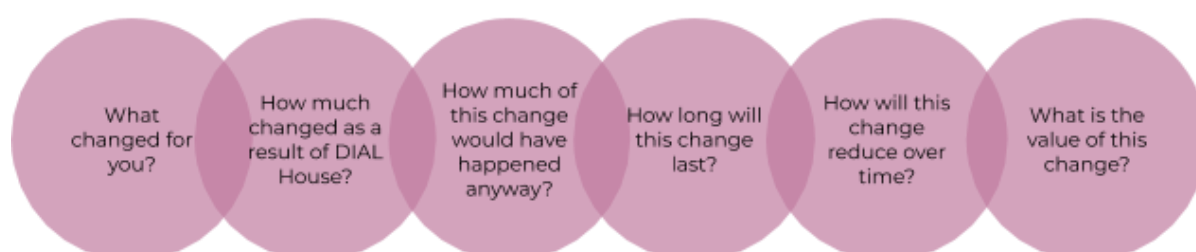
SROI is a way of understanding the impact created by social services and organisations, which uses a specific method to calculate the value of health and wellbeing outcomes, which do not have a simple market cost. For instance, SROI involves stakeholders and clients who experience benefits from DIAL House calculating how much change occurred and the financial value of this change.

For many people, it is difficult to place a value on things that are considered most important in their lives. For instance, it is easier to estimate the cost of monthly rent, rather than to estimate the benefit of being able to live independently, even though the latter is often considered as more valuable than the former.

SROI aims to calculate the value of outcomes by using monetary value as a proxy. Where the value of an outcome is of enough significance that it affects the final ratio (e.g. for every €1 invested in DIAL House, between €5.30 to €6.26 of value is generated by the service), this outcome is said to be material to the SROI analysis of an organisation. This approach helps DIAL House and Novas to identify what outcomes are material to the service so that outcomes are carefully considered when planning services or how resources are invested.

The questions that guided each step of the evaluation were as follows:

Figure 1 Approach to measuring and valuing outcomes in SROI



¹ Henceforth, this evaluation period from January 2018 to January 2019 will be referred to as the SROI period in the report.

1.3 Scope and Objectives

DIAL House provides accommodation, training, support and a case management service for care leavers and young adults who are at-risk of homelessness. It was decided with DIAL House that the scope of this SROI should focus on the accommodation and activities provided through its two structured programmes, the Two Year Life Programme and the Outreach Service.

The objectives of the SROI were:

- To identify what are the key stakeholders and main outcomes of the service
- To understand how the activities of DIAL House leads to outcomes for stakeholders
- To engage stakeholders in the evaluation of DIAL House, especially young adults and care leavers who are the primary beneficiaries,
- To understand the strengths of the service, as well as areas for potential improvement

With this information, Novas also hopes to understand how:

- Improvements can be made to DIAL House into the future, particularly to maximise outcomes for clients
- Consider whether and how the DIAL House service could be replicated in other areas
- Communicate how DIAL House has created a benefit for service providers, agencies, decision-makers and funders

All participants were asked to share recommendations for improving or adapting the service, which is presented towards the end of the report. Staff working with DIAL House did not experience any material benefit, and therefore, were excluded from this evaluation. However, staff were involved in the development of recommendations for DIAL House and endorsing findings from the SROI

1.4 Summary

This SROI analysis was based on evidence gathered during the SROI period from January 2018 to January 2019. In total, 27 individuals participated in this SROI, all were asked to participate in a combination of focus groups, phone interviews and one-to-one interviews. Together this information outlines the outcomes experienced by stakeholders and the value of these changes.

2 DIAL House: Background, Model and Service Activities

2.1 Overview

This chapter provides an introduction to Novas DIAL House and a description of its services and the model of delivery. The background of DIAL House and Novas, the organisation that manages this service are detailed.

2.2 Background on Novas

Established in 2002, Novas' mission is to promote social inclusion through housing, health and recovery. Novas provides accommodation through over 20 services in counties Limerick, Clare, Tipperary, Dublin, Cork and Kerry. Novas is a voluntary organisation and Approved Housing Body working with single adults, families and children who are disadvantaged and socially excluded; primarily those who are homeless or at risk of being homeless. Novas offers bespoke, client-centred services. As a service provider, Novas works directly with some of society's most marginalised individuals – and believes that everyone is entitled to a home.

2.3 Background on DIAL House

Established in 2006, DIAL House is a six-room accommodation service for young adults, between the ages of 18 to 25 years old, who are leaving care or at-risk of becoming homeless. DIAL stands for Development, Independent, Active, Living and reflects the overarching aim of the service – to support young people to successfully live independently.

DIAL House is one of the 20 services operated by Novas. Novas established DIAL House following an urgent situation where a young care leaver presented to McGarry House, a low-threshold direct-access emergency facility for men and women who are homeless in Limerick City. When this care leaver presented to the service, Novas recognised that a large, low-threshold environment was unsuited to the needs of a young person, and set to work on creating a unique, specialised accommodation unit for care leavers and young adults. In the last 13 years, demand for DIAL House's services has grown considerably.

The remit of DIAL House is to provide support to young people who are leaving care or at-risk of homelessness. Most young people present with multiple, complex needs which put them at risk of homelessness, further social exclusion or poor health outcomes if not addressed. These needs range from mental health difficulties, addiction problems, learning disabilities and past trauma.

The mission of DIAL House is to enable young adults to fully participate in their community and, through a combination of supports, to help them to eventually sustain independent living. This service achieves this mission by aiming to:

- Support the development of life and social skills of young adults
- Support access to primary health care to continue programmes established in the client's previous placements
- Support access to drug and alcohol services and mental health services
- Support a client to look for, secure and maintain education or employment
- Provide a pragmatic and consistent multi-disciplinary approach involving relevant statutory and voluntary services
- Adhere to guidelines and targets identified by a client's aftercare worker or key worker

The team in DIAL House support each young person in this work by developing a tailored support plan and offering life skills training relevant to their personal support needs, level of

functioning, history of homelessness, and experiences of addiction, mental health issues or learning disabilities (from mild to moderate).

From the outside, DIAL House appears like an ordinary house where young people live independently, cook their meals and live alongside others their age. In addition to a physical space, it aims to provide a safe and supportive home environment that offers support and life skills training to help young them with their transition to living independently in the community. The service is designed to mirror a home environment, as opposed to a residential service or institution.

The day to day operation of DIAL House is overseen by a House Manager and four project workers, who are responsible for providing one-to-one support to both residents and clients. Staff work on a rotating schedule to ensure there is always supervision and support available.

Another important team member is Rocky, who has lived at DIAL House for many years and whose picture is found at the end of this chapter. Rocky was mistreated as a puppy and was rescued by DIAL House. He enjoys meeting new people and is very friendly. Everyone at living at DIAL House has a responsibility to take care of Rocky and he can often be found searching for someone who will give hugs, sleeping by the front door, or spending time with residents and clients.

The guidelines of DIAL House are purposively few and very simple.

- Residents have their own rooms and their keys to their room to promote independence and a respectful right to privacy
- No strict curfew exists, however, if residents plan on returning to the house late, or not at all, they are asked to inform staff about their plans
- No alcohol can be consumed on-site and, at no time, are residents permitted to use any illegal substances

To support young people with their life skills development, DIAL has developed a comprehensive Life Skills Manual to support young people with their transition into independent living. Engagement with this material is supported by two programmes:

- **Two Year Life Skills Programme** – A residential placement within DIAL House for up to two years, with a focus on independent living and teaching life skills to support their transition into independent living.
- **Outreach Service** – A service for young people who are living in the community, but are at-risk of homelessness. The programme focusses on supporting or maintaining, their ability to live independently as well as developing their life skills for independent living and sustaining their tenancies.

The life skills development delivered by DIAL House falls within five areas:

1. **Daily Life Skills** – diet and nutrition, cooking, budgeting and finances, laundry and personal safety.
2. **Personal Self Care** – personal hygiene, physical, mental and sexual health.
3. **Interpersonal Communication** – managing personal relationships, expressing feelings, relationships with family and friends, coping skills, changes in relationships and anger management.
4. **Managing Social Relationships** – interpersonal and emotional awareness, cultural awareness, and signs of domestic abuse

5. **Independent Living** – career planning, CV preparation, interview skills, education and training goals and finding accommodations

The life skills training is achieved through a combination of one-to-one lessons, individual support sessions, and group activities, such as extracurricular activities or outings. Monthly reviews are held between a client, staff and referrer to achieve the best possible outcomes for the client and to ensure each person is progressing in their skills development.

The life skills programme has been developed over the past 13 years and is based on the makeup of needs among clients who are attending DIAL House (both in the Two Year Life Programme and Outreach Service). In instances where a service user has higher needs with a particular area, a referral is made to social services or training providers who can provide support. For these cases, DIAL House will offer case management support to ensure that each client is adequately being supported by both services.

Services not considered in the scope of SROI: DIAL House offers a respite bed, which is made available to Tusla's Aftercare Team or the Local Housing Action Team when an emergency homeless situation arises for a young person and where a client fits the remit of DIAL House. Due to the emergency nature of this service, the respite bed was not considered within the scope of the SROI.

2.4 Summary

This introduction has detailed the services provided by DIAL House for young adults who are leaving care or are at-risk of homelessness, often with complex needs including experiences of mental health issues or substance misuse. The service focusses on supporting young people to develop their life skills to transition into living on their own in the community.

As a service provider, DIAL House aims to provide clients with a safe and supportive home environment, which is intended to mirror an ordinary shared home for a young person. The service places very few demands on its clients, thus promoting independence while improving life skills for independent living.



3 Needs of Young Adults and Care Leavers in Context

3.1 Overview

This chapter documents the context that DIAL House operates within. It includes a brief overview the aftercare system in Ireland, as well as the challenges and needs experienced by care leavers; young people who have reached the age of 18 and are transitioning into independent living or are in receipt of aftercare services.

3.2 Aftercare Provision in Ireland

Tusla reports that there are over 2,500 young adult care leavers in receipt of aftercare, with an estimated 190 of these located in the Mid-West region of Ireland, where DIAL House is situated (5). In Ireland, the legislation and duty of the State in relation to child care is outlined in the Child Care Act 1991 (10), which was subsequently amended in 2015 and 2017 respectively². The care system is intended by the State to be a place of safety and protection for children and young people when such a need has been identified (10). Tusla is Ireland's child and family agency with statutory duty for the welfare of young people who are not receiving adequate care and with responsibility for providing aftercare services for the State.

Conditions where a young person is placed into care, as stated in the Child Care Act 1991 (Amended), can be broadly summarised as:

- A child where the State finds he/she is receiving inadequate care
- A child is homeless or no accommodation exists in an area
- There is a serious risk to the health and wellbeing of a child (14)

In such conditions, Tusla may apply to the Court that a child or young person needs care. When a child is placed into the care of Tusla, there are several different settings that care can be provided, which include foster care, residential care, high support or special care. When a young person reaches the age of 18, the State no longer has an obligation to provide support (14).

The Child Care Act 1991, the amended Child Care Act, in 2015 and 2017 respectively, and the National Policy on Alternative Care, contain many sections detailing the aftercare duty of Tusla (10,15,16). Most notably, any young person leaving care is entitled to aftercare services based on their assessed need undertaken by Tusla (14).

Aftercare services refer to the statutory responsibility to provide an assessment of a care leavers' needs and to develop an aftercare plan with clients, before reaching the age of 18 years old. The age range for aftercare clients lies between 18 years old up to 21 years old, but it may be extended up to 23 years old if a care leaver is working towards completion of full-time education or accredited training course (14).

The aftercare provisions of the amended Child Care Act 2015 impose an obligation on the State to:

² The legal rights of children and young people, in Ireland, are set out in the Irish Constitution and the UN Convention on the Rights of the Child (11), which was adopted by Ireland in 1992. In 2002, a referendum concerning the legal rights of children was held to strengthen the rights of children within the Irish Constitution (12), which recognises that all children, in their own right, have rights by law, and focused on the protection of children from abuse and neglect by putting their safety and welfare at the centre of decision-making (13).

- Prepare an aftercare plan for an eligible child before they reach the age of 18
- Prepare an aftercare plan, on request, for an eligible adult aged 18, 19 or 20
- To review the operation of an aftercare plan for an eligible adult where there has been a change in that adult's circumstances or additional needs have arisen.

An aftercare plan outlines the case-by-case transitional supports that a young person requires, including education, training, financial support and social supports. However, the assistance provided by Tusla often varies depending on the specific needs of a young person (14). These needs are identified through undertaking an assessment of need, which is another statutory responsibility contained in the amended Child Care Act 2015. The Act identified seven areas of need for assessment and inclusion in an aftercare plan, which are:

- Education
- Training and employment
- Financing and budgeting matters
- Health and wellbeing
- Personal and social development
- Accommodations
- Family support

When a young adult exits from care, they are allocated an aftercare worker by Tusla. This worker is responsible for reviewing the aftercare plan and may offer advice, guidance, support and signposting to services, as needed (14). Based on the results of this assessment, an Aftercare Worker will detail an individual's support needs in aftercare plan and will outline the various referrals or service providers that can assist with these specific needs.

The State also provides care leavers with an aftercare allowance, which is a payment made to an eligible care leaver to support them with their progression into independently living (17). In many cases, this payment is paid directly to a care leaver, on occasion, this payment is made directly to an accommodation provider if a young adult receives a housing placement. The aftercare allowance from Tusla is €300 per week until a care leaver reaches the age of 21 years old (or 23 years old, if in full-time education or training) (14).

3.3 Challenges with Transition into Independent Living

This section will discuss key challenges experienced by care leavers, and young adults at-risk of homelessness, as they progress with their transition into living independently.

Difficulty with finding appropriate or suitable accommodation

Literature has found that care leavers will struggle with finding stable accommodation, which will often be an immediate issue for care leavers as they are leaving care (18). A study into the experiences of care leavers, in North Dublin, found that 68% of care leavers experienced homelessness within two years, and 30% had moved accommodations three or four times within two years after leaving care (9). A 2018 publication from the Irish Aftercare Network found that 938 care leavers, aged 18 to 24, were homeless in Ireland (19). A similar study in Scotland found that 60% of care leavers had moved one to four times in the first year from leaving care and 40% of care leavers had experienced homelessness (20).

Another difficulty experienced by care leavers is the challenge with maintaining a tenancy and thus are at a higher risk of homelessness (4,21). Research has found that care leavers may not be equipped with the life skills needed to maintain their tenancy on their own, such as budgeting skills, coping skills, or access to networks who can provide emotional support or guidance (22). A systematic review of six evaluations on the effectiveness of transitional supports for care leavers found there was moderate evidence to support that care leavers

were more likely to find accommodations and more likely to maintain living independently, compared to care leavers who did not access to these supports (7).

Lack of independent living and life skills

Another challenge among care leavers is developing the practical life skills needed to live independently, including budgeting, cooking and cleaning, and communication skills. A systematic review of research into the experiences of care leavers found that a lack of self-management or self-dependency skills was considered a barrier for care leavers, and as a result, care leavers often reported feelings of anxiety, poor coping skills and low self-efficacy about living on their own (23). In the same systematic review, these studies found that while care leavers felt prepared, and anticipated independence, the reality was not as expected and some care leavers reported that transition planning had not prepared them for life after leaving care (23).

A 2018 study by Focus Ireland into issues for care leavers found that "a lack of life skills and preparation" was concern among both young adults and aftercare workers, especially for those in residential care compared to foster care (24). Several studies also found that some care leavers felt intensive supports were needed as they prepared for leaving care, while others felt that life skills were needed, or that support needs would be more apparent, once they had experienced independence (20,25). In a Scottish study of care leavers, care leavers felt they had received enough information and support with basic life skills (e.g. self-care, independent living skills and lifestyle issues such as safe sex and substance misuse), however half of those who had left residential care reported they would like to have more information on budgeting skills after an 11 month follow up with participants (20).

