



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



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A handwritten signature in black ink, appearing to read "Ben Carpenter".

Signed

Mr Ben Carpenter
Chief Executive Officer
Social Value International



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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 UK who, following a rigorous assurance process, confirm that this 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 €4.81 to €5.82 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
- Also, 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.
- Lastly, it was found that DIAL House also creates benefit for some families that experienced decreased feelings of worry and/or stress.

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.

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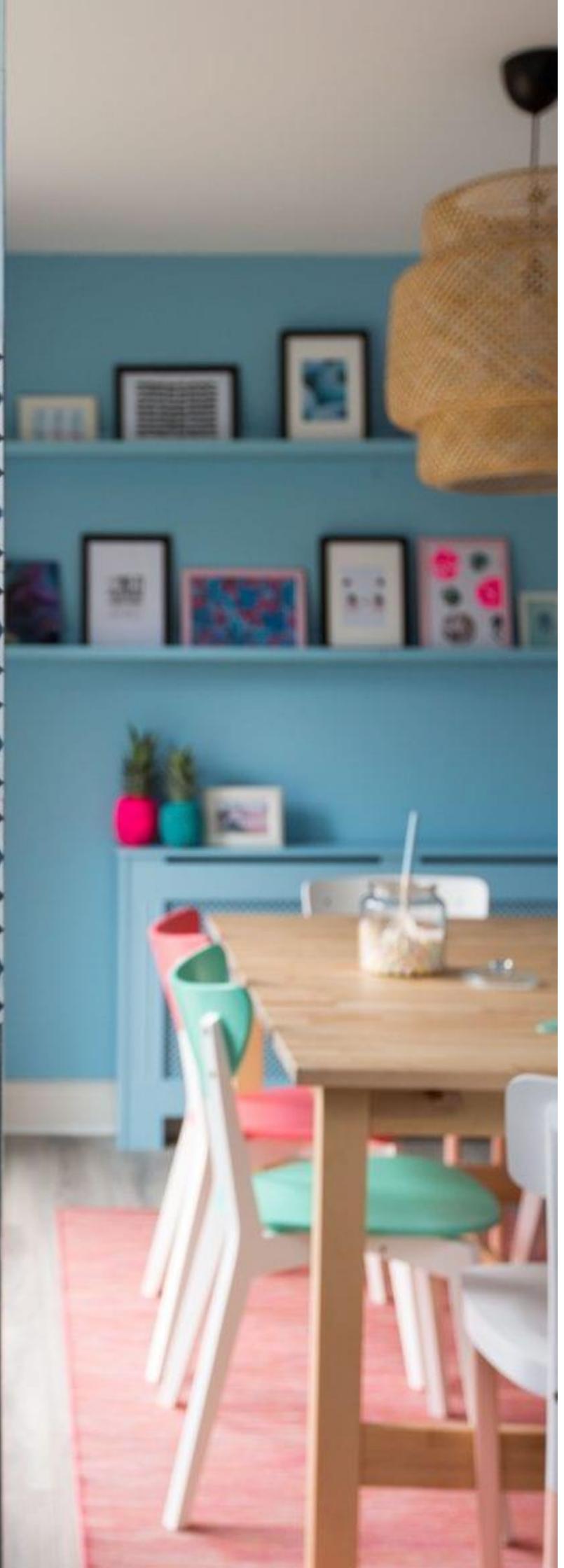
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1 Introduction

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 01 January 2018 to 31 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 33 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

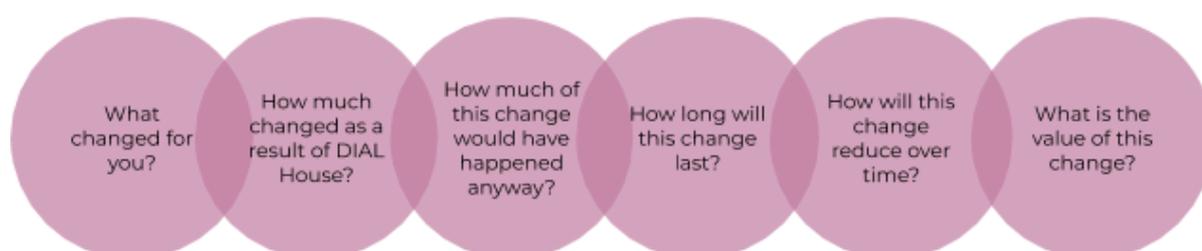
SROI is a way of understanding the impact created by social services and organisations, which uses a specific method to calculate the value of health and wellbeing outcomes, which do not have a simple market cost. For instance, SROI involves stakeholders and clients who experience benefits from DIAL 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 €4.81 to €5.82 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



1.3 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

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

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 01 January 2018 to 31 January 2019. In total, 33 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-centered 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

2.4 DIAL House's Activities

To support young people with their life skills development, DIAL has developed a comprehensive Life Skills Programme to support young people with their transition into independent living and to address the complex needs of clients. DIAL House support young people to prepare for living independently and developing their life skills by offering two programme:

- **Two Year Life Skills Programme** – A residential placement within DIAL House for two years, with a focus on independent living and teaching life skills to support their transition into independent living². DIAL House can only accommodate six individual at any given time.
- **Outreach Service** – A service for young adults 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.