Research has also found that workers, family member or role model play a critical role in assisting care leavers with developing their independent living skills. Research by EPIC found that aftercare workers acknowledged importance in providing practical support to care leavers, particularly at the early stages of their aftercare experience (21)

A systematic review on the effectiveness of transitional support for care leavers, which was previously mentioned, found most transitional support services contained elements of informal and formal instructions in the basics of daily living and preparation for being self-sufficient (7). While this study found there was no consistent definition of life skills training in literature, it suggests that the reason for the variability in training was where care leaver is accommodated or placed after leaving care; for instance, a young person living with foster family may receive greater individual attention compared to a residential service (7).

Risk of poor mental health

Research has found that care leavers are at a higher risk of developing mental health issues, which covers a broad range of issues, including emotional disorders, anxiety, behaviour issues, conduct disorders, hyperactivity, attention disorders, eating disorder, depression, suicidal tendencies and self-harming behaviour (2,4).

Multiple studies have found that young people in care are more likely to experience mental health challenges and clinical disorders (20,23,26). Research undertaken in the UK comparing the prevalence of mental health issues among care leavers found that conduct disorders (28%), anxiety disorders (26%) major depressive disorders (23%) and psychotic disorder (8%) were significantly higher than the non-care leavers (0%; 3%; 3% and 0%), respectively (27).

According to research by Kelleher et al., 20% of young people in a 2000 study were identified as having mental health needs and were not receiving counselling for same in a 2011 North Dublin study (4,9). A likely risk factor is that the emotional trauma they have experienced at an earlier age can result in young people developing unresolved grief and loss, which may lead them to exhibit mental health difficulties at later stages in life (4,23).

Lack of family and practical support

In literature, the role of family and social supports play an important role in supporting young adults with preparing for independent living. Care leavers are often cut off from their birth family and have few supportive relationships to help with transitioning into adulthood. In some cases, young people may be at a distance from their family, either emotionally or geographically, making contact difficult for a young person (4,7,28).

A research review by Hayes found there are considerable differences in the relationships between care leavers and their birth family; young people might choose to want to know their birth family and equally some care leavers decide not to have contact with their family (3). For the latter, strained or difficult relationships with their birth family are a likely reason why some care leavers do not return to their family home and thus choose to live independently (9). A 2000 study by Kelleher et al. found that 75% of Irish care leavers reported having difficulties with their family (4).

Research has also shown that those leaving foster care will often lose contact with their ex-carers or foster family over time (20,28,29). In some cases, young people may have broken or chaotic relationships with carers, and therefore, are unable to access practical support at a later date (7). Because care leavers who decide to live independently are often required to develop life skills at an accelerated rate and confront the financial, emotional or organisational demands of living on their own, the role of family support is important for preparing and coping with independent life (7). A 2011 Irish study involving care leavers found that a third of care leavers lived with a family, upon leaving care, while two-thirds decided to live independently (4).

For care leavers who do not receive practical support from their birth or foster family will often rely on a staff person or worker as a substitute for this type of support. An Irish study on the delivery of aftercare services in North Dublin found that staff or workers would provide practical support or help with preparing to live independently for young adults who could not rely on their family (9). Research also found care leavers also had difficulty with forming relationships with professionals. A 2009 study into the relationships between care workers and social workers found that care leavers were less likely to have positive relationships with professionals in later stages, if they experience instability or changes in their social workers, or if social workers were inconsistent in their appointments, unreliable or had cancelled appointments so[34].

Poor educational attainment and performance

The lack of educational qualifications is considered to be a major risk factor as care leavers transition into adulthood; a national study undertaken in 2000 by Focus Ireland found that 55% of care leavers leaving the education system with no qualification whatsoever (4). A possible explanation for poor education attainment among care leavers is poor school performance at an early age. A Swedish study on school performance among care leavers showed that that levels of school completion were much lower among care leavers with poor school performance at a primary level, compared to young people who were not in care (31). Other risk factors for care leavers also include lack support or encouragement, moving or attending different schools, disruptions in learning, as well as having learning or attention disorders (3,32).

Difficulties with drug and/or alcohol misuse

Young people who are leaving care are also vulnerable to having or developing drug-related problems. Literature suggests this vulnerability is due to the incidence of psychological or behavioural problems among young people living in care and may develop risky patterns of drug use as they transition into living on their own (33). Research into offending behaviour among care leavers in Australia found that some care leavers sought to self-medicate symptoms of complex trauma through the use of drugs or alcohol (34). Other studies have suggested that young people in care may have fallen into a 'bad crowd' and chose to

experiment or try drugs because they pressured to conform, or be accepted, by a group of friends (2,33).

Issues with offending or criminal behaviour

There is limited research on the links between care and criminalization in Ireland. A 2019 study by the Irish Penal Reform Trust found the majority of children in care do not come into contact with the criminal justice system, but that contact was an issue for a small cohort of young people, particularly young people with multiple and complex needs who are accommodated in residential care (35). This study found that there are several reasons why this small cohort has contact with the youth justice or criminal justice system:

- Young people may display challenging behaviour that constitutes criminal behaviour, such as violence or property destruction
- Young people are vulnerable to higher incidences of drug and alcohol use
- Young people may have higher exposure to criminal behaviour, including family and social relationships, placement in residential units, youth justice or detention centres
- Young care were themselves victims of crime
- Limited access to supports or resources upon leaving care (2,35)

Unplanned pregnancy and lack of parenting skills

Another challenge experienced by some care leavers is a lack of parenting skills. A review of recent research, published in the UK, found that pregnancy rates were higher among young care leavers compared to the general population. For instance, literature has shown that some reasons explaining higher pregnancy rates are that care leavers lack mainstream sex education, experience heightened peer pressure to engage in early sexual behaviour, a lack of emotional fulfilment in their childhood or unable to access sexual health or advice from a carer. A systematic review of three US studies on the effectiveness of transitional supports for care leavers found there care leavers were less likely to be young parents, compared to the general population [7].

3.4 Service Providers working with Care Leavers

In Ireland, the organisations working with care leavers to transition into independent living consist of Tusla, voluntary services / NGOs and advocacy organisations. While the supports offered by services vary regionally, many organizations offer a combination of accommodations, practical life skills training, support with planning or preparing for independent living, and referrals/signposting to other support services.

Tusla, Ireland's Child and Family Agency, is the statutory authority responsible for the provision of care and aftercare services. A new National Aftercare Policy for Alternative Care was launched in 2017 with an aim to ensure that aftercare service delivery operates within an agreed, standardised framework (14). This new policy was a response to criticism that the provision of aftercare support and the range of supports offered were "ad-hoc and regionally variable"(1). Under this new policy, Tusla identified five areas that aftercare support should assist young people to achieve better outcomes, which include:

- Young people leaving care have developed the necessary life and social skills.
- Young people have developed a level of resilience to cope with the adversities that care leavers may face in adult life.
- Young people are encouraged and supported in training, employment and continuing in further and higher education.
- Young people establish themselves in suitable accommodation which can afford them stability and integration into communities.
- Young people have appropriate social networks (14)

While Tusla has primary responsibility for supporting those leaving state care, local authorities and the HSE continue to a critical role in ensuring that young people who are leaving care can access general services, such as accommodation, mental health and social supports.

In recent years, there has also been an unprecedented need for accommodation and homeless services for young people, due to the effects of the housing crisis (36). Approved housing bodies and voluntary organisations have played an important role in providing additional support to care leavers.

Generally, approved housing bodies (or voluntary housing associations) working with care leavers, or young people who are homeless, will provide a combination of short-term or supportive accommodation alongside a case management service, to ensure that supports are coordinated among the various services or organisations working with a client.

In Ireland, various accommodations services provide a similar combination of short-term accommodation and one-to-one support to DIAL House, which includes:

- Don Bosco Care, a voluntary organisation with six accommodation facilities that offer a Residential Aftercare service and Outreach service for young people, aged 18 to 21 years old (37)
- Lefroy House, semi-independent apartments operated by the Salvation Army providing young people with short-term accommodations and supports for moving towards independent living (38)
- Wellsprings, a voluntary organisation providing residential aftercare services for young women, aged 16 to 23 years old (39)
- Streetline, a residential home for young people aged 14 to 21 years old who are leaving care or at-risk of homelessness in Dublin's North Inner City (40).
- Focus Ireland provides an aftercare service and short-term accommodation to young people in Waterford, Dublin and Limerick respectively (41).

The Foyer model is another similar approach to supporting young people and care leavers with transitioning into adulthood and independent living (42). Like DIAL House, this model places an emphasis on offering education and training to support a young person with developing their life skills. According to the Cork Foyer Project's website, the programme covers areas of "accommodation, security, support and advice, jobs and learning, activities and independence" (43). In Ireland, there are three Foyer projects, including Cork City Council's Cork Foyer Project and Bishopsgrove Support Student Accommodation, as well as St. Catherine's Foyer, which is operated by Peter McVerry Trust (42,44).

While all of the services described above are targeted specifically at young people including young care leavers, most of the crisis support or emergency homeless services operating around the country offer beds to young people aged 18 – 25 where needed (45).

There are two national advocacy organisations, in Ireland, who provide advocacy support and information to care leavers on a range of issues and challenges. Empowering People in Care (EPIC) is a national voluntary organisation working with and for children and young adults who are currently in care or who have experience of being in care. EPIC provides one-to-one advocacy support for children and young adults, as well as lobbies for change and improvements in the provision and quality of care services, both nationally and at local levels (46)

The Irish Aftercare Network is a membership organisation consisting of both care leavers and 50 organisations who provide support to care leavers. The organisation aims to share and promote models of best practice in aftercare, as well as to advocate on behalf of care leavers and organisations (47).

3.5 Summary

This review of the recent literature shows that care leavers display a higher likelihood of experiencing mental health issues, poor education attainment, poor social or family support, drug and alcohol misuse and offending behaviour. Evidence on key areas of stable accommodation, education attainment and the protective role of social support indicate that care leavers often need further assistance with preparing to live independently, and may not yet have developed adequate life skills when they reach the age of 18 and preparing to leave care.

While care leavers with support needs receive aftercare services from Tusla, there are young adults with multiple and complex needs who require greater support, which is often provided by voluntary services and NGOs. Many of these voluntary services offer a combination of accommodations, life skills development and one-to-one supports, to help young adults with this transition period and to maintain their tenancy in the community.

4 SROI Methodology

4.1 Overview

This SROI involved substantial data collection from all stakeholder groups involved or affected by DIAL House; who may experience positive or negative change as a result of the service. A set of seven principles guided this SROI evaluation, these are established by Social Value International, the organisation responsible for assuring this report [pending report assurance].

These principles informed the methodology, including how stakeholders were involved, how evidence was gathered and reviewed, as well as the approach to valuing outcomes. This chapter explains the key principles and the methodology used for calculating the social return of DIAL House.

4.2 Seven Principles of SROI

This SROI involved substantial data collection from individuals who experience material outcomes, both positive or negative, from DIAL House. This SROI was underpinned by seven principles, which were adapted from the principles set forth by Social Value International, the organisation that peer-assured this report.

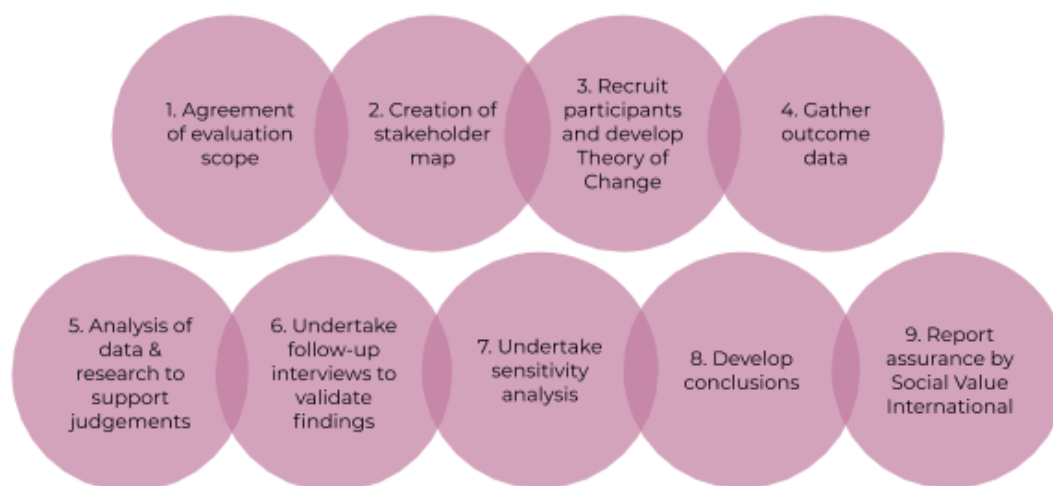
Social Value Principle	How principles were applied to this SROI analysis?
Principle 1: Involve stakeholders	Ensuring that stakeholders are involved in each step of this process, is vital to the process. This meant, young people were directly involved in each step of the evaluation process from identifying outcomes, to measuring outcomes and valuing each of these changes.
Principle 2: Understand what changes	A TOC diagram was created to illustrate how change was generated, based on stakeholder experience. This helped establish quantitative data collection tools to measure the extent of change.
Principle 3: Value the things that matter	The relative importance of different outcomes is assessed, based on stakeholder perspective. These decisions are referenced in the report and often reported in the stakeholders' own words.
Principle 4: Only include what is material	To value only outcomes that were relevant and significant for stakeholders to provide a fair, accountable description of the impact generated by DIAL House. This involved gathering data from stakeholders and, only after this information was analysed, deciding on outcomes that were material to the SROI.
Principle 5: Do not over claim	In an SROI analysis, it is important to claim the value of activities that the service is responsible for creating. This means assessing what change would have happened without the interventions, exploring whether there has been displacement, assessing the input of other stakeholders, and ensuring that sensitivity tests are conducted to take account of any limitations or assumptions within the data.
Principle 6: Be transparent	The value map and report together make clear all working, methodology, valuations and calculations in this evaluation, so readers can critique the logic of the SROI and that the work can be repeated in the future.

Principle 7: Verify the result The SROI evaluation was reviewed and assured by an independent body, Social Value International, to ensure that this SROI evaluation demonstrated a good understanding of, and was consistent with, the social value principles and process.

4.3 Methodology

The methodology involved nine steps informed by Social Value International's seven principles. These steps are illustrated in Figure 3 and are further described in the sections below.

Figure 2 Overview of the methodology used for SROI evaluation



Step 1: Agreement of evaluation scope

The scope of the SROI evaluation was agreed through consultation with both DIAL House staff and its service users. At the start of the evaluation, DIAL House agreed that the focus of the SROI evaluation was to assess the impact generated by the service for young adults who are engaged in the services, as well as for other stakeholders who are working with DIAL House in a 12-month period. The scope of the SROI agreed with DIAL House was to measure outcomes between January 2018 and January 2019.

Step 2: Creation of a stakeholder map

To understand the key stakeholders that were potentially impacted by the service, a stakeholder map was developed with DIAL House staff and, later, reviewed with participants in interviews. The table below details the stakeholder groups and the rationale for their inclusion or exclusion.

Table 1 Inclusion of stakeholder groups in SROI analysis

Stakeholders	Included in study?	What is the reason?
Young Adults and Care Leavers	<i>Included</i>	Young adults attending DIAL House were considered to be the primary beneficiaries of the service. All young people who were referred to the service had either left care at the age of 18, or were at-risk of homelessness and are likely to experience material outcomes.
Statutory Agencies and Local Authority	<i>Included</i>	Agencies who referred clients to DIAL House were concerned with ensuring that young adults, leaving care at the age of 18, were supported with their transition into independent living and received appropriate support during this transitional period.

		Agencies were considered a secondary beneficiary of DIAL House, so are likely to experience relevant, material outcomes.
Service Providers	<i>Included</i>	Voluntary services and statutory agencies work with clients attending DIAL House to support clients with developing their life skills and to engage in specific supports. Services and agencies also receive interagency support from DIAL House. These services were considered a secondary beneficiary of DIAL House, so were likely to experience relevant, material outcomes.
Family members of clients attending DIAL House	<i>Excluded</i>	<p>In consultation with the young adults and care leavers attending DIAL House, this stakeholder group explained very clearly that they preferred the Researcher did not contact or engage with their family members. Due to difficult and past traumatic experiences, clients explained they did not feel comfortable with family members being contacted for this research and in some instances, clients explained this would cause anxiety and stress.</p> <p>When this information was shared with the Manager and staff of DIAL House, these reasons were validated by the staff team and they stated that contact family members may harm the trust established between staff and clients at DIAL House. A limitation of excluding family members was some individuals may have experienced positive or negative outcomes, but due to the ethical reasons and due to the wish of clients that family members were not contacted, this stakeholder group was excluded from the SROI analysis.</p>
Novas and DIAL House	<i>Excluded</i>	Novas is the legal entity and parent organisations managing DIAL House. Outcomes experienced by their paid staff were not considered material because any outcomes were commensurate with their role at DIAL House.