Most young adults who are referred to the service will present with mental health issues or mild intellectual or learning disabilities coupled with poor life skills. Upon being referred to DIAL House, each client is assigned a key worker who will undertake a needs assessment to support each young person with identifying their needs in areas of independent living, physical health, mental health, drug and/or alcohol dependency, education/training, employment, life skills, personal issues and any previous criminal history. This approach has been developed over the past 13 years and is based on identifying of specific needs of clients who are attending DIAL House. In instances where a client has higher needs in a particular area, or DIAL House is

² **Note on Two-Year Life Skills Programme:** Young adults who are involved in the Two Year Life Programme can attend up to 24-months, which is generally the case. A short extension may be made by DIAL House to extend by a few months where clients experienced difficulty with securing accommodation. Each of the participants involved in this study remained involved in DIAL House for two-years.

unable to address an issue, a referral is made to voluntary service or agency who can provide appropriate support.

During this initial period of working with a key worker, staff will use this needs assessment to help a client develop a support plan that outlines a set of goals they wish to achieve during their time with the service. This support plan is an important tool within DIAL House, and is updated routinely to record a young person's progress and to inform upcoming or new goals for a client. The plan also details all aspects related to a young person's involvement with other voluntary services or agencies, so this work can be discussed and reviewed their key worker.

Every week, clients will participate in one-to-one lessons focused on improving their life and social skills, as well as skills with maintaining their physical, emotional and mental wellbeing. DIAL House focusses on five main areas of life skill development:

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

These life skills development is delivered mainly through weekly one-to-one lessons and key working sessions, but is also offered as group activities, such as through extracurricular activities, outings or group lessons in DIAL House. Monthly reviews are also held between a client, staff and any voluntary services, who are also providing support to a client, in order to review how each service can provide the best possible outcomes for the client and to ensure a client is progressing in their skills development.

As clients approach two-years with DIAL House, weekly key working and one-to-one lessons will shift from life skill development to supporting clients with securing accommodation, searching for employment or maintaining engagement in school or college and, eventually, with preparing to confidently live on their own or with roommates. Once accommodations are found and a client feels confident and comfortable with being living independently, they are discharged from DIAL House, but still invited to return to the house for support, if needed, and to join clients for weekly meals or social activities.

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.

2.5 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 reported 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 respectively³. 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:

³ 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 center 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 that 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.

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.

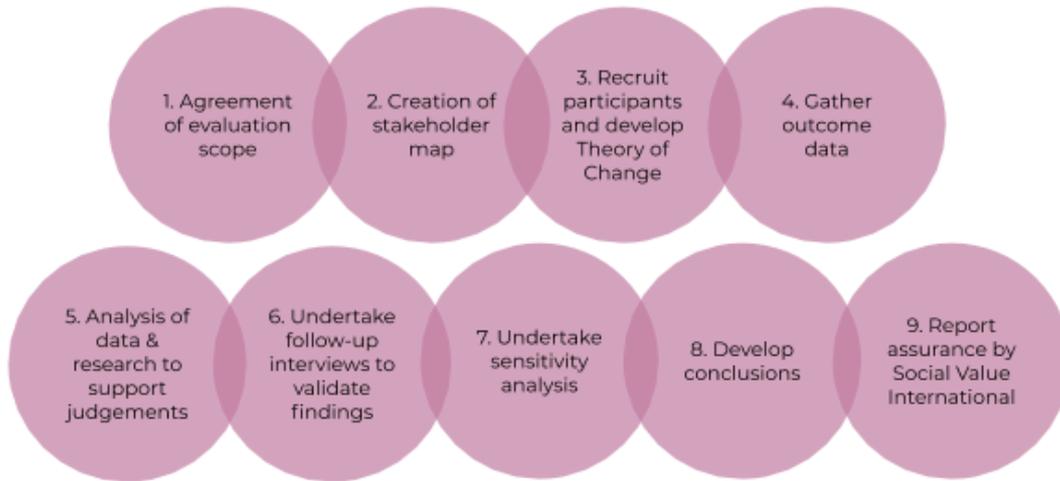
Social Value Principle	How principles were applied to this SROI analysis?
Principle 1: Involve stakeholders	Ensuring that stakeholders are involved in each step of this process, is vital to the process. This meant, young people were directly involved in each step of the evaluation process from identifying 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 over a 12-month period. The scope of the SROI agreed with DIAL House was to measure outcomes for a 12-month period starting in January 2018 and finishing in 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.
Families of young adults	<i>Included</i>	<p>In consultation with the young adults and care leavers attending DIAL House, this stakeholder group explained 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>As families were likely to experience some outcome, an effort was made to engage a small sample of families of clients. Post-ad hoc, semi-structured interviews were undertaken with families of clients. However, due to Covid-19 restrictions, respondents were asked to represent the views and opinions of their immediate family, as all individuals in the family were unable to participate or could not be reached. Families are considered secondary beneficiaries of the service.</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, families 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 who were discharged within the past six months.	Validated outcome measures and bespoke survey undertaken with 10 young adults, as a pre- and post-test to measure outcomes.	Follow-up interviews with 6 residents and clients to verify findings and results from the 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)	Semi-structured 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.
Families of young adults	30% (N=6)	Semi-structured interviews with families of a young adult who had attended DIAL House until saturation of outcome was reached.	Qualitative interviews with bespoke indicators undertaken with six individuals who provided data on behalf of their family's experience and served as representative in this SROI.	Findings were validated with 3 family members in a semi-structured interviews, so they could review or amend their responses. Also, findings were shared with DIAL House to verify the outcomes reported by families.

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 group. A ToC was initially developed by undertaking a focus group with former clients of DIAL House to identify and well-define outcomes for the service⁴.

Former clients were recruited because of their in-depth knowledge of DIAL House and because they were living independently since they had been left the service, which was one of the main objectives of DIAL House. To recruit participants for this exercise, DIAL House was asked to invite the six individuals who were discharged from the service in past 12 months. Once former clients had agreed to participate, a focus group was held at DIAL House where individuals were asked to a series of questions and to explore the causal links between activities, short-term and long-term outcomes⁵.

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. Finally, clients were asked whether they could identify any other stakeholder groups who might experience relevant or significant outcomes as a result of DIAL House or outcomes they might have experienced in their own right, except for voluntary

⁴ **Note on the involvement of former clients to develop ToC:** 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. The initial ToC diagram developed with former clients was only a starting point; it was further refined and developed with current clients and, later, verified with the staff at DIAL House.

⁵ The interview schedule used to develop the ToC diagram can be found in the Appendix, which is available upon request.

services, partner organisations, families of clients and staff of DIAL House. Clients did not suggest any further stakeholder groups.

This input from clients helped to refine language, identify other positive (or negative) outcomes, and review the ranking of the importance of these outcomes based on their own experience with DIAL House. Later, the ToC was reviewed by the Manager and staff of DIAL House. While DIAL staff did not suggest any changes or identify additional stakeholder groups, this final step was important to validating the ToC before any data was gathered from clients of DIAL House. These ToC diagrams are presented later in this report.

Step 4: Gathering data on outcome and deductions

Development of Outcome Measurement Tool - Once outcomes were agreed, desktop research was undertaken to explore whether there were validated outcomes measures which matched the ToC. To develop a pre- and post-test 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.

Administration of the Outcome Measurement Tool – Once the outcome measurement tool was finalised, it was administered to any client who had been recently referred to DIAL House, or accepted within the first six months of the SROI period (i.e. at the start of January 2018). As clients are admitted to DIAL House based on the availability of space within the service, this means intake is not undertaken by DIAL House at a single point in the calendar year.

To collect outcome data, the outcome measurement tool was first administered as a pre-test to record baseline data for ten clients who were recently referred or accepted within the initial six-months near the start of the SROI period⁶. A year later, the outcome measurement tool was administered for a second time, as a post-test, with the same ten client to determine if they experienced any change in outcomes and as they began preparation to be discharged from the service at the end of the SROI period. After this period, a series of follow-up interviews were also undertaken with six individuals, from the same group who participated in the SROI, to validate findings after outcome data had been analysed.

Gathering data from stakeholders on deductions – A key distinction of SROI allows material outcomes to be valued, in monetary terms. To avoid over-claiming, a key principle within SROI certain questions must be asked of each outcome to understand the value of this change and how this is a result of a DIAL House' activities. 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.

⁶ **Note on the administration of the outcome measurement tool.** As DIAL House does not accept clients at a single point in the calendar year, it agreed with DIAL House that it would be acceptable to administer a pre-test with clients who had recently entered the service and were at the start of their engagement in the service. While clients engage for two years, it was agreed with DIAL House that one-year would be acceptable period to measure if clients experienced any substantial change during this SROI period. As a result, there were clients who did not participate in the SROI because they were admitted outside of this initial period, or preparing to be discharged from the service, at the start of the SROI.

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.

Making sure deductions are representative of stakeholder groups - To make sure that our understanding of the value for each outcome is accurate and, that the levels set for each of the deductions are fair and representative for the stakeholder group, deductions were based on questions asked of all research participants involved in the SROI. Once this data was analysed, any significant outliers were removed to minimise risk of over/under claiming and, later, reviewed with participants and DIAL House staff to validate these percentages. By asking all participants to give this information, we have a better understanding of the relative importance that DIAL House has in creating this value.

These deductions can be found in the appended Value Map to this report, and further descriptions of deductions are found in the Appendix on Value, Duration and Deductions, which is available upon request.