Note on Stakeholder Engagement - In this evaluation, all stakeholders were informed that their participation in this SROI was voluntary, which meant that some individuals did decline to participate in this research. The potential for responder bias was discussed and managed in the sensitivity testing in the SROI analysis, which sought to ensure that any areas where there was a risk of assumptions being used in place of facts or where judgements may affect results used in calculating the social return ratio.

Step 3: Recruitment of participants and the development of the theory of change

Stakeholders engaged in this research through multiple ways, including one-to-one interviews, phone interviews, focus groups and online survey. To ensure this evaluation was accessible and engaging for young adults and professionals, it was important that participation was voluntary and it meant that some individuals choose not to participate in this evaluation. The table below illustrates how stakeholders were engaged throughout this process.

Table 2 Engagement of stakeholder groups at different stages of SROI analysis

Stakeholder Group	% of group experiencing outcomes	Stage One – Developing the Theory of Change	Stage Two – Measuring change and value of outcomes	Stage Three – Verifying the results
Young Adults	80% (N=16)	Focus group and interviews held with six former clients of DIAL House.	Validated outcome measures and bespoke survey undertaken with 10 young adults,	Follow-up interviews with 6 residents and clients to verify findings and results from the

			at two points in time to measure outcomes.	SROI. Undertaken until saturation reached.
Referral Agencies	100% (N=2)	Qualitative interviews with two professionals, who represented statutory agencies that refer clients to DIAL House.		Transcripts from the interview were shared with all respondents, so they could endorse or adapt findings.
Voluntary Services and Partner Organisations	75% (N=9)	Interviews with four representatives of organisations until saturation of outcomes was achieved.	Qualitative interviews with bespoke indicators used with nine individuals, who represented services working with DIAL House.	Transcripts from interviews shared with all respondents, so they could endorse or adapt findings. Also, follow-up phone interviews with four services to review findings from SROI and to endorse outcome findings from clients.

Once residents and clients agreed to participate in the evaluation, the starting point was to create a Theory of Change (ToC), an illustrated diagram showing the chain of outcomes for each stakeholder group³. A ToC was initially developed by undertaking focus group with former clients of DIAL House to identify and well-define outcomes for the service. Once these outcomes were mapped, former clients were asked to rank the importance of these outcomes. Once this initial diagram was complete, the ToC was shared with current clients attending DIAL House. This input from clients helped to refine language, consider other positive (or negative) outcomes, and review the ranking of the importance of these outcomes based on their own experience with DIAL House. Finally, this ToC was validated by the Manager and staff of DIAL House. While staff did not suggest any changes, this final step was used to validate the ToC and the outcomes reported both former and current clients of DIAL House. These ToC diagrams can be found later in this report.

Step 4: Gathering outcome data

Development of Outcome Measurement Tools - Once outcomes were agreed, desktop research was undertaken to explore whether there were validated outcomes measures which matched the ToC. To develop an outcome measurement tool that could be easily administered to its clients, a combination of validated measures, sub-scales from validated measures and bespoke indicators were used (see appendix for a list of sources for items on the tool and a copy of final tools).

Determining the materiality of outcomes - In an SROI, outcomes are included in the analysis when their presence is essential to determining the value generated by a service, or its exclusion could have a major effect on the result. This is called materiality. Materiality was determined by assessing two criteria for each outcome:

- **Relevance** - Relevance is judged in several ways, such as individuals reported these outcomes as being important to them, outcomes appeared to have a high value, the

³ As part of this step, participants were asked, in focus groups or interviews, to identify the outcomes that were experienced during the SROI period as well as to describe the relative importance of these outcomes compared to one another. Moreover, participants were asked to estimate the attribution, deadweight, drop off and any potential displacement (a.k.a. discounts). Gathering data about these discounts as part of the methodology from the start of this evaluation process.

organisation places a high value on the outcomes, or research indicated that this outcome is likely to be experienced (48).

- **Significance** – Significance was judged in a number way, such as the number of respondents who experience this change, the amount of change experience, duration of outcomes, or the financial value of each outcome; all these factors are used to determine the significance of outcomes for stakeholders (48).

Further information about materiality and the judgements used to assess the materiality of outcomes can be found in the [Appendix on Indicators and Materiality of Outcomes](#).

Ethics in relation to data collection - Each participant was provided with a Unique ID, which was used to ensure surveys could be tracked through the data collection process. At the start of the session, each respondent was provided with clear information to enable informed consent, they also had the opportunity to clarify how their responses would be used and the purpose of the evaluation. When surveys were undertaken with participants, a project worker with DIAL House was also on-hand in case anyone felt that the survey questions brought up difficult feelings.

Step 5: Analysis of outcome data & research to support judgements

Stakeholder engagement for establishing deductions – Respondents were engaged on topics of attribution and deadweight. Key questions asked are outlined in the table below:

Type of Deductions	Description
Duration	How long will this outcome last? This information was used calculate the reasonable length of outcomes experienced by respondents.
Deadweight	How likely is it that this outcome could have occurred without the intervention? This information was used to calculate the average likelihood that respondents would experience outcomes without an intervention.
Attribution	What other services or individuals contributed to this change or outcome? This information was used to determine how much of an outcome can be reasonable stated to occur because of DIAL House's interventions.
Displacement	Would this outcome have displaced outcomes that may have occurred elsewhere or for other people? This information was used to assess if this outcome resulted in a negative change for other stakeholders or communities.
Drop-off	How does the effect of this outcome reduce in over time? This information was used to calculate if there was a reasonable reduction in the significance or experience of an outcome over time.

These values can be found in the appended Value Map to this report, and further description of deductions can be [Appendix on Value, Duration and Deductions](#).

Ranking of outcomes based on stakeholder input – To understand the perceived importance of outcomes, participants were asked to rank these from most to least important. To establish a ranking system for outcomes, the participants' answers ranking was used, and as each stakeholder group only contained a limited number of outcomes, there were no outliers and all responses received from participants were used to calculate this score.

Calculating the value of outcomes using an anchor and weighting approach – Many of the outcomes in this SROI analysis cannot be compared to a good or service price in the market place, to establish the value to stakeholders an anchor and weighting approach was used. A value exercise was undertaken with participants to establish an anchor, an outcome with a

financial value agreed with the stakeholder group. This value was then used as a comparison point for all other outcomes. Once this anchor was established, subsequent outcomes were given weight by stakeholders to determine the relative value of each outcome.

This value exercise was undertaken through a combination of focus groups and interviews to encourage participants to discuss and explore the financial value, before agreeing on both figures used for both anchor and weights. A possible limitation of this approach is that some stakeholders may over/undervalue based on the views or weighting assigned by other participants. Further description of the valuation approach can be found in [Chapter 7: Social Return on Investment Results and Analysis](#).

Step 6: Undertake follow-up interviews with stakeholders to validate findings

Once the data had been analysed, a series of follow-up phone interviews were held with respondents involved in the SROI. The purpose of these phone interviews was to verify findings and results from the SROI, as well as to obtain additional information, where required.

Step 7: Undertake sensitivity analysis

A sensitivity analysis addresses the effect that any overclaiming or incorrect assumptions would have on the final SROI value. Alternative scenarios were tested by choosing different figures and changing deductions used in the SROI, which enabled DIAL House to understand different circumstances and assumptions and the effect of this on valuations. A detailed explanation of our sensitivity testing is detailed in our chapter on [Chapter Seven: SROI Results and Analysis](#).

Step 8: Develop recommendations and conclusions

All respondents were asked to share recommendations and ideas of ways DIAL House could be improved or value to stakeholders increased. Respondents were provided with two opportunities to provide feedback on ways DIAL House could be further developed, once when outcome data was gathered through interviews, surveys and focus groups, as well as, afterwards, when additional follow-up interviews were held to reviewing findings from the SROI. These recommendations are further outlined in Chapter Eleven: Recommendations

Step 9: Report assurance by Social Value International

This report was independently reviewed and assured by Social Value International to verify the results and assess that the methodology was in line with the seven social value principles. Both DIAL House and Quality Matters considered assurance of SROI reports necessary in verifying results which reflects both organisations' commitment to measuring social impact effectively [[pending report assurance](#)].

4.4 Limitations of this Evaluation

All evaluations have limitations. To ensure that readers can understand these limitations and use that understanding to inform any use of research findings, the key limitations of this SROI evaluation are outlined below along with our approach to mitigate these as far as possible.

Positive responder bias. Refers to the potential for a respondent to feel inclined, either consciously or sub-consciously, to provide positive answers. To minimise the effect of this bias, all stakeholder engagement was undertaken by Quality Matters, a professional research charity, and where staff were not present in the session.

Selection bias for stakeholders. The researcher spoke with a range of people involved in DIAL House. However, some individuals voluntarily decided not to engage in evaluation, which may have resulted in unintended selection bias (i.e. only speaking to those with positive views). In all instance, less than 100% engagement was considered a potential limitation on the findings and has informed the sensitivity analysis.

Lack of longitudinal data on outcomes. The quality of the SROI would have been improved through routine outcome data being collected by DIAL House over a longer period. This lack of long-term outcome data means that substantial data collection was required during the SROI timeframe. The limitation is that this SROI accounts only for change that occurred during this period.

Use of assumptions in SROI analysis. SROI makes assumptions or estimations about each outcome's valuation, attribution and deadweight. All assumptions in this report are based on stakeholder views. However, these assumptions were not the same for all stakeholders and, in some cases, information on these assumptions were scarce. To account for this, assumptions with less evidence were estimated conservatively. The sensitivity testing was also used to consider different SROI ratios if adjustments in assumptions were to be made.

4.5 Summary

This chapter has set forth the principles, methodology and key steps in the process for completing the SROI. At every step, the methodology was developed to ensure this evaluation was participatory for respondents, especially the young adults who are engaged in DIAL House.



5 Outcomes and Value of DIAL House

5.1 Overview

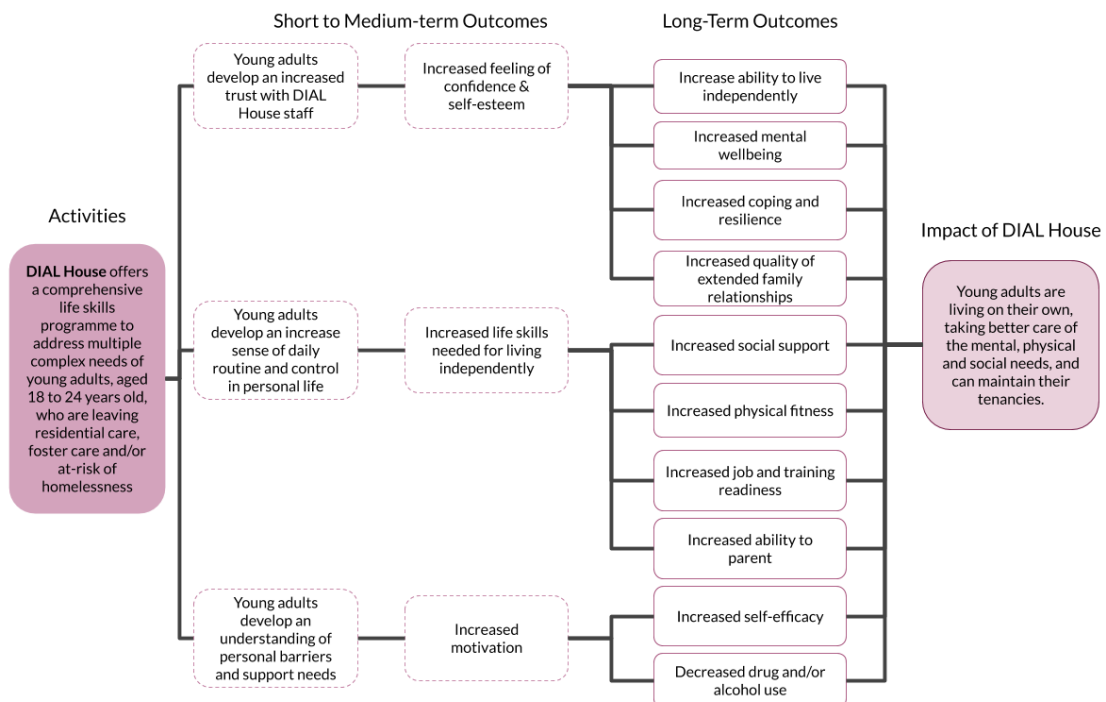
This chapter outlines the outcomes for stakeholders who were engaged with DIAL House during the SROI period. A total of 27 individuals from across all stakeholder groups were involved in this analysis. Findings are presented for each stakeholder with the following:

- **Description of the outcome:** a description of the outcome experienced by the stakeholder group with a quote from respondents who participated in this SROI analysis describing the change that was experienced.
- **Indicator for how this outcome was measured:** the number of individuals who experienced this change and the method and indicator used to measure change.
- **Rank and valuation method for this outcome:** the rank and weight assigned by the stakeholder group to each outcome reported by respondents who experienced this outcome.

5.2 Outcomes for Young Adults and Care Leavers

Young adults attending DIAL House are between the ages of 18 to 25 years old, who are leaving care and/or are at-risk of becoming homeless. Young people who are referred to DIAL House will have often presented with a combination of challenges or conditions, including mental health difficulties, substance misuse, learning disabilities and past trauma, which places them at-risk for falling into a cycle of homelessness. The relationship between the short/medium-term outcomes to long-term outcomes is described in the ToC below.

Figure 3 Theory of Change for young adults and care leavers



Given the approach used by DIAL House and the demographic similarity of individuals attending the service, respondents reported similar experiences and outcomes – and there was no significant variance in findings between the Two Year Life Programme and the Outreach Service. The key difference between these two groups is that individuals involved in the Outreach Service were not living or residing at DIAL House, but this did not appear to impact the outcomes as there were no significant differences in the results.

The table below summarises the outcomes and proportion of young adults who experienced these changes. In this SROI, respondents were asked to rank these outcomes by their level of importance and weigh the value of outcomes in comparison to one another, which shows how clients ordered the benefit of these changes.

Table 3 Summary of outcomes experienced by young adults (N=10)

Outcome experienced by young adults (N=10)	Number of respondents	% of respondents	Value ranking by respondents
Increased ability to live independently	10	100%	1 st
Increased mental wellbeing	7	70%	2 nd
Decreased mental wellbeing	1	10%	-
Increased social supports	8	80%	3 rd
Increased self-efficacy	8	80%	4 th
Increased coping and resilience skills	7	70%	5 th
Increased readiness for employment, education or training	6	60%	6 th
Increased ability to parent or parenting skills	1	10%	7 th
Increased quality of extended family relationships	7	70%	8 th
Decreased drug and/or alcohol use	1	10%	9 th
Increased physical fitness	4	40%	10 th

The following section will explain each of these outcomes in further detail.