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, materiality assessment & further research to support judgements

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.

Determining the materiality of outcomes - One of the principles of SROI is to only include what is material. Materiality refers to the determination of the evidence that needs to be included in the analysis so as to give a true and fair picture, for stakeholders to draw informed decisions about impact.

An assessment of materiality was undertaken based on data collected from stakeholders, and through verifying these findings with participants. The method used to judge materiality was determined by assessing two criteria for every 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 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 evidence used to assess the materiality of outcomes can be found in the Appendix, which is available upon request.

Determination of possible stakeholder sub-groups based on outcome findings – While this SROI did identify a number of material outcomes for stakeholders, an analysis of outcome data did not indicate any noticeable differences or patterns to suggest the existence of sub-groups for any stakeholder group, particularly young adults involved in DIAL House. This determination was based on analysis of outcome data that took into consideration any patterns consistent with the age, gender, service or reason for referrals, as well as any pattern that might appear for participants that did (or did not) experience specific outcomes.

For families, the Researcher did consider the potential for materially different outcomes based on the makeup of families who participated in the SROI (i.e. single parent, two parents, two parents with siblings, etc.). After discussion with DIAL House and analysis of the outcome data, there appeared to be no discernible pattern in outcomes to suggest the existence of sub-groups of families. A possible explanation is that further research should be undertaken to determine if there are any differences in the experience of families members, which may have been a limitation due the small sample of families interviewed. Without any evidence to suggest materially different outcomes for participants, stakeholder groups were not segmented or sub-divided in the SROI.

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 an anchor and weighting approach was used. This approach was undertaken with participants to establish an anchor, an outcome with a financial value agreed by the stakeholder group. This anchor 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.

A limitation of this approach is that people who take part in the exercise may not necessarily share or agree on the value of an outcome or its corresponding good or service (49). Therefore, this value game exercise was undertaken through a combination of focus groups and interviews to encourage participants to discuss their views with other respondents, explore the underlying rationale for choosing the value of an outcome, before agreeing on the value/figure selected for both an anchor and weights. A description of the values, anchor and weights determined by stakeholders can be found in [6.3 Calculating Value for Outcomes](#).

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. Additionally, follow-up interviews and focus groups were also undertaken with the manager and staff of DIAL House to verify findings reported by each stakeholder group.

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.

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). Additionally, some family members declined unable to participate in this SROI. In all instance, less than 100% engagement was considered a potential limitation on the findings.

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 limit the effect of these assumptions, a deliberate effort has been made to base all judgements or estimates based on data obtained from stakeholders directly, rather than rely on professional judgements. Also, to minimise the possibility of over or under valuation, 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 33 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.

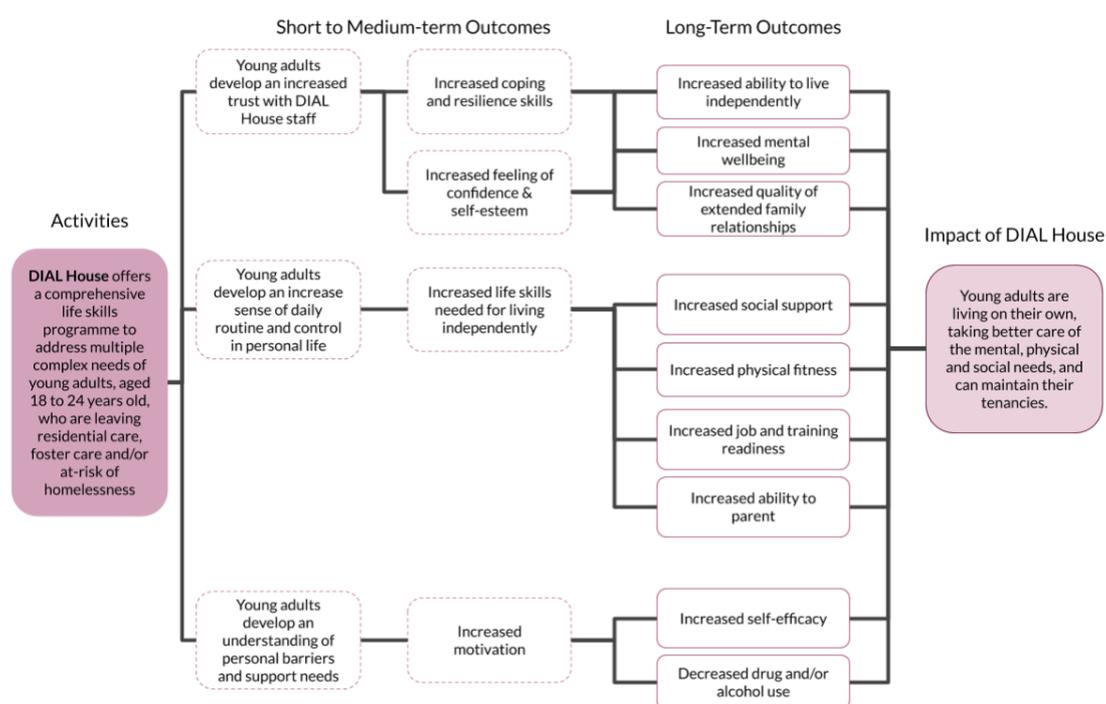
5.2 Outcomes for Young Adults and Care Leavers

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 activities, short/medium-term outcomes to long-term outcomes are described in the ToC below⁷, which were well-defined and agreed by respondents.

⁷ **Note on agreement of well-defined outcomes with stakeholders:** In 'Stage One – Developing the Theory of Change', young adults defined each of the long-term outcomes and clarified how each was independent or separate each other. Each outcome was well-defined by young adults and then, validated with the staff at DIAL House. While some may appear to have a causal link, the differences of each outcome were well-considered by participants. For instance, in the development of the ToC, young adults were asked to provide a rationale explaining how each outcome was different or stood apart from other outcomes. For example, stakeholders reported that increased coping skills were separate from increased mental wellbeing because respondents explained that coping skills was thought as being able to withstand periods of stress or great difficulty, rather than improving one's emotional or mental wellbeing. Similar detailed description of the rationale provided by respondents are described in the chapter below.

Figure 3 Theory of change for young adults and care leavers



Given the type of supports delivered 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. One of these outcomes, a

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 ⁸	1	10%	-
Increased social supports	8	80%	3 rd

⁸ **Note on outcomes reported by a low number of respondents:** In cases where an outcome was reported by a single person, the respondent was always a different individual in the stakeholder group (i.e. one person did not experience a different set of outcomes from the others). When This a single young adult involved in the SROI reported a long-term outcome (i.e. last outcome in the causal chain of the ToC), the Researcher and DIAL House agreed it was important to be transparent and open about the presence of these outcomes. Further details on the decision to include this material outcome in the SROI analysis can be found in the [Materiality Table](#).

Increased self-efficacy	8	80%	4 th
Increased readiness for employment, education or training	6	60%	5 th
Increased quality of extended family relationships	7	70%	6 th
Decreased drug and/or alcohol use ⁹	1	10%	7 th
Increased physical fitness	4	40%	8 th
Increased ability to parent or parenting skills ¹⁰	1	10%	-

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

⁹ Ibid.

¹⁰ Ibid.

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 (50)¹¹.

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 group¹².

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 wellbeing¹³. In interviews with young adults, respondents explained they had better awareness of their mental health or had developing coping and resilience skills, because of the support they received from DIAL House, which is best described by the following quote:

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)

Having friends and peers who are living at DIAL House 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:

¹¹ 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, which is available upon request.

¹² **Note on valuation of wellbeing-type outcomes:** 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](#).

¹³ Excluding drug and alcohol use, which would present a potential double count of outcomes

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 (51). 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, 20% (N=2) reported a minor improvement in their mental wellbeing (e.g. a score of 4 or lower), which was not enough change 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 (52). 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 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 (53). 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 (54). 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 (54).

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 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 (55). 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 6: 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 they 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 (53). These were adapted to assess changes in the quality of support received from extended family members and the material support provided by an member of their family during a period of crisis. Out of the 10 respondents, 70% (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).

Of the remaining, 10% (N=1) reported a small change in the quality of their extended family relationships, which was considered a score of 4 or lower, and 20% (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 7: 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 (56). 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 8: 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 (57). 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.

Outcome 9: 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, which ultimately was not material to be valued in the SROI. Over the course of the SROI, one participant 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, because they were not a parent and had not received any support with their parenting skills.

What is the value of this outcome? This outcome was not valued, because it was not stakeholders reported it was not material to the SROI. When this outcome was discussed with the stakeholder group in follow-up interviews, this outcome was ranked as the least important and removed from the SROI¹⁴.

¹⁴ **Note on valuation of parenting skills:** Although this outcome was not material, a value was considered by stakeholders. In a focus group with young adults, participants were asked what was value of this outcome. Based on the value exercise, stakeholders gave this outcome a weight of 0.35, which calculates as a value of €2,695.00 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