Outcome 1: Increased ability to live independently

Description of the outcome

The most highly valued outcome reported by respondents was an improvement in their life skills needed to transition to and maintain living independently. Respondents reported this outcome in several ways:

- Improvement in the life skills needed for taking care of themselves or to live independently, such as skills for daily living, self-care or maintaining their tenancy
- Improvement in life and financial choices
- An ability to resolve challenges or barriers that may, if not addressed, result in losing a tenancy or worse, becoming homeless

Several respondents commented that they had not realised the personal life skills required to live independently until they tried living on their own and that these skills would only have been developed due to the support received from DIAL House. This is described in the following quotes:

Before moving to DIAL House, I had been living in foster care and I tried living on my own, but it wasn't working out for me. I didn't want to be living on my own

anyway, so someone had suggested that I come to DIAL House and they really helped me understand what I needed to work on. (Young Adult 8)

I've gone through a lot of challenges in my life, between living in foster care and living in supported housing. But, the biggest challenge in my life was trying to look after myself. When I left my family's home, I realised that I couldn't look after myself and I didn't think this would change until I started coming to DIAL House. (Young Adult 6)

Respondents also reported that DIAL House had assisted with an improvement in their financial management or budgeting skills. For all respondents, this was closely linked to their ability to live independently and maintain a tenancy. Young people reported that financial management was a real challenge, as it was an area respondents had little to no prior experience:

They would bring us out on holidays and outings, and they would teach me how to look for a place, make sure you've got a monthly budget and how to save. I started to learn how to take care of myself, and I realised that I could figure this stuff out. Recently, I went apartment hunting with a friend, and she was asking for my advice. (Young Adult 1)

Over the past year, I have been working on taking care of myself. You're already living on your own at DIAL House, but you need to do your own dishes, and cook for yourself. The hardest thing has been figuring out my finances – but I'm really up to scratch now at keeping a budget for myself. I've already got some savings for my own place. (Young Adult 10)

How the outcome was measured? This outcome was assessed by asking young adults, as both a pre-test and post-test, to self-report on the independent life skills and preparedness for living independently. The indicators used to measure this outcome included a combination of bespoke indicators and 3-items adapted from the Financial Self-Efficacy Scale, particularly questions related to managing financial problems and coping with setbacks (49)⁴.

Individual pre/post-test responses were compared to determine if respondents showed an overall improvement in their independent life skills. All 10 respondents reported a significant improvement in their ability to live independently, which was considered an increased score of 18 points or higher (out of a total possible score of 35). Respondents attributed this outcome to the support received from DIAL House and their confidence in their ability to live and maintain a tenancy, which was a result of the support received from attending the Two-Year Life Programme or Outreach Service.

What is the value of this outcome? This outcome had the highest value for stakeholders. The value agreed by participants, in the value game was €7,700 per year. In the value exercise, respondents agreed this outcome should serve as the anchor because it was considered the most important outcome by the stakeholder group.

This outcome was given a weight of 1.00 by participants, which meant all other outcomes weighted in the value experience were compared to this outcome and this outcome was valued as the highest for the stakeholder group⁵.

⁴ See the [Appendix on Research Instruments](#) for further details and the outcome measurement tool administered to respondents in DIAL House as a pre-test and post-test.

⁵ A table describing the anchor and weighting used in this SROI analysis is further described in [Chapter 7: Social Return on Investment Results and Analysis](#).

Outcome 2: Increased mental wellbeing

Description of the outcomes

Another outcome considered important by clients at DIAL House was an improvement in their mental health and wellbeing⁶. In interviews with young adults, respondents explained they had better awareness of their mental health and were more confident at looking after themselves because of the support they received from DIAL House. Having peers who they could share their challenges with was also a precondition for this change. Some young people also reported they had feelings of self-harming and suicidal ideation in the past, but that they had worked to overcome these feelings through the help received from DIAL House staff:

The staff have always given me good advice about how to deal with problems or when I've struggled with my mental health. A year ago, I would have thought about self-harming, but I know better now – those feelings are still there but I don't pay attention to it anymore. (Young Adult 4)

I've noticed a big change in my mental health. I'm more able to talk about things and it's something that [staff] check-in about with each me. When I'm stressed, I'll go outside and take a break – it's what calms me down these days. I know that DIAL House is there for me and are concerned about how I'm doing in my life. I would say that having someone you can talk with has been really important for me. (Young Adult 5)

How the outcome was measured? This change in the mental wellbeing of young adults was measured using the short Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), a 7-item validated tool used to measure the general wellbeing in the general population. The tool was developed in 2005 to support the Scottish Executive's National Programme for Improving Mental Health and Well-being in Scotland with funding provided by NHS Scotland (50). Out of ten respondents, 70% (N=7) reported a substantial improvement in their level of mental wellbeing as a result of the supports provided by DIAL House, which was measured as individuals who had increased their mental wellbeing by an increase of 5 or higher (out of a possible score of 35). Of the remaining respondents, 20% (N=2) reported a minor improvement in their mental wellbeing (e.g. a score of 4 or lower), which was not considered significant enough to be material for this SROI.

One respondent (N=1) reported a decrease in their mental wellbeing, which was considered a negative outcome for this SROI. When the WEMWBS score for this respondent was analysed, this individual's mental wellbeing had decreased by less than 4 points, between the pre-test and post-tests. This was considered by stakeholders to be a minor decrease in mental wellbeing, but it was agreed with stakeholders that this negative outcome was material to the SROI analysis.

What is the value of this outcome? To value this outcome, as a starting point, the results of the WEMWBS for DIAL House participants were combined with the HACT Wellbeing Valuation calculator, which applies the wellbeing valuation to movements within the WEMWBS (51). This meant the resulting values of different points on the WEMWBS scale, between the pre-test and post-test, were calculated.

Once this amount was calculated for each of the respondents who reported this change, the average amount was calculated for all participants and used as the monetary value for this outcome. In interviews, respondents agreed that the values were valid. This outcome was considered the second most important outcome for the stakeholder group, which also assisted in ranking comparative values. The value of this outcome was calculated as an average of €6,00.00 per year. Also, to value the negative outcomes reported by one respondent, the

⁶ Excluding drug and alcohol use, which would present a potential double count of outcomes

same approach was applied. This value was calculated as an €675.00 per year, and was included a negative value in the SROI analysis.

Outcome 3: Increased social support

Description of the outcomes

Young adults reported an improvement in the social support they have in their life. In the initial interviews with former DIAL House clients, respondents explained that having "people who they could rely on for emotional support or advice" was an important outcome. Some clients had reported that they did not have family members or a carer who they could rely on. Many clients felt that DIAL House staff and other residents of DIAL House offered this support, which functioned in place of traditional family relationships:

Sometimes I feel like the people at DIAL House are like my own family. Once you tell people about your issues, it feels like you can trust what they have to say. Living at DIAL House was like living in a "real" home with people that you can really count on. (Young Adult 5)

How the outcome was measured? This outcome was measured using six-items adapted from the MOS Social Support Survey, which was developed as a multi-year outcome survey for groups accessing health services (52). The items adapted for DIAL House clients were used to assess whether young adults had people who provided social support and who provided advice or emotional support in periods of crisis or need. Based on a comparison of pre-test and post-test results, findings show that all respondents (80%, N=8) reported an improvement in their social support, which was measured as a change of 5 or more (out of a total possible score of 30). Of the remaining, 20% (N=2) experienced only a minor improvement in their social support, which was considered a change in 4 or less between the pre-and post-test stages.

What is the value of this outcome? In follow-up interviews with respondents to review these findings, young adults considered that this outcome was the fourth most important outcome. Based on results of the value exercise, this outcome was given a weight of 0.60 by respondents, which calculates as a value of €4,620.00 per year.

Outcome 4: Increased self-efficacy

Description of the outcome

Young adults reported that DIAL House helped them feel more prepared and self-sufficient and that they had greater control over important decisions in their life:

When I first moved here, I was really unhealthy, and I wasn't feeling very confident. But I managed to overcome these challenges - I realised that even if I fail at it a few times, I'll keep at it until it's done. I am much more focused in my life - I'm proud of my achievements. (Young Adult 3)

I used to be a negative person. I would always put myself down and wouldn't have a lot of faith in my own ability. But I see myself changing right now and I am starting to do things by myself. Even when I'm depressed, I can do things by myself. (Young Adult 10)

How the outcome was measured To measure improvement in self-efficacy, respondents were asked to complete the Pearlin Mastery Scale, as both a pre-test and post-test. This is a 7-item validated measure for the extent an individual sees their life decisions as being under their personal control (53). In peer-reviewed literature, the Pearlin Mastery Scale has often been used in a health and social care settings to assess the relationship between stress factors and the ability to determine an individual's course through these challenges (53).

To indicate an improvement in self-efficacy, Pearlin Mastery Scale uses a cut-off score of 21 or lower as an indicator of poor levels of self-efficacy. When data for DIAL House clients was compared for all respondents, the results showed that six participants (60%) experienced an improvement in their self-efficacy, and two respondents had maintained a high level of self-efficacy, between the pre-test and post-test stages.

Table 4 Cut-off for Pearlin Mastery Scale at pre-test (N=10) and post-test (N=10)

Level	Pre-Test	Post-Test
Above cut-off	20% (N=2)	80% (N=8)
Below cut-off	80% (N=8)	20% (N=2)
Total	100% (N=10)	100% (N=10)

Of the remaining, two respondents (N=2) had no improvement in their self-efficacy. This breakdown is reported in the table below:

Table 5 Change in Pearlin Mastery Scale score for respondents (N=10)

Change	Total
Positive change (i.e. from below to above cut-off point)	60% (N=6)
Maintained a positive change (i.e. remained above cut-off point)	20% (N=2)
No change (i.e. remained below the cut-off point)	20% (N=2)
Negative change (i.e. from above to below cut-off point)	0% (N=0)
Total	100% (N=10)

What is the value of this outcome? This outcome was given a weight of 0.50 by respondents, which calculates as a value of €3,850 per year.

Outcome 5: Increased coping and resilience skills

Description of the outcome

Clients attending DIAL House showed an improvement in their coping and resilience skills. As the ToC for DIAL House was developed, many respondents reported that they gained stronger confidence in their ability to withstand periods of personal stress and difficulty in their lives as a result of the support provided by DIAL House. In interviews, a consistent theme was difficulties managing stressful relationships, especially difficulties with family members or close friends:

The thing that set off this period of difficulty in my life was the relationship I had with my family. I was in a pretty dark place, I felt like things were going wrong for me. DIAL House has given me support from the start and they were always been there for me. Like anybody, I have my bad days, but I am getting stronger day by day. (Young Adult 5)

Another challenge that emerged from interviews was that some clients who attended DIAL House developed better perspectives on managing setbacks or life challenges, such as realities of being on their own, finding accommodations, seeking employment, or dealing with unexpected changes:

What I've really learned from being at DIAL House is how to deal with stresses in my life. There aren't many people that I can count on, so I have had to teach myself how to deal with problems in my life. (Young Adult 10)

DIAL House taught me how to cope with problems in my life. I know you wouldn't expect it, but I have had a lot of challenges in my life and, before I came here [to DIAL House], I wasn't taking it very well. I'm more grounded in my life and it makes me feel like everything around me is calmer and more manageable.
(Young Adult 6)

How the outcome was measured? To measure this improvement in coping and resilience, the Brief Resilience Scale, a 6-item validated scale for measuring resilience in the general population was used as a pre-test and post-test. This outcome was measured by selecting the average score for each individual, which can be reported as belonging to one of three categories: low, normal and high levels of resilience. A breakdown of scores for the respondents is presented in the table below:

Table 6 Interpretation of Brief Resilience Scale at pre-test (N=10) and post-test (N=10)

Level	Pre-Test	Post-Test
Low resilience (2.99 or lower)	70% (N=7)	0% (N=0)
Normal resilience (3.00 – 4.30)	30% (N=3)	100% (N=10)
High resilience (4.31 – 5.00)	0% (N=0)	0% (N=0)
Total	100% (N=10)	100% (N=10)

70% of respondents (N=7) showed a substantial improvement in their scores. This was determined by individuals who moved from a low resilience range into the normal range. The remaining 30% (N=3) of participants experienced an improvement in their score, but was considered a minor improvement in level of resilience that did not experience a change in score range categorisation, because both their pre-test and post-test scores appeared within the normal range. This breakdown is reported in the table below:

Table 7 Change in Brief Resilience score for respondents (N=10)

Change	Total
Positive change (i.e. increase from low to normal range)	70% (N=7)
Maintained positive change (i.e. increase, but remained in normal range)	30% (N=3)
No change (i.e. remained in low range)	0% (N=0)
Negative change (i.e. decrease from normal to low range)	0% (N=0)
Total	100% (N=10)

What is the value of this outcome? Based on results of the value exercise, this outcome was given a weight of 0.45 by respondents, which calculates as a value of €3,465.00 per year.

Outcome 6: Increased readiness for employment, education or training

Description of the outcome

60% of respondents (N=6) reported an increase in their readiness to progress into either employment, training or education. Respondents stated they were interested in either getting a job or returning to education, although discussed that they had difficulties with both. Respondents explained that they DIAL House had helped them by preparing their CVs, finding appropriate courses and working on skills needed for employment. Respondents described this outcome in the following ways:

- Attending training courses relevant to their employment interests
- Completing the leaving certificate
- Securing part-time employment or volunteer opportunity

This outcome is best described by the following quotes:

I wasn't really interested in going to school before I came to DIAL House. I was in a mainstream school and didn't really like my teachers. Thanks to the staff, I've started going to a Youth Reach – and I find they're much better about working one-to-one and the staff have been really helpful with my work while I've been living here. (Young Adult 8)

When I first got to DIAL House, I had no interest in getting a job. But since I got here, I started going to college, I am really interested in the idea of work. I'm thinking about opening up my own business, it's probably far off, but it's something that I never thought I'd be interested in doing. (Young Adult 3)

I dropped out of courses when I was younger and wasn't the best person at school. Looking back, I would say I was a lazy person. After I started coming to DIAL House, they helped me get a job. After a while working here, I'm more confident with looking for work and really want to do something more practical and with my hands. (Young Adult 7)

How the outcome was measured? To measure the improvement in job, training or education readiness, five-items were adapted from the Casey Life Skills Assessment tool, which was originally designed to measure changes in behaviours and competencies for care leavers living in a foster care setting (54). All respondents were asked to rate a series of indicators as both a pre-test and post-test. Once answers were compared for all respondents, 60% (N=6) showed a substantial increase in their readiness for employment, training or education, which was considered a change in score of 5 or higher (out of a total possible score of 25). Of the remaining, two respondents (N=2) only reported a minor change, which was considered a minor improvement in their preparedness for employment, training or education, which appeared as a score of 4 or lower. Two respondents (N=2) reported they “did not experience”. These young people were already attending school, a course or were in employment, accounting for a higher starting point and less potential for positive change.

What is the value of this outcome? Based on results of the value exercise, this outcome was given a weight of 0.40 by respondents, which calculates as a value of €3,080.00 per year.

Outcome 7: Increased ability to parent or parenting skills

Description of the outcome

One respondent (10%, N=1) reported an improvement in their skills as a parent or preparation for being a parent as a result of the support received from DIAL House staff. This change was an unanticipated outcome for the service, as the young adults who engage in the programme are often not parents. Over the course of the SROI, two participants explained that they had a child or were preparing to have a child:

In the last year, I had a child and I'm pretty young to be having a kid. I didn't know anything about being a parent. The staff actually invited me and my partner into the house to talk to us about how to be a parent and showed us how to change nappies and give bottles. They were a massive help! I didn't really have the best examples of being a parent, so I really appreciated the help that they gave me. (Young Adult 6)

How the outcome was measured? To measure this change, a bespoke indicator was developed to assess the level of change, which was based on a description of the change reported by a former client. Out of all respondents, only one respondent (N=1) reported an improvement in their parenting skills as a result of DIAL House, which was considered an improvement. Based on interviews, this individual commented they did not have any knowledge or familiarity with the skills needed to parent a new-born child, and that they had

only received support from DIAL House. The remaining 90% of the respondents (N=9) did not experience this outcome.

What is the value of this outcome? When this outcome was discussed with the stakeholder group in follow-up interviews, this outcome was ranked as the seventh important in the SROI analysis, but only by individual who experienced this change. Based on the result of the value exercise, this outcome was given a weight of 0.35 by the respondent, which calculates as a value of €2,695.00 per year.