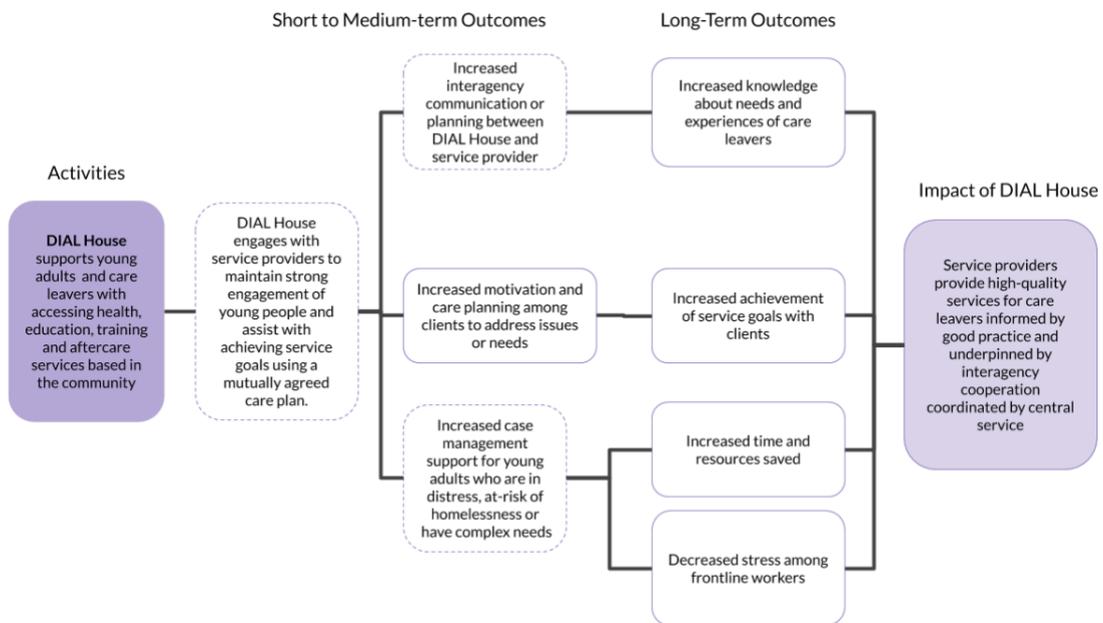


Table 6 Summary of outcomes experienced by service providers (N=11)

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 10: 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 provide by DIAL House staff. Out of 11 respondents, 73% (N=8) reported that the 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 11: 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 12: 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 13: 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.

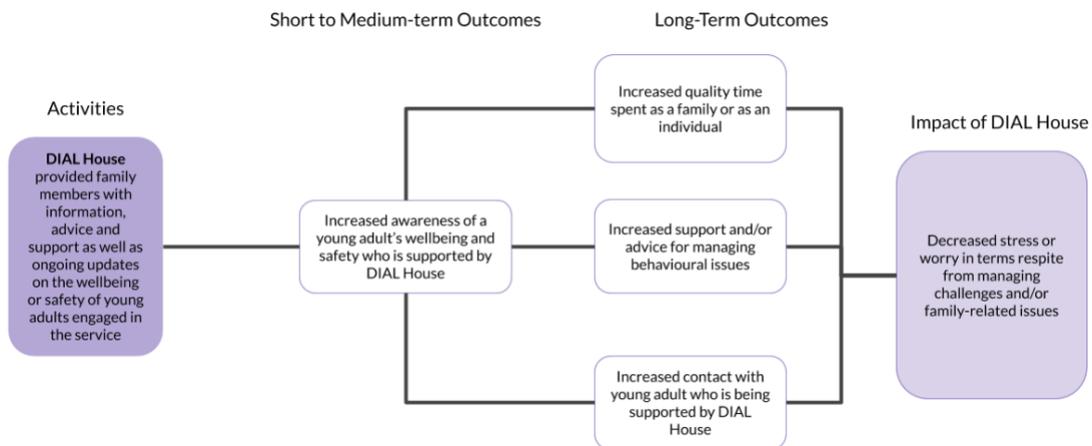
5.4 Outcomes for Families of Young Adults and Care Leavers

Another stakeholder group who experienced benefit from DIAL House were families of young adults who were engaged in DIAL House. Families who participated in the SROI received information, advice and support from DIAL House staff, as well as were provided with routine updates about the progress and safety of their individual who was under their care. In all of these instances, the young person attending the service was made aware that DIAL House was in contact with their family.

This section contains findings from families, including parents or foster parents, grandparents and siblings of young adults engaged in DIAL House¹⁵. In total, six individuals, who served as representative for their families, participated in ad-hoc semi-structured interviews, which were undertaken after outcome data from young adults with DIAL House had been collected and analysed. The interviews were held in two parts: first, semi-structured interviews were undertaken to identify outcomes, develop a theory of change for families and to agree on an appropriate bespoke indicator, and second, follow-up phone interviews were used to measure the extent of change experienced, determine the materiality of outcomes as well as to gather data on deductions and the value of each outcome.

Once this data had been gathered and analyzed, findings were reviewed with three family members and verified with DIAL House¹⁶. The last outcome in this chain was tested for materiality and included in the SROI, because families reported there were no further change after this change which can be attributed to DIAL House. While families had reported other outcomes, these changes had occurred earlier in the ToC and had a causal link with the last outcome. The ToC below shows these outcomes and the causal relationship between the short-term outcomes and the long-term outcome experienced by families.

Figure 5 Theory of change for families



¹⁵ **Note on the rationale of families as a stakeholder group:** In this SROI, outcomes reported in this section are reported for the entire family household, rather than family members. In this report, family refers to the family household of a young adult who is engaged with DIAL House. There were no major differences in the characteristics of the families, most families were comprised of two careers as well as one or two siblings; and all resided in Ireland. Initially, the rationale for asking individuals to report on outcomes for their family household was due to the difficulties with interviewing all family members, as a result of Covid-19. After speaking with stakeholders, the rationale provided by interviewees was that the outcomes were beneficial to the entire family, rather than the specific individuals who spoke with DIAL House or were in contact with the young adult attending the service.

¹⁶ **Note on data collection for families:** Phone interviews were selected as the method of engagement for families for two reasons: first, some individuals were concerned about privacy and would not prefer to engaging in a focus group; second, interviews were undertaken during Covid-19 and considered the most effective way of reaching respondents.

Table 7 Summary of outcomes experienced by families (N=6)

Outcome experienced by services (N=6)	Number of respondents	% of respondents	Value ranking by respondents
Decreased stress and/or worry	5	83%	1 st

The following section will explain this outcome in further detail.

Outcome 14: Decreased stress or worry

Due to the involvement of DIAL House, the outcome considered most valuable to families was decreased stress or worry, which was understood in terms of respite from managing family-related issues, conflicts or issues. When speaking with families, respondents explained that these feelings of stress or worry had negatively impacted the family's communication, created a sense of loss or lost connection between family members and/or limited the amount of personal or free time of people in the family. This can be best demonstrated by the following quote from a parent of a young adult, who was residing at DIAL House:

I worried a lot! My worry got so bad that my family felt like it was falling apart, and that I didn't have time for dealing with other issues in my family, because my daughter was taking all of the energy out of our family. What I felt that I needed was a break from these issues, but that I couldn't and had to be focused on fixing these problems in our family. Because of DIAL House I was able to get some time back. (Family Member2)

In interviews with families, respondents consider this change to be the last outcome in the theory of change, because there would be no further change after this outcome which could be attributed to the DIAL House. The benefit that was experienced by DIAL House was reported in several ways:

- Relief that DIAL House was looking after the safety, wellbeing and personal development of their son, daughter or sibling
- The ongoing supervisions and support provided by DIAL House was viewed as respite from families needing to closely monitor or manage any family-related issues, conflicts or challenges.
- Being able to speak with DIAL House and to discuss family-related issues or conflicts with a professional was like speaking with a professional or specialist

Some families explained how their feelings of stress and worry were quite intense, because they were worried that their son, daughter or sibling were at-risk of homelessness, or had been living in emergency accommodations, before they were referred to DIAL House. Although DIAL House had provided accommodations, families reported how staff were teaching young people to develop their abilities to live independently. This is best described by the following quote:

Our daughter was so destructive, part of me feels that if she hadn't gone to DIAL House, she was on the path to being homeless. She wanted to be more independent, but she was a very vulnerable young woman and we knew that she just wasn't ready. When she started attending DIAL House, I was first relieved because she was being supervised, she had a curfew and someone to answer to. But, the longer she attended, the more I began to see that the staff (at DIAL House) were teaching her to be more independent and I started to feel so relieved that she was starting to learn these things. (Family Member 4)

How the outcome was measured? Out of six respondents, 83% (N=5) reported decreased stress and worry time as a result of the support received from DIAL House. This outcome was

measured using a bespoke indicator, which was co-developed with families¹⁷. Five respondents reported that this change was experienced by all individuals in their family, which was considered significant enough to be valued in this SROI. The one remaining respondent explained that a single person in the family had experienced this change, which was not considered significant enough to be valued.

What is the value of this outcome? This outcome was the only change to be valued for this stakeholder group. A revealed preference approach was asked to value this change for families. In this exercise, respondents were asked to agree on the value of this change for their entire family. Some respondents reported this change as similar to getting support from a family counsellor or therapist, or similar to the feeling of going on a family holiday. Once the value had been recorded for each respondent, and any outliers were removed, the value estimated for this change was €2,100 per year¹⁸.

¹⁷ **Note on bespoke indicator used to measure decreased stress and worry:** In initial phone interviews with families, used to develop the theory of change, the Researcher explored potential ways with respondents to assess the extent that families experienced a decrease in stress and worry. To measure this change, respondents were asked to rate the extent that their family had experienced a change in stress and/or worry on a scale of +3 (All members experienced a positive change) to -3 (All members experienced a negative change). The research instrument used to measure this change for families can be found as an Appendix to this report.

¹⁸ **Note on verification of findings for families:** Although families and young adults were unable to verify the value for this outcome, the staff and manager of DIAL House were asked to serve as a proxy and to verify the value of this outcome. Based on the experience of staff at DIAL House, it was reported that this value did serve as an appropriate estimate of the value for decreased stress and worry.