Outcome 8: Increased quality of extended family relationships

Description of the outcome

70% of respondents had reported an improvement in their relationship with an extended family member, such as with siblings, grandparents, or cousin. As the theory of change was developed with residents and clients attending DIAL House, many respondents reported that years of living in foster or residential care led to feelings of distance and separation from their extended family, and in other instances, some respondents reported that they were difficulties in their family situation. Staff at DIAL House helped young adults to gradually reconcile and reconnect with some members of their family, which is best described by the following quote:

There's been a massive change in my contact with my family. When I was living in foster care, I didn't have the flexibility or opportunity to go see some family when I wanted, I would only see them, like once a month. Now I am allowed to spend time whenever I want, and it's been very good for helping me reconnect after years apart. (Young Adult 10)

For other respondents, DIAL House provided support to manage difficult and emotionally complex relationships with some members of their family. In such cases, respondents reported that they had developed better coping skills and emotional boundaries around these difficult relationships between them and family:

[DIAL House] suggested that if didn't connect with my family, I was going to regret it. I don't have much family – so I haven't made contact with them a lot in the past. DIAL House helped me realise that the problems with these people aren't my fault and I didn't need to blame myself for their problems. (Young Adult 1)

Before I came to DIAL House, I had stopped seeing my father. DIAL House suggested that I start going to counselling. I was a little reluctant at first, but it helped me get my head clear about feelings and it helped me understand to deal with this relationship and reflect on my relationship with other people in my family. (Young Adult 2)

How the outcome was measured? This outcome was measured using four-items adapted from the RAND Social Support Survey, which involved specifically adapting questions about their quality of their relationship with extended family members (52). These were adapted to assess changes in the quality of support received from extended family members and the material support provided by a member of their family during a period of crisis. Out of the 10 respondents, 79% (N=7) had reported an improvement in the quality of extended family relationship, which was considered a change in a respondent's score of 5 or higher (out of a potential score of 20). One respondent (N=1) reported a small change in the quality of their extended family relationships, which was considered a score of 4 or lower, and two respondents (N=2) reported no change in the quality of the extended family relationships.

What is the value of this outcome? Based on results of the value exercise, this outcome was given a weight of 0.30 by respondents, which calculates as a value of €2,310.00 per year.

Outcome 9: Decreased drug and/or alcohol use

Description of the outcome

Three respondents (30%, N=3) reported a decrease in their drug and/or alcohol use. Respondents described this outcome as a decrease in the severity of their drug and/or alcohol use. In two cases, respondents were accessing an addiction service in Limerick City to receive ongoing support and were being equally supported by the staff at DIAL House.

Part of the challenge for me was that there were lots of people using drugs in my life. A year ago [before DIAL House], I was using drugs pretty heavily. I didn't know that I wanted to stop before I came here – but after speaking with staff, I realise that it was something I needed to get hold of. (Young Adult 4)

How the outcome was measured? The Severity Dependence Scale was selected as an effective measure for any change in the level of substance misuse among clients attending DIAL House. This measure is a five-item screening tool developed as a short, easily administered tool for assessing the severity of substance misuse (55). Between pre and post-test stages, 30% (N=3) reported a change in their drug and/or alcohol use, which was considered to be a change of 5 or higher (out of a total possible score of 20). One client (N=1) reported a minor change in the drug and/or alcohol use, which was a score of 4 or lower. In interviews, some clients reported only using drugs or alcohol occasionally, which they felt was not a significant issue. Of the remaining, 60% of the respondents (N=6) reported no drug and/or alcohol use, and therefore, did not experience this outcome.

What is the value of this outcome? Based on the results of the value exercise, this outcome was given a weight of 0.15 by respondents, which calculates as a value of €1,155.00 per year.

Outcome 10: Increased physical fitness

Description of the outcome

Another outcome experienced by young adults attending was an improvement in their physical fitness. In total, 40% of respondents (N=4) reported this improvement due to the support provided by DIAL House, such as through helping them to maintain a physically active lifestyle, going to the gym, or eating a healthier diet:

This is a new change in my life, I was someone who'd eat crap food and take-aways and I never went to gym or exercised regularly. But I went to the gym with one of the staff members, and they really encouraged me to keep going. I just couldn't stop going to the gym afterwards and I even started cycling to class, even in the rain. (Young Adult 9)

I was very unhealthy when I first moved into DIAL House. Now I have a fitness goal that I want to achieve. I've become much more motivated about my health than I ever was in the past. I want to feel strain in my body. I'm doing 100 sit-ups every day. DIAL House was a big part of my motivation, the staff were always encouraging me to stay healthy and would go to the gym with me. I am self-taught, I just figured out what worked for me. (Young Adult 2)

How the outcome was measured? Respondents were asked to report on two indicators: motivation to improve their physical health and the amount of physical activity or exercise in the past month, a longer-term outcome. Both indicators were adapted from the Physical Activity sub-scale of PACE Adolescent Psychosocial and Stage-of-Change Measures (56). This tool was originally developed as a measure to help physicians with supporting clients to become more physically active.

A significant change for this outcome was considered any respondents who reported an increase in the score for both indicators; 40% (N=4) of respondents reported an increase in their motivation and an increase the amount of physical activity or exercise. 30% of the respondents

(N=3) reported only a minor improvement, which was considered an increase in either of two indicators only. No clients reported a negative change, which was considered a decrease in scores of one or two indicators, between the pre-test and post-test. 30% of the respondents (N=3) did not experience any change in their physical fitness.

What is the value of this outcome? Based on the results of the value exercise, this outcome was given a weight of 0.10 by respondents, which calculates as a value of €770.00 per year.

DIAL



DIAL



5.3 Outcomes for Service Providers and Agencies

One of the key elements of DIAL House is a very close partnership approach with voluntary and statutory sectors. To make sure that young people access the various forms of support needed, DIAL House works closely with a range of voluntary and statutory services to mutually and cooperatively support young people with these challenges, maintain high motivation and remain engaged in this service.

This section contains findings for service providers and agencies working alongside DIAL House and working with shared clients. In total, 11 organisations working alongside DIAL House participated in this SROI evaluation. The ToC below identifies the outcomes received by these services.

Figure 4 Theory of Change for service providers and agencies

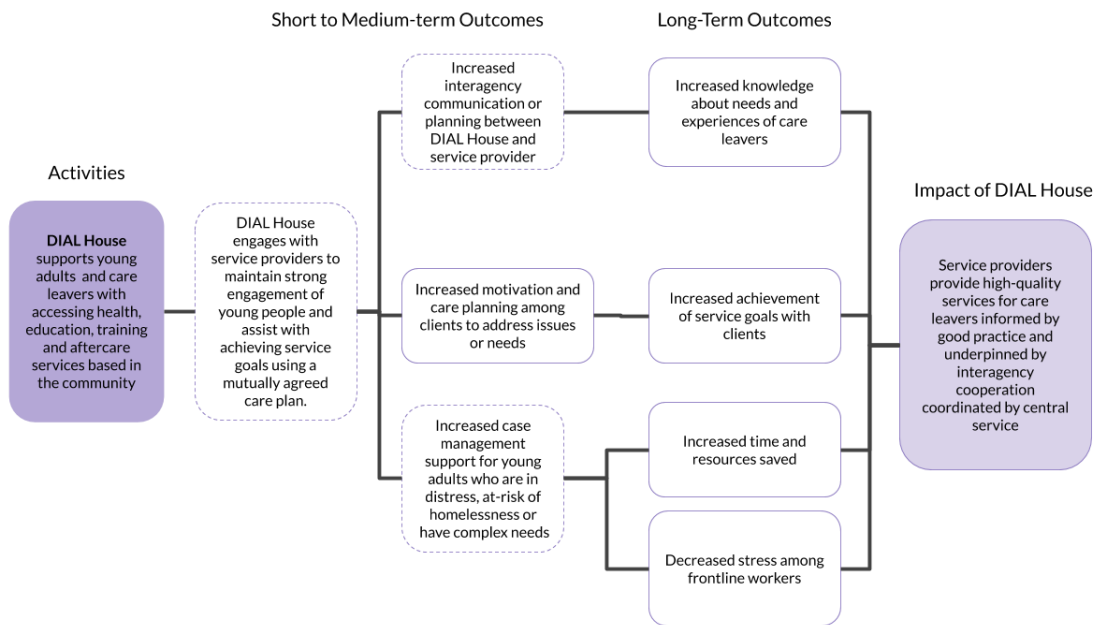


Table 8 Summary of outcomes experienced by service providers (N=11)

Outcome experienced by services (N=11)	Number of respondents	% of respondents	Value ranking by respondents
Increased time or resource savings	8	73%	1 st
Increased achievement of care planning goals or service objectives with shared clients	5	46%	2 nd
Decreased stress among frontline workers who are working with shared clients	4	36%	3 rd
Increased knowledge or awareness of specific needs of care leavers in Ireland	4	36%	4 th

The following section will explain each of these outcomes in further detail.

Outcome 11: Increased time or resource savings

Description of the outcome

Service providers and agencies found that a valuable outcome was the increased time or resources saved due to the ongoing interagency and case management supports provided by DIAL House staff. Out of 11 respondents, 73% (N=8) reported that due to DIAL House the service had more time available to respond to other cases, or spent fewer resources working with DIAL House clients as compared to other individuals accessing the service with similar complex cases or issues of homelessness.

For a young person who is living in our long-term accommodations, they continue to get support from DIAL House's Outreach Service. This means, a young person always has access to support from DIAL House if they have encounter problems. DIAL house is the closest place you'll find to a stable home environment for young people that have lived in care. (Service provider 9)

Some voluntary and statutory services also described this outcome in terms of DIAL House staff ensuring that clients maintained a high level of motivation and engagement in this service, which had resulted in a reduction of missed appointments or time spent following-up with clients. This was considered by respondents as resources saved due to the involvement of DIAL House and their attention to ensuring clients were engaged in other services or programmes. This is best described by the following quote:

In my professional experience working with vulnerable young people, it is important for a client to see what are the benefits of engaging in the service, and to have joined up thinking about what they hope to achieve. We see how beneficial it's been to have DIAL House involved in this process, they've helped us to develop a trust with a client and establish a structure or routine to our work, not just when they're engaging in our service – but we know that they remain engaged when they're living at DIAL House and not with us. (Service Provider 1)

How the outcome was measured? Out of 11 respondents, 73% (N=8) reported increased time and resources saved through their partnership with DIAL House. This outcome was described by respondents as a reduction in the time or resource spent by their service or organisations working with clients, who are also attending DIAL House. The remaining 27% (N=3) did not report this outcome or did not find report situations where working with DIAL clients had not resulted in a difference in time or resources spent supporting their clients.

What is the value of this outcome? Service providers and agencies considered this outcome to be most important compared to other changes they experienced. When service providers were asked to value this benefit, this outcome received the highest value compared to all other outcomes, which was €2,500 per year. When this figure was reviewed, respondents describe this value as similar to the costs involved in attending training or learning new strategies for working with young people with high support needs.

Outcome 12: Increased achievement of care planning goals or service objectives with shared clients

Description of the outcome

An outcome reported by service providers and agencies working with DIAL House, which was unexpected, was an increased ability for goals to be set and achieved with shared clients, compared to other people attending their service. This is best described by the following quote:

For shared clients that are engaged both with DIAL house and our own service, a benefit has been the joined-up approach and sharing of support plans. A young person would be involved in developing their own support plan, which helps us to be clear on what are the goals for each young people. (Service Provider 6)

In interviews, service providers recognised how most young people attending DIAL House experience a wide range of challenges, and are working on a number of goals in order to live independently. Nevertheless, some young adults also receive support from multiple services and agencies to support them with these achieving these goals. Many service providers stated that young adults referred from DIAL House show had a clear understanding on the goals of the service and were supported to achieve these goals:

The benefit of working with DIAL house is there is someone to support a young person with following through or checking-up on our care plan goals. In our experience, we found that if something wasn't being followed through, DIAL House staff can follow-up with my team right away and issues with goals are being caught before situations become more dramatic. (Service provider 11

How the outcome was measured? 45% (N=5) reported an increased engagement in goal setting with clients shared with DIAL House. The remaining 54% of service providers (N=6) did not experience this outcome, as they had not engaged in goal setting with their clients or did not notice any difference in this area compared to other clients they are working with.

What is the value of this outcome? In interviews with service providers, participants agreed that this outcome was relevant to their work with young adults and care leavers, and this benefit was significant in terms of their work with DIAL House clients. However, the value of this outcome was considered a double-count within the SROI analysis because this change was also reported by young adults and care leaver. For this reason, this value for this outcome was excluded from the SROI analysis. This outcome was ranked by respondents as being the second most important change.

Outcome 13: Decreased stress for frontline workers

Description of the outcome

Some service providers reported that working alongside DIAL staff has led to a reduction in the strain or stress experienced by frontline workers. This reduction in strain or stress was described by service providers in terms of minimizing the demand on their frontline staff, such as:

- Services could rely on DIAL House to provide interventions or emotional support to any clients who may leave appointments or sessions feeling anxious or depressed
- Skills or strategies used by voluntary and statutory services were reinforced by DIAL staff (e.g. keeping a daily routine, CV or interview preparation, etc.)
- Communication with DIAL staff about problems or challenges experienced by shared clients.

This is best described by the following quote:

A benefit for our work is that clients receive intensive support from DIAL House, which has helped take the pressure off of our service. We know that clients are being looked after and supported by staff at DIAL House. Knowing they receive this level of support help takes the pressure off of our staff. (Service Provider 4)

How the outcome was measured? 36% (N=4) reported a reduction on the strain of stress of frontline workers. Two respondents (18%) reported only a small change for this outcome, which was described as DIAL House having little difference on the demand of their frontline workers. The remaining 46% of service providers (N=5) did not report this outcome, which was understood as service providers that did not experience any noticeable change in the demand of working with vulnerable young people.

What is the value of this outcome? In interviews, service providers and agencies found this was the third most important change they experienced. The calculated value for this outcome was €1,000.00 per year.

Outcome 14: Increased knowledge of needs and experiences of care leavers

Description of the outcome

As the welfare and wellbeing of young adults is a paramount concern for all service providers, some professionals commented that DIAL House had shared valuable insight and knowledge about working with young adults who are leaving care or the types of complex needs exhibited by care leavers. This knowledge about the needs and experiences of vulnerable young adults was particularly beneficial to voluntary services who had not typically worked with young people leaving care or are at-risk of homelessness:

From our perspective, DIAL House works with these people on a daily basis and brings a good knowledge about dealing with these complex needs. For our staff, working with DIAL provides our team with knowledge about how the Aftercare system works, and, although we work with young people, our team is not fully aware of the complexity of this system. (Service provider 1)

How the outcome was measured? 36% (N=4) reported increased knowledge of the needs and experiences of care leavers, which was critical to providing high-quality services or supports for DIAL House clients. The remaining 64% (N=7) reported that they did not experience this change, or that they already had developed a good understanding of needs of young people as a result of working with DIAL House in past years.

What is the value of this outcome? In interviews, service providers and agencies stated this outcome was the four most important change they experience. Based on results of the value game, the average value reported for this outcome by service providers was €750.00 per year, which respondents commented was commensurate with attending a training course on this topic, however, no such training currently exists.



GENERAL WASTE

- Food waste
- Appliances (Refrigerator, Dishwasher)
- Textiles
- Carpets
- Small furniture
- Appliances connected with food
- Glass
- Plastic
- Electrical waste

CR

Recycling information poster with icons for paper, plastic, and glass.

6 Social Return on Investment Results and Analysis

6.1 Overview

The result of this SROI analysis is based on the calculation of inputs for DIAL House and all outcome data gathered from stakeholders, including the quantity of outcomes, duration, deductions and monetary values. The social return ratio is best understood as a close estimate of the value generated by the service rather than a precise figure. The accuracy of the figure is discussed and further examined using a sensitivity analysis, which tests the sensitivity of the social return ratio when different sets of assumptions or judgments are used in the calculation.

This section will explain the data used in the value map and the results of this Social Return on Investment analysis. When all of the data was calculated in the value map, the results were:

Total investment	€282,764.84
Social value adjusted	€1,763,203.97
Outcomes value net of investment	€1,480,439.13
Social return on investment	€6.24
Social return ratio	€1: €6.24

6.2 Inputs

In an SROI, inputs are terms as any resource invited into the operation or delivery of DIAL House in order for the creation of the outcomes. After consultation with Novas, the parent organisation of DIAL House, the following inputs were arrived at:

Table 9 Inputs for DIAL House

Stakeholders	Types of input	Total value of input
Statutory and Local Authorities	Statutory agencies provide annual funding towards its operation and delivery.	Funding: €256,798.00
Novas	Novas contributes to the administrative and management support. The service also receives an annual grant, which contributes to the ongoing operation of the service.	Small grants: €25,000.00 Administration/management costs: €2,188.87
Total value of all inputs:		€282,764.84

6.3 Calculating Value for Outcomes

Within the SROI analysis, an anchor and weighting approach was undertaken with participants to determine the value of outcomes, particularly for young adults and care leavers. This

⁷ The administration/management costs provided by Novas was calculated based on the monthly time provided, to DIAL House, by the CEO or senior management of Novas. This figure was based the average salary for the CEO of homeless services (€80,570 based on the Community Foundation of Ireland's National Pay & Benefits Survey (57)). [(€80,570 / 5 days x 50 weeks) = €182.40 daily * 12 months = €2,188.8

rationale for using this approach was that many of the outcomes do not have a market cost, which could serve as a financial proxy value.

Using a value exercise, participants were asked to (1) rank outcomes by their level of importance, (2) determine an outcome to serve as the anchor point for this comparison and to value this outcome, and (3) to agree on weighting for all outcomes within the stakeholder group. These values were then checked with the stakeholder group at a later point. Further information about this value exercise can be found in [Chapter 4: SROI Methodology](#).

The table below describes the anchor and weighting of outcomes for each stakeholder group. Note that the box in grey highlight refers to a value that was not selected by respondents for this SROI analysis or excluded from the SROI analysis to avoid double-counting.

Table 10 Anchor and weighting reported within stakeholder groups

Stakeholder Group	Outcome	Ranking	Weighting	Value per year
Young Adults	Increased ability to live independently	1 st	1.00 (100%)	€7,700.00
	Increased mental wellbeing	2 nd	0.75 (-25%)	€5,775.00
	Increased social supports	3 rd	0.60 (-40%)	€4,620.00
	Increased self-efficacy	4 th	0.50 (-50%)	€3,850.00
	Increase coping and resilience skills	5 th	0.45 (-55%)	€3,465.00
	Increased readiness for employment, education or training	6 th	0.40 (-60%)	€3,080.00
	Increased ability to parent or parenting skills	7 th	0.35 (-65%)	€2,695.00
	Increased quality of extended family relationships	8 th	0.30 (-70%)	€2,310.00
	Decreased drug and/or alcohol use	9 th	0.15 (-85%)	€1,155.00
	Increased physical fitness	10 th	0.10 (-90%)	€770.00
Service Providers working with DIAL House	Increased time and cost savings	1 st	1.00 (100%)	€2,500.00
	Increase achievement of care planning goals or service objectives with shared clients	2 nd	0.50 (-50%)	€1,250.00
	Decreased stress among frontline workers working with shared clients	3 rd	0.40 (-60%)	€1,000.00

	Increased knowledge or awareness of specific needs of care leavers in Ireland	4 th	0.30 (-70%)	€750.00
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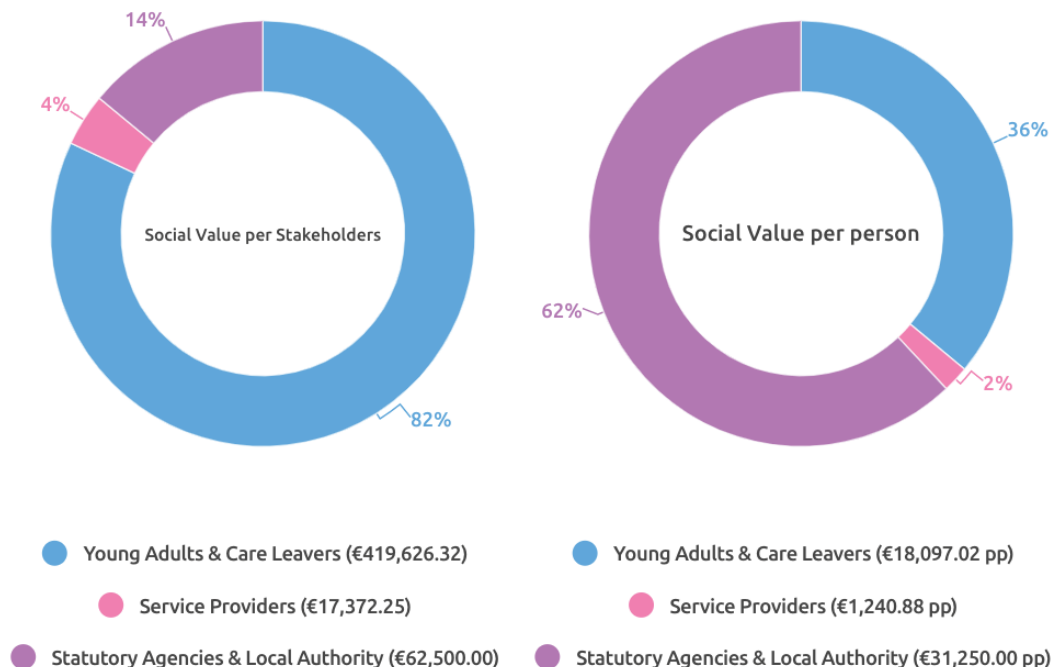
6.4 Value per Stakeholder Group

Once data was added to the value map, including an adjustment for the present value and incorporating a discount rate for any outcomes that occurred after the activity had ended, it is possible to display the amount of value experienced by stakeholder groups and by individual members of each stakeholder group.

In the table and figure below, this illustrates each stakeholder groups share of the value generated by DIAL House per year.

Stakeholder group	Social value for whole group / per year	Social value per individual stakeholder / per year
Young Adults	€ 361,940.32	€ 18,097.02 per client
Service Providers	€ 17,372.25	€ 1,240.88 per service
Statutory Agencies and Local Authority	€ 62,500.00	€ 31,250.00 per service

Figure 5 Share of social value for stakeholder groups and per individual/organisations



In the figure on the left shows that the stakeholder group who experienced the highest share generated by DIAL House were young adults and care leavers (82%), who are the intended beneficiaries of the service. This finding is consistent with the overall mission and objectives of

DIAL House and consistent with the views of both DIAL House and Novas, its parent organisation.

On the right-hand side, when the social value of each stakeholder group is divided by the number of individuals or organisations working with DIAL House, the stakeholder group with the highest share of social value (62%) are the statutory agencies and local authority who work with DIAL House. This understands that aftercare workers and staff working with the Local Homeless Action Team also experience good value for the investment made into DIAL House and Novas.

6.5 Calculation of Deductions and Over-Claiming

To understand the social return ratio for DIAL House, it is important to outline how the financial value for outcomes was calculated and the steps taken to apply deductions. In an SROI evaluation, the "real" value of outcomes is determined by:

- gathering data from stakeholders to estimate the financial value
- gathering data on deductions to only claim the value of what an organisation is responsible for creating
- undertaking a sensitivity test to test assumptions about the relationship between various outcomes and social return ratio being calculated in an SROI analysis

To minimise overclaiming in this SROI analysis, stakeholders provide data and feedback on four types of deductions for each outcome:

- **Attribution** – the proportion of the value of an outcome generated or resulting from the involvement of other individuals, professionals and/or service providers responsible for supporting this change. For instance, young people reported that increased self-efficacy was highly attributed to DIAL House, whereas decreased drug and/or alcohol use was nearly half attributed to other services who provided this support.
- **Deadweight** – the proportion of the value of an outcome that would have likely occurred or happened without the involvement of DIAL House. For instance, young people reported that increased physical fitness was more likely to happen anyway, compared to other outcomes where deadweight was much less and DIAL House was considered more integral to this outcome.
- **Drop-Off** – the proportion of the value of an outcome reduces year by year, which shows how this value diminishes for stakeholders as time passes. For example, the highest drop-off estimate for young people was decreased drug and/or alcohol use because young people expected that the value of this outcome would reduce more significant as compared other outcomes in the SROI.
- **Displacement** – The proportion of an outcome that may generate potential changes or negative outcomes experienced by other stakeholders (who may or may not be involved in the SROI analysis). Deductions play an important role in understanding the value received by different stakeholder groups.

To see more information on the deduction estimations used in this SROI, please see [Appendix on Value, Duration and Deductions](#).

6.6 Sensitivity Analysis

The final social return ratio is best expressed as range based on how SROI relies on a mixture of data analysis, subjective indicators and judgements about the deductions reported by stakeholders. In this section, some of the underlying assumptions and judgements are tested in order to show confidence in this SROI and to understand areas of sensitivity in the SROI analysis.

An overall look at the model found there a few specific areas which it is possible to test. These alternative scenarios use different assumptions within the SROI and help to better understanding the relationship between outcomes and the social return of DIAL House.

The four alternative scenarios tested are:

- **Scenario 1 - Changing the value of deadweight estimations.** Deadweight for young adults/care leavers and service providers generally existed between 10% to 20%, with the exception of an increase in physical fitness reported by young adults/care leavers at 30%. In many instances, deadweight was low for young people because they reported DIAL House was a specialist accommodation service and they would not otherwise be able to access other similar service providers. Also, some respondents had tried living independently before but found this too challenging. In this first scenario, deadweight was increased by +15% for all positive outcomes to test the possibility that young adults/care leavers may have experienced these outcomes without the intervention of DIAL House.
- **Scenario 2- Changing the value of attribution estimations.** The second scenario looks at the value attributed to DIAL House, and the contribution made by professionals, service providers, or friends. Young adults and care leavers attending DIAL House attributed the majority of the outcomes to DIAL House staff, with the exception of a decrease in drug and/or alcohol use which estimated at 40%. In this sensitivity test, the attribution for all of the outcomes was increased by 10% to test the possibility that value was being over-claimed.
- **Scenario 3 - Reducing higher value outcomes and testing alternative financial values.** This third scenario is based around reducing some higher value outcomes. For example, young adults/care leavers stated that the value of an increased ability to live independently and maintain tenancy was €7,700. This scenario involved reducing high-valued outcomes by 20%. Another sensitivity test for high-value outcomes involved changing values for outcomes where a financial proxy was used. For example, WEMWBS scores used to value increased mental wellbeing using the HACT Wellbeing Valuation is €6,700.00. For this scenario, the weight and value agreed by respondents from the value exercise, which was a weighting of 0.75 and the value of €5,775, was selected as an alternative.
- **Scenario 4 – Changing the duration of outcomes.** The final scenario looks at outcomes with high duration. In this SROI analysis, all judgements about the duration of outcomes were drawn from data gathered from stakeholders⁸. In most cases, the duration of outcomes is between two to three years, with the longest outcomes reported for young adults/care leavers. For instance, this SROI analysis found that young adults/care leavers reported five outcomes as lasting for four years. To test the sensitivity of this duration, this scenario reducing all of the outcomes with four years to three years. Another sensitivity test for outcomes with low durations involved increasing the duration of outcomes with one year to two years. For instances, two outcomes reported by service providers were reported as only lasting one year.

⁸ **Note from Researcher:** For all of the outcomes, duration was calculated by selecting the mean average figure for all respondents who reported this outcome. Any outliers were removed from this calculation to limit the possibility of over-valuing.

Table 11 Sensitivity tests for DIAL House SROI analysis

Scenario	Sensitivity Test	Outcomes tests	New value	Baseline social return ratio	New social return ratio	Difference
1	Increased deadweight estimations for young adults & care leavers	All of the positive outcomes for young adults & care leavers	+15%	€6.24	€5.30	- €0.94
2	Increased attribution estimations for all stakeholders	All of the positive outcomes for all stakeholders	+10%	€6.24	€5.48	- €0.76
3	Reducing high values by 20%	All outcomes over €5,000	-20%	€6.24	€5.78	- €0.46
	Reducing HACT Wellbeing Valuation proxy	€6,700.00 for increased mental wellbeing	€5,775 from value exercise	€6.24	€6.20	- €0.04
4	Reducing duration for outcomes three years or higher	All of the outcome with duration of 3+ years	-1 year	€6.24	€5. 48	- €0.76
	Increasing duration for outcomes with one year	All of the outcomes with duration of 1 year	+ 1 year	€6.24	€6.26	€0.02

A sensitivity analysis shows that when different sets of assumptions or judgments are used to calculate an SROI, this can have varying effects on the social return ratio. Overall, the sensitivity test found that increasing the deadweight of outcomes for young adults/care leavers would result in the largest effect on the social return ratio. For this reason, it is recommended that more data is gathered on these outcomes in subsequent evaluations and analysis by DIAL House.

6.7 Summary

The is calculated by dividing the value of all outcomes by the value of all inputs for the SROI period. Based on this calculation, it is determined that every €1.00 invested in DIAL House results in an SROI of approximately €6.24 (a social return of 624%).

Overall, findings from this sensitivity analysis have found that the social return generated by DIAL House likely appears within a range between €5.30 to €6.26, which still demonstrates that the service offers value and a positive investment for its funders. To build upon the findings of this SROI and to improve the DIAL House model, a series of recommendations were developed by the staff of DIAL House and with suggestions from participants in this SROI, which is detailed in the next chapter.

7 Recommendations

This section contains 14 recommendations for DIAL House to build on the findings of this evaluation and to continue to improve outcomes for its stakeholders.

7.1 Replicating the DIAL House model

Recommendation 1 – Replication of the DIAL House service. Respondents overwhelmingly suggested that new services following the DIAL House model should be established in Limerick and other cities. DIAL House can accommodate up to six in-house residents. Waiting lists for the service were viewed as a concern for referrers. The benefit of DIAL House is re-directing young people away from other hostels or emergency accommodation services that may not be appropriate and potentially traumatising for young adults.

Recommendation 2 – Develop a DIAL House manual and quality standard to support replication of the service Related to the previous recommendation, stakeholders recommended that DIAL House develop a service manual and quality standard. This would assist with replicating the model. This approach should involve young people leaving care and aim to clarify what aspects of staff engagement and activity were essential to the success of the model.

Recommendation 3 – Clarify the minimum commitment required from statutory services. To effectively replicate DIAL House in a new location, there is a need to codify the type and level of interagency partnerships needed to support young people with multiple needs. Given that relationships had developed over time, and the longstanding partnership with Tusla Aftercare and Limerick County Council's Local Homeless Action Team, it was suggested that Novas clarify any new partnerships needed with services, agencies and local government if DIAL House were replicated elsewhere in Ireland. It was highlighted that such a relationship needs to be in place before opening of any new service, as they are a precondition for success.

Recommendation 4 – Funding for a DIAL House Coordinator. Any significant extension of the model within Novas (e.g. additional sites added) would require a DIAL House Coordinator. This role would be responsible for the development of new services, interagency partnerships, and ensuring model fidelity.

7.2 Improving outcomes for young adults and care leavers

Recommendation 5 – Develop the DIAL House model for supporting young adults with higher needs or complex mental health and drug and alcohol misuse issues. Professionals suggested that Novas adapt the model to meet the needs of young adults with multiple, high support needs. This service would be targeted at young people leaving care with complex mental health or drug and/or alcohol misuse issues who were not suitable for DIAL House due to more clinical or intensive supports. This group currently has no alternative housing options in Limerick, except for emergency accommodation for adults, which is likely to lead to greater risk behaviour and exclusion.

Recommendation 6 – Integrate a dual diagnosis model into DIAL House. Many service users experience mental health difficulties or present with moderate drug and alcohol problems. DIAL House responds to these support needs by offering ongoing one-to-one support and case management with local service providers, such as Tevere Day Hospital and Community Substance Misuse Team Limerick (CSMT). There was agreement that more mental health supports were needed to meet dual-diagnosis needs of young people in the service.

Recommendation 7 – Offer time-limited transitional housing for young people who are ready to live independently. Stakeholders suggested that Novas offer time-limited, subsidised housing for young adults who are discharged from DIAL House's Two Year Life Programme. A concern raised by some young people and service providers was the lack of affordable housing or

difficulty finding suitable accommodation in Limerick. This recommendation is being progressed by Novas with the recent purchase of housing to offer long-term tenancies to two former clients who require little support. This model could be further developed.

Recommendation 8 – Develop Life Skills modules for clients with different needs. Young people suggested that new modules should be incorporated into the programme, such as improving their mental health, anger management, reducing their dependence on drugs or alcohol, and preparing to be a parent. This recommendation was supported by staff who expressed a commitment to regularly update and develop core and optional topics in the life skills programme.

7.3 Enhancing interagency work

Recommendation 9 – Expand the number of respite beds available within Novas and/or DIAL House. It is recommended that Novas seek to make available more respite beds for young people who are leaving care or are at-risk of homelessness. DIAL House's respite bed service is available to young people when an emergency arises and accommodation is needed for a time-limited period. The respite bed is often occupied and there is a high demand for this service in Limerick.

Recommendation 10 – Facilitate interagency coordination to review emerging needs and opportunities to improve supports for young people. Professionals suggested that DIAL House and Novas convene an annual meeting attended by voluntary and statutory services working alongside DIAL House and who are closely involved in providing supports to clients who are at-risk of homelessness or leaving care. Professionals identified that the potential benefits were better understanding DIAL House's interagency model as well as reviewing the emerging needs and opportunities of DIAL House clients as a collective of service providers working with this cohort.

Recommendation 11 – Produce a Young Person's Guide to DIAL House's model. Develop an accessible and easy-to-read resource so young people can better understand the model when considering engaging or when first referred with the service. Young people may also use this Guide to explain the service to professionals in other agencies they may be working with.

7.4 Developing improved systems for measuring impact

Recommendation 12 – Collect outcome data on an ongoing basis. Before this evaluation, DIAL House had not used an outcome measurement approach. Both clients and professionals involved in this SROI considered this evaluation was beneficial in demonstrating the outcomes generated by DIAL House. However, an SROI is less useful for keeping track of outcomes on an on-going basis, and not an effective instrument for assessing an individual's progress. It is recommended that the outcome measurement tools developed for this evaluation be adapted for routine use in DIAL House. To make sure this process is not disruptive for participants, staff suggested administered an outcome measurement survey upon presentation and subsequently, completing it again on an annual basis or when a young person has completed the programme.

Recommendation 13 – Provide continued contact to support young people who have exited the service. Routine follow-up interviews and surveys should be held with all clients who have been discharged from the Two Year Life Programme and Outreach Service, or if a young person has prematurely exited from the service. This purpose is to check in with former clients and see if they require any further support, and to record any outcomes experienced after being discharged from DIAL House.

Recommendation 14 – Share learning on outcomes and impact with other agencies. Closely related to the previous recommendations, partner services agreed it would be useful for DIAL House to provide an update on the outcomes and impact as they implement such a system.

While it was not expected that DIAL House would provide individuals reports on a client's progress, it was stated that aggregate information might inform case management meetings and ongoing discussion about the support needs of clients.

8 Conclusions

The SROI analysis has demonstrated a strong value for money proposition for DIAL House. For every €1.00 invested into DIAL House there was a social return between a range of €5.30 to €6.26. This SROI analysis outlines how DIAL House is creating significant benefit for care leavers and young adults who are at-risk of homelessness. The interagency approach also yields outcomes for voluntary and statutory services.

Overall, findings from this SROI analysis found that DIAL House is creating an impact beyond its financial investment. The service has created the most benefit for young adults who are attending the Five-Year Life Skills Programme and the Outreach Service, and who experience by multiple and often complex challenges. For care leavers, DIAL House offered a stable living environment and support system to assist them with developing important life skills in order to help with living on their own and taking care of themselves.

As of January 2020, figures from Tusla show there were 5,971 young people in care and approximately 2,782 young people or young adults receiving aftercare services [5]. The approach and model used by DIAL House could be replicated in other areas, and can create positive outcomes for people who are leaving care. Given the increased number of care leavers in homeless services, it could save the state expenditure in less preferable services, such as emergency accommodation and inpatient treatment (6).

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10 Appendix – Stages of Outcome Inclusion

All outcomes were identified at key stages of the SROI analysis, which were broadly defined as:

Stage of SROI Analysis	Description of Activities
Stage One – <i>Developing the Theory of Change</i>	This stage involved working with each stakeholder group to clarify the activities and well-define the outcomes generated by DIAL House. Both interviews and focus groups were held with participants until saturation of themes was reached. This meant, no new outcomes were being identified by respondents.
Stage Two – <i>Measuring change and value of outcomes</i>	In the second stage, an outcome measurement tool was administered to participants, which comprised of a series of subjective indicators based on the findings from Stage One ⁹ . Within each stakeholder, participants ranked all of the outcomes and participated in a value exercise that used an anchor and weighting approach.
Stage Three – <i>Verifying the results</i>	The final stage involved follow-up interviews with respondents and sharing findings from the SROI analysis. In some instances, the Researcher used this opportunity to review key assumptions and judgements used for calculating the value and deduction estimations. Respondents were also given an opportunity to review the ranking of outcomes reported in Stage Two. Once the results were endorsed with stakeholder groups, the SROI results and analysis were shared with DIAL House and Novas, its parent organisation. The final step in this process was the development of recommendations with the staff of DIAL House, based on suggestions and feedback shared by each stakeholder group.

The table below provides a full description of the stages where outcomes were included in the SROI analysis and who reported these outcomes. Note that the box in grey highlight refers to an outcome was excluded from the SROI analysis to avoid double-counting and the box in blue highlight refers to a negative outcome.

Table 12 Stages that outcomes were identified by stakeholder groups in SROI

Stakeholder Groups	Outcome	Stage outcome was identified in SROI analysis
Young Adults	Increased ability to live independently	Stage 1
	Increased mental wellbeing	Stage 1
	Decreased mental wellbeing	Stage 2
	Increased social supports	Stage 1
	Increased self-efficacy	Stage 1
	Increased coping and resilience skills	Stage 1
	Increased readiness for employment, education or training	Stage 1
	Increased ability to parent or parenting skills	Stage 2
Increased quality of extended family relationships	Stage 1	

⁹ **Note from the Researcher:** A pre- and post-test approach was used to measure outcomes for young adults and a post ad-hoc approach was used for all other participants in this SROI.

	Decreased drug and/or alcohol use	<i>Stage 1</i>
	Increased physical fitness	<i>Stage 1</i>
Service Providers	Increased time and resources saved	<i>Stage 1</i>
	Increased achievement of care planning goals or service objectives with shared clients	<i>Stage 1</i>
	Decreased stress among frontline workers who are working with shared clients	<i>Stage 1</i>
	Increased knowledge or awareness of specific needs of care leavers in Ireland	<i>Stage 1</i>
Statutory Agencies and Local Authority	Decreased resources or housing payments spent on young adults who have attended DIAL House.	<i>Stage 1</i>
	Decreased resources spent on A&E or drug treatment services for care leavers with drug and/or alcohol use	<i>Stage 1</i>

11 Appendix – Indicators and Materiality of Outcomes

This appendix describes the decisions used to judge materiality. Materiality is a concept borrowed from accounting to filter through outcomes that are most important in an SROI analysis. Any outcome is material is considered integral to the theory of change for stakeholders, and important to calculating the impact of an organisation. The lens used to determine whether an outcome is material was informed by two criteria:

- **Relevance** - Relevance is judged in a number of ways, such as individuals reported these outcomes as being important to them, outcomes appeared to have a high value, the organisation places a high value on the outcomes, or research indicated that this outcome is likely to be experienced
- **Significance** - Significance was judged in a number way, such as the number of respondents who experience this change, the amount of change experience, duration of outcomes, or the value of each outcome; all these factors are used to determine the significance of outcomes for stakeholders

Both relevance and significance were used in this SROI analysis and by the Researcher to improve understanding about what outcomes were material for stakeholders and for DIAL House. Note that the box in grey highlight refers to an outcome was excluded from the SROI analysis to avoid double-counting and the box in blue highlight refers to a negative outcome. The table below explains the indicators used in the SROI analysis and the two criteria used for judging materiality.

Table 13 Indicators and materiality for DIAL House SROI

Stakeholder Groups	Outcome	Indicator	Relevance	Significance	Material?
Young Adults	Increased ability to live independently	Three items from the Financial Self-Efficacy Scale (FSES), a 6-item scale for measuring independence and the personal finance skills that are needed for independent living [67] AND four bespoke indicators developed following focus groups to measure improvements in life skills development and preparedness for living independently.	✓	✓	This outcome was considered both relevant and significant to SROI
	Increased mental wellbeing	All seven items from the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) to measure mental wellbeing [60]. In literature, this tool is considered an effective measure of mental wellbeing and has been used in a number of evaluations of projects, settings and geographic populations related to improvements in mental health [61,62].	✓	✓	This outcome was considered both relevant and significant to SROI
	Decreased mental wellbeing	Same indicator used as above.	✓	✓	This outcome was considered both

					relevant and significant to SROI
Increased social supports	Six items for measuring increased social support were adapted from MOS Social Support Survey, which was initially developed for a multi-year outcome survey involving various groups accessing health services [64]. The items selected and adapted for DIAL House related to the concept of individuals having access to individuals who could provide support and advice in periods of crisis.	✓	✓		This outcome was considered both relevant and significant to SROI
Increased self-efficacy	All seven items from Pearlin Mastery Scale were used as a measure of the extent a participant's regards for their life decisions as under being under their own control [54]. In literature, Pearlin Mastery Scale is considered an appropriate measure for evaluating the psychological resources of a participant's ability to withstand stress in their environment [55,56].	✓	✓		This outcome was considered both relevant and significant to SROI
Increased coping and resilience skills	All six items from the Brief Resilience Scale to measure a participant's level of resilience. This scale is considered an easy, reliable measure for an individual's coping skill or ability.	✓	✓		This outcome was considered both relevant and significant to SROI
Increased readiness for employment, education or training	Six bespoke indicators used to measure the extent that participants feel prepared or ready to engage in employment, education or training. Each item for this measure contained a Likert scale between 1 to 10.	✓	✓		This outcome was considered both relevant and significant to SROI
Increased ability to parent or parenting skills	Two bespoke indicator were developed based on an unexpected outcomes identified in the ToC. No appropriate validated or standardized tools were found. Each indicators was based on a Likert-scale of 0 to 10	✓	✓		This outcome was considered both relevant and significant to SROI
Increased quality of extended family relationships	Four items adapted from RAND Social Support Scale, which is a 20-items survey developed for a multi-year outcome survey involving various groups accessing health services [64]. The items selected and adapted for DIAL House related to having extended family members who could provide support and who they had contact with.	✓	✓		This outcome was considered both relevant and significant to SROI
Decreased drug and/or alcohol use	All five items from the Severity Dependence Scale used to measure of the extent of substance misuse experienced by participants for different types of addictive substances [58].	✓	✓		This outcome was considered both relevant and significant to SROI

	Increased physical fitness	Two items from a sub-scale within the PACE Adolescent Psychosocial and Stage-of-Change Measures Related to Physical Activity used to measure changes in amount of physical activity [65] AND three bespoke indicators developed to measure skills related to maintaining a healthy, well-balanced lifestyle.	✓	✓	This outcome was considered both relevant and significant to SROI
Service Providers	Increased time and resource saved	Bespoke indicators to measure if (1) increased out-of-hours support or emergency accommodations for clients who are in crisis and (2) if DIAL House clients were ready to engage in service, assessments and/or care planning. Both indicators assessed if there was an increase in time or resources saved by service providers compared to similar young adults attending the service.	✓	✓	This outcome was considered both relevant and significant to SROI
	Increased achievement of care planning goals or service objectives with shared clients	Bespoke indicator for increased ability to support young people with achieving care planning goals or service objectives.	✓	✓	This outcome was considered both relevant and significant to SROI
	Decreased stress among frontline workers who are working with shared clients	Bespoke indicator for reduced strain or stress for frontline workers.	✓	✓	This outcome was considered both relevant and significant to SROI
	Increased knowledge or awareness of specific needs of care leavers in Ireland	Bespoke indicator for increased knowledge of needs and experiences of care leavers	✓	✓	This outcome was considered both relevant and significant to SROI
	Statutory Agencies and Local Authority	Decreased resources or housing payments spent on young adults who have attended DIAL House.	Bespoke indicator for clients who are in receipt of aftercare supports and redirected away from short-term or emergency accommodation services.	✓	✓
Decreased resources spent on A&E or drug treatment services for care leavers with drug and/or alcohol use		Bespoke indicator for clients who are in receipt of aftercare supports and redirected away from accessing mainstream drug treatment services.	✓	✓	This outcome was considered both relevant and significant to SROI

12 Appendix –Value, Duration and Deductions

This appendix contains a table that displays the value and deduction estimations used in this SROI analysis. In all instances, value and deduction estimates were based on data provided and validated with respondents. A possible limitation of this approach is that some respondents may have over-valued or exaggerated the value of outcomes.

To help minimise the extent that over-valuing or over-claiming of outcomes occurred in final SROI results, two approaches were to limit these possible errors:

- **Approach 1: Rank, anchor and weighting of outcomes.** Once each stakeholder group was in agreement about the ranking of outcomes, an anchor point was agreed as a comparison point for valuing all other outcomes within the stakeholder group. This ranking and anchor were used by stakeholder groups to determine the weight of each outcome, which helped maintain confident relative comparison for outcomes within each stakeholder group.
- **Approach 2: Calculation of average figures and removing outliers for deductions.** When calculating deductions for the SROI, data was obtained directly from stakeholders and the average figure was calculated only for those respondents who reported this change. Although it was unlikely, any outliers were removed from this calculation in order to minimise the possibility that value would be over-claimed by DIAL House. Lastly, these estimations were reviewed with participants in follow-up interviews and with staff at DIAL House at “Stage Three – Verifying the results”.

Note that the box in grey highlight refers to an outcome was excluded from the SROI analysis to avoid double-counting and the box in blue highlight refers to a negative outcome.

Table 14 Value, Duration and Deductions for DIAL House SROI

Stakeholder Groups	Outcomes	Duration	Value per person / per year	Deadweight	Displacement	Attribution	Drop Off
Young Adults	Increased ability to live independently	4 yrs	€7,700.00	15%	0%	25%	10%
	Increased mental wellbeing	4 yrs	€6,000.00	15%	0%	25%	5%
	Decreased mental wellbeing	1 yr	- €700.00	0%	0%	50%	0%
	Increased social supports	4 yrs	€4,620.00	15%	0%	15%	5%
	Increased self-efficacy	4 yrs	€3,850.00	5%	0%	5%	5%
	Increased coping and resilience skills	4 yrs	€3,465.00	15%	0%	5%	5%
	Increased readiness for employment, education or training	3 yrs	€3,080.00	20%	0%	10%	5%
	Increased ability to parent or parenting skills	1 yr	€2,695.00	15%	0%	0%	5%
	Increased quality of extended family relationships	3 yrs	€2,310.00	10%	5%	15%	5%
	Decreased drug and/or alcohol use	4 yrs	€1,155.00	5%	0%	40%	10%
Increased physical fitness	3 yrs	€770.00	30%	0%	5%	5%	
Service Providers	Increased time and resource saved	2 yrs	€2,500.00	20%	0%	45%	5%
	Increased achievement of care planning goals or service objectives with shared clients	1 yr	€0.00	20%	0%	45%	5%
	Decreased stress among frontline workers who are working with shared clients	1 yr	€1,000.00	5%	0%	25%	10%
	Increased knowledge or awareness of specific needs of care leavers in Ireland	3 yrs	€750.00	5%	0%	25%	5%
Statutory Agencies and Local Authority	Decreased resources or housing payments spent on young adults who have attended DIAL House.	3 yrs	€5,000.00	50%	0%	0%	20%
	Decreased resources spent on A&E or drug treatment services for care leavers with drug and/or alcohol use	3 yrs	€5,000.00	50%	0%	0%	25%

13 Appendix - Research Instruments

The appendix contains the research instrument (or surveys) used by the Researcher to gather data and engage participants at different stages of the SROI process. These research instruments have been shared with the permission of Novas and DIAL House in the hope other organisations may learn from these examples.

The outcome measurement tool designed for DIAL House was developed using subjective, Likert-scale items from validated and standardised research surveys or tools. In some instances, full items were used by DIAL House, and in other instances, items were adapted or used the reference for creating bespoke indicators that were more relevant or applicable to the changes experienced by clients and residents at DIAL House.

Table 15 Research instruments that informed the design of the DIAL House SROI

Rosenberg Self Esteem Scale (58)	A 10-item measure covering general social psychological concepts of self-esteem. In literature, the Rosenberg Self-Esteem Scale is generally agreed to be an effective measure of self-esteem and has been used with a variety of populations with different characteristics (58).
Pearlin Mastery Scale (59)	A 7-item measure of the extent an individual regards their life decisions as under being under their own control (53). In literature, the Pearlin Mastery Scale is considered an appropriate measure for evaluating the psychological resources of a participant's ability to withstand stress in their environment (60,61).
Severity Dependence Scale (62)	A 5-item screening tool developed as a short, easily administered measure of the extent of substance misuse dependence experienced by users of different types of addictive substances (55).
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (63)	A 7-item outcome measure developed to monitor the mental wellbeing in the general population (50). In literature, this tool is considered an effective measure of mental wellbeing and has been used in a number of evaluations of projects, settings and geographic populations related to improvements in mental health (64,65)
Brief Resilience Scale	The Brief Resilience Scale is a 6-item validated scale for measuring resilience in the general population (66)
Items and scales from MOS Social Support Survey (67)	6-items were adapted from the MOS Social Support Survey, which was initially developed for a multi-year medical outcome survey involving various patients groups accessing health services (52). The items selected and adapted for DIAL House related to the concept of individuals having access to individuals who could provide support and advice in periods of crisis.
Sub-scale from PACE Adolescent Psychosocial and Stage-of-Change Measures Related to Physical Activity (56)	The Physical Activity sub-scale from the PACE Adolescent Psychosocial and Stage-of-Change Measures Related to Physical Activity consists of two indicators for measuring changes in the amount of physical activity in the past week. This measure was originally developed as a tool to help primary care physicians counsel their patients on becoming more physically active (56).
Items from Casey Life Skills Assessment (54)	An assessment tool developed by Casey Family Programs, originally designed for determining behaviours and competencies needed by youth to achieve their long term goals (54). This tool was specifically developed for young people, aged 14 to 21 years old, who were living in a foster care setting. The 5-items adapted for DIAL House related to the concept of behaviours related to finding and securing employment.

Items from Financial Self-Efficacy Scale (49)	A 6-item scale measuring how respondents manage financial problems and ability to cope with setbacks (49). The 3-items selected for DIAL House were used to measure behaviours related to managing personal finances in young adults.
Bespoke subjective indicators created for DIAL House	Where outcomes were identified in the ToC, but validated measures were not appropriate for this population, Quality Matters developed bespoke subjective indicators to measure the extent of change experienced by participants. These questions were specifically developed to assess the level of trust self-reported by young people and to measure their changes in feelings of hope and optimism about living independently upon exiting DIAL House.

The research instruments used in this SROI are presented below.

DIAL House – Theory of Change Questionnaire

Instructions

We are asking for your help with understanding the impact created for DIAL House. Novas has invited Quality Matters to undertake research into the outcomes generated by DIAL House, and we would like to invite both current and former clients to share your thoughts and perspectives on the difference the service has made in your life. The goal of this session is to develop a theory of change, which explains the outcomes for the service – and how this change was experienced by clients.

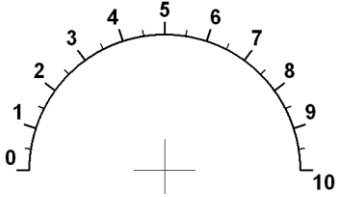
The interview will last between 20 to 30 minutes. It will be completely anonymous and your comments will remain confidential from staff.

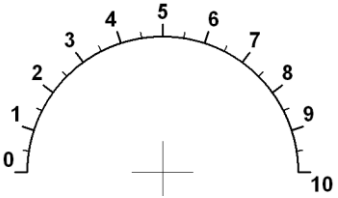
There is no need to prepare before the interview. When speaking with _____, they will ask the following questions about your experience at DIAL House.

Interview Questions

1. What did you enjoy about being at DIAL House?
2. Can you tell us about the challenges or difficulties that you experienced before coming to DIAL House?
3. What do you feel changed in your life because of DIAL House? Have there been any big changes in your life since DIAL House? Addiction, living independently, mental health, education, employment, etc.
4. What do you think your life would have been like without DIAL House?
5. What other individuals or organisations provided you with help, support or education while attending DIAL House?
6. Was there anything negative about your experience at DIAL House?
7. What do you think was the most important thing that you learned from DIAL House or their staff? What do you remember most about DIAL House?
8. What feedback can you share that might improve DIAL House in the future?
9. Do you have any other questions or comments?

Thank you for your feedback.

7. There is little I can do to change many of the important things in my life.	1	2	3	4
<p>How much has DIAL House helped with your feelings of being able to make things happen? What other organisations or people have helped you feel more control? Record this attribution on the scale.</p> <p>-</p> <p>-</p> <p>-</p> <p>How long do you expect this change to last? _____</p> <p>From 0 to 100, what is the likelihood you would have an experienced change without DIAL House? _____</p> <p>From 0 to 100, how much do you expect this change to reduce year-by-year (without DIAL House)? _____</p>				

Coping Skills	<i>Questions about your coping and resilience skills</i>	Please tick your answer				
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1. I tend to bounce back quickly after hard times.	1	2	3	4	5
	2. I have a hard time making it through stressful events.	1	2	3	4	5
	3. It does not take me long to recover from stressful events.	1	2	3	4	5
	4. It is hard for me to snap back when something bad happens.	1	2	3	4	5
	5. I usually come through difficult times with little trouble	1	2	3	4	5
	6. I tend to take a long time to get over set-backs in my life	1	2	3	4	5
<p>How much has DIAL House helped with improving your coping skills? What other organisations or individuals have helped with improving your coping skills? Record this attribution on the scale.</p> <p>-</p> <p>-</p> <p>-</p> <p>How long do you expect this change to last? _____</p> <p>From 0 to 100, what is the likelihood you would have an experienced change without DIAL House? _____</p> <p>From 0 to 100, how much do you expect this change to reduce year-by-year (without DIAL House)? _____</p>						

Mental Health	Questions about your mental health and feelings of stress	Please tick your answer				
		None of the time	Rarely	Some of the time	Often	All of the time
1. I have been feeling optimistic about the future.		1	2	3	4	5
2. I've been feeling useful.		1	2	3	4	5
3. I've been feeling relaxed.		1	2	3	4	5
4. I've been dealing with problems well.		1	2	3	4	5
5. I've been thinking clearly.		1	2	3	4	5
6. I've been feeling close to other people.		1	2	3	4	5
7. I've been able to make up my own mind about things.		1	2	3	4	5
8. How often do you feel anxious or stressed in your life?		Not at all	A little	Sometimes	A lot	Always
9. How would you rate your mental wellbeing?		Very poor	Poor	Neither	Good	Very good
<p>How much has DIAL House helped with your mental health? What other organisations or individuals have helped with your mental health? Record this attribution on the scale.</p> <p>-</p> <p>-</p> <p>-</p> <p>How long do you expect this change to last? _____</p> <p>From 0 to 100, what is the likelihood you would have an experienced change without DIAL House? _____</p> <p>From 0 to 100, how much do you expect this change to reduce year-by-year (without DIAL House)? _____</p>						

Physical Health	Questions about your physical health, exercise and diet	Please tick your answer				
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. In a typical week, how many days do you do physical activity for 60 minutes or more? (e.g. walking, running, sports, etc.)		1 day	2 days	3 days	4 days	5 days
2. I am confident that I'll start doing 60 minutes of physical activity a week in the next 6 months.		No, I do not intend to in the next six months		Yes, in the next six months		Yes, in the next 30 days
3. I set goals to do physical activity (e.g. make a plan).		1	2	3	4	5

4. Doing exercise or physical activity helps me stay fit.	1	2	3	4	5
5. I have a healthy diet (e.g. eat vegetables, avoid fast food, etc.).	1	2	3	4	5
<p>How much has DIAL House helped with your physical health? What other organisations or individuals have helped with your physical health? Record this attribution on the scale.</p> <p>-</p> <p>-</p> <p>-</p> <p>How long do you expect this change to last? _____</p> <p>From 0 to 100, what is the likelihood you would have an experienced change without DIAL House? _____</p> <p>From 0 to 100, how much do you expect this change to reduce year-by-year (without DIAL House)? _____</p>					

Drug and Alcohol Use	Questions about your drug or alcohol use	Please tick your answer			
		Never / Not difficult	Sometimes	Often	Always / Impossible
1. Do you think your use of drugs or alcohol is out of control?		0	1	2	3
2. Did the prospect of missing drinking or taking drugs make you worried or anxious?		0	1	2	3
3. Do you worry about your use of drugs or alcohol?		0	1	2	3
4. Did you wish you could stop?		0	1	2	3
5. How difficult do you find it to stop or go without drugs or alcohol?		0	1	2	3
<p>How much has DIAL House helped with your drug or alcohol use? What other organisations or individuals have helped you with your drug or alcohol use? Record this attribution on the scale.</p> <p>-</p> <p>-</p> <p>-</p> <p>How long do you expect this change to last? _____</p> <p>From 0 to 100, what is the likelihood you would have an experienced change without DIAL House? _____</p> <p>From 0 to 100, how much do you expect this change to reduce year-by-year (without DIAL House)? _____</p>					

Employment and Education	Questions on finding a job and/or going to school or college	Please tick your answer				
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Do you currently have a job or volunteer?		Yes, part-time	Yes, full-time	No		Don't Know
2. Do you currently attend a training programme or course?		Yes, part-time	Yes, full-time	No		Don't Know
3. Do you feel you understand how to search for a job or apply for a course?		1	2	3	4	5
4. Do you feel you have the right skills to get job or start a course? (e.g. CV writing, interview skills, writing an application)		1	2	3	4	5
5. Do you know what type of job or training course you would like?		1	2	3	4	5
6. Do you feel you have the right skills and experience to get a job?		1	2	3	4	5
<p>How much has DIAL House helped with getting a job or starting a course? What other organisations or individuals have helped you with getting a job or starting a course? Record this attribution on the scale.</p> <p>-</p> <p>-</p> <p>-</p> <p>How long do you expect this change to last? _____</p> <p>From 0 to 100, what is the likelihood you would have an experienced change without DIAL House? _____</p> <p>From 0 to 100, how much do you expect this change to reduce year-by-year (without DIAL House)? _____</p>						

Family and Friends	Questions about relationships with your friends and family	Please tick your answer				
		None of the time	A little	Some of the time	Most of the time	All of the time
1. I can handle feeling lonely sometimes.		0	1	2	3	0
2. I have someone to turn to for suggestions about how to deal with a personal problem.		0	1	2	3	0
3. I have someone or people to have fun with.		0	1	2	3	0
4. I can make new friends.		0	1	2	3	0

5 I have someone to gives me information to help understand a situation.	0	1	2	3	0
6. I have positive relationship with some members of my family.	0	1	2	3	0
<p>How much has DIAL House helped improve relationships with your family and friends? What other organisations or individuals have helped you with improving relationships with your family and friends ? Record this attribution on the scale.</p> <p>-</p> <p>-</p> <p>-</p> <p>How long do you expect this change to last? _____</p> <p>From 0 to 100, what is the likelihood you would have an experienced change without DIAL House? _____</p> <p>From 0 to 100, how much do you expect this change to reduce year-by-year (without DIAL House)? _____</p>					

Finances and Independent Living	Questions about managing your money, personal finances and living on your own	Please tick your answer			
		Strongly disagree	Disagree	Agree	Strongly Agree
1. I know how to manage my money so I can pay my bills.		1	2	3	4
2. I know my rights and entitlements or where I can get information about this.		1	2	3	4
3. When faced with a financial challenge, I have a hard time figuring out a solution.		1	2	3	4
4. I am confident that I could live on my own or with roommate(s).		1	2	3	4
5. I have confidence in my ability to manage my finances.		1	2	3	4
6. I can shop and cook for myself / for friends.		1	2	3	4
7. I can confidently deal with a landlord.		1	2	3	4

How much has DIAL House helped with being more independent? What other organisations or individuals have you helped you become more independent? Record this attribution on the scale.

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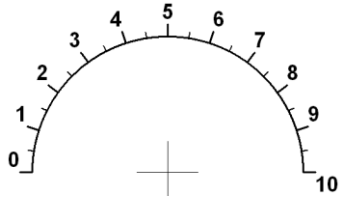
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How long do you expect this change to last? _____

From 0 to 100, what is the likelihood you would have an experienced change without DIAL House? _____

From 0 to 100, how much do you expect this change to reduce year-by-year (without DIAL House)? _____



Parenting Skills	Questions about parenting skills for young parents	Please tick your answer				
		Strongly disagree	Disagree	Neither	Agree	Strongly Agree
1. I am confident in my skills to take care of a child on my own or with my partner		1	2	3		4
2. I have people who can support me with being a parent		1	2	3		4
3. I have people in my life who can provide me with advice and guidance		1	2	3		4
4. I am concerned about my ability to parent		1	2	3		4

How much has DIAL House helped with parenting skills? What other organisations or individuals have you helped you become more independent? Record this attribution on the scale.

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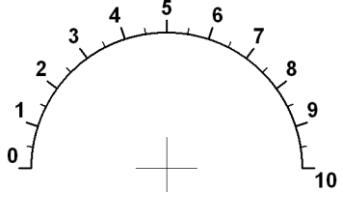
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How long do you expect this change to last? _____

From 0 to 100, what is the likelihood you would have an experienced change without DIAL House? _____

From 0 to 100, how much do you expect this change to reduce year-by-year (without DIAL House)? _____



If you had not attended DIAL House, what would be different in your life? Where would you be now?

What advice would you tell someone that was thinking about coming to DIAL House?

Do you have any suggestions on ways that DIAL House could be improved?

Were there any other negative outcomes or changes that you experienced while living at DIAL House?

Any other feedback?

Thank you for your feedback!

DIAL House – External Stakeholder Questionnaire

Instructions

Thank you for participating in this phone interview. DIAL House has invited Quality Matters to undertake a Social Return on Investment analysis of the service.

DIAL House has asked statutory agencies, voluntary services and partner organisations to participate in an anonymous 30-minute interview to discuss outcomes generated by DIAL House and extent of change experienced by your organisation.

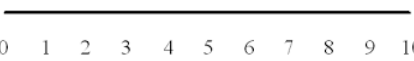
Your responses will be completely anonymous and your comments will remain confidential from staff. After this interview, you will be asked to review this transcript and amend any of your comments.

Interview Questions

1. What is your relationship with DIAL House?
2. How does DIAL House create outcomes for care leavers and/or their clients?
3. How has DIAL House created outcomes for your organisation (or your staff)?
4. Has your organisation experienced anything negative (or negative outcomes) as a result of DIAL House's work?
5. Has your organisation experienced any of the following outcomes?

Outcome	Yes / No / Negative	Comment/Rationale
Increased out-of-hours support or emergency accommodation for shared clients	Yes / No / Negative	
Increased achievement of goals with shared clients	Yes / No / Negative	
Reduced strain or stress for frontline workers working with care leavers	Yes / No / Negative	
Increased professional knowledge of needs and experiences of care leavers	Yes / No / Negative	
Any other outcomes?	Yes / No / Negative	

6. For each outcome your organisation experienced, please answer the following additional questions:

Question	Response
On a scale of 0 to 10, how would you rate the extent of change experienced?	 0 1 2 3 4 5 6 7 8 9 10
How long do you expect this outcome to last?	Duration: Less than a year / 1 year / 2 year / 3 years / 4 years / 5 years
What other organisations or factors have contributed to this outcome?	Attribution: _____
On a scale of 0 to 100, how much of this outcome can be attributed to DIAL House's work?	Attribution: _____ %
On a scale of 0 to 100, what is the likelihood this outcome would have occurred anyways?	Deadweight: _____ %
On a scale of 0 to 100, what is the likelihood this outcome will reduce over time?	Drop-Off: _____ %
Do you see anything negative occurred for other stakeholders as a result of this outcome?	Displacement: _____ %
Any other comments?	

7. How would you recommend DIAL House might improve their work? (For example, for young adults or care leavers, for other community or voluntary services, or for statutory agencies and departments)

Thank you for your feedback!



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