GENERAL WASTE

- Food waste
- Household waste
- Plastic
- Cardboard
- Small appliances
- Household electrical with lead
- Textiles
- Other
- Disposal notes



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	€283,986.80
Social value adjusted	€1,633,718.60
Outcomes value net of investment	€1,349,731.80
Social return on investment	€5.75
Social return ratio	€1: €5.75

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. Inputs can be both financial or non-financial resources. For example, whilst a project may require necessary finances, it will also be dependent upon the time, expertise and other intangible resources of people to ensure its success. To arrive at the inputs for the running of the organization Novas was asked to provide details on the financial and non-financial amount spent to operate DIAL House, the inputs were used in the calculation are presented in the table below.

Table 8 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 ¹⁹ Administration/management costs: €2,188.8 ²⁰
Total value of all inputs:		€283,986.80

¹⁹ **Calculation of financial inputs** – All financial inputs were calculated based on reviewing the audited accounts for DIAL House, which included both funding and small grants spent by the service.

²⁰ **Calculation of non-financial inputs** - The administration/management costs provided by Novas, the parent organization, was calculated based on the monthly time provided, to DIAL House, by the CEO or senior management of Novas. This figure was based on the average salary for the CEO of homeless services [€80,570 based on the Community Foundation of Ireland's National Pay & Benefits Survey (58)]. [€80,570 / 5 days x 50 weeks = €182.40 daily * 12 months = €2,188.80]

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 attending DIAL House. An advantage of this approach is that the value of outcomes is selected by the stakeholder group and, thus, this value is a fair or honest indicator of what stakeholders consider is the impact of outcomes.

According to Social Value UK's standard on social impact accounting approaches, an advantage of an anchoring and weighting approach was that it avoids the need for contingent valuations or willingness to pay (WTP) approaches, which involve asking people to 'state their preference' for a good or service (49). A limitation is that the data needed for the valuation may not be public available in which costs may be higher (49).

To overcome the latter limitation, a value game exercise was also undertaken with respondents from each stakeholder group. A value game is a relatively new approach to valuing outcomes where people are asked to value outcomes by comparing them to goods or services they would like to purchase, which have a known market value. In this case, respondents were asked to establish the anchor using this approach and by identifying a corresponding good or service of near identical value.

However, another limitation of this anchor and weighting approach is that some outcomes may be over or under valued by respondents, and some outcomes may differ from a fixed or market cost. To limit the possibility of outcomes being over/under valued, the anchor and weighting approach was undertaken in a focus group, so that any valuation could be collectively agreed or negotiated within stakeholder group²¹. This was commonly-referred by the Researcher as a value game exercise. Also, to limit the possibility of outcomes being over or under valued in comparison to a fixed or market cost, or reliance on professional judgements, the valuations from this value game exercise and the anchoring and weighting approach were used. For instance, when service providers described some outcomes in terms of market costs, the Researcher asked participants to provide these details²².

This value game exercise was undertaken at 'Stage Two – Measuring change and value of outcomes' of the SROI. Individually, participants were each asked to (1) rank outcomes by their level of importance and (2) determine an outcome to serve as an anchor. Once these steps were completed, these findings were shared with participants in a focus group setting. As a group, (3) respondents discussed and collectively agreed on the ranking of outcomes and nominated an appropriate and relevant outcome to serve as an anchor for the stakeholder group. For instance, young adults selected increased ability to live independently as an anchor, in the value game exercise, because it was relevant to all individuals and because the group agreed it had the highest importance for the stakeholder groups. This outcome was assigned a specific value, which was agreed by all respondents in the focus group. Once the value of this anchor was agreed, respondents discussed and agreed on the specific weighting for all other outcomes in relation to the anchor, which was used to calculate the value of each outcome²³.

²¹ **Note on goods/services selected as anchor for valuation approach:** In a focus group with young adults who participated in the SROI, respondents asked to determine a good or service, which would serve as a corresponding value for 'increased ability to live independently, which the group selected as the anchor. Respondents reported the value of this outcome in terms similar to the costs of purchasing a vehicle or the value of two or three holidays in a single year, which were goods/services that participants reported had near similar value to the experience of this outcome.

²² **Note on alternative approach used in SROI:** In another instance, the Researcher used research from another wellbeing valuations (i.e. HACT Wellbeing Valuation) or revealed preference valuations (i.e. valuation for families and HSE costs for drug and/or alcohol treatment) as the value of an outcome. The rationale for using these alternative methods was based on feedback provided by respondents as well as discussion with staff at DIAL House, who agreed that these values were fair and accurate values for outcomes. In all other instances, the anchor and weighting approach was used as the valuation approach for the SROI.

²³ **Note on the agreement of anchor and weighting figures with respondents:** Once the anchor and weighting figures were agreed with stakeholders, the value of each outcome was calculated and agreed in monetary terms with participants. If

Once each respondent had selected an anchor, in a focus group, these selections were discussed until a single outcome could be collectively agreed as an appropriate, relevant anchor for the stakeholder group. For instance, young adults selected increased ability to live independently as an anchor, in the value game exercise, because it was relevant to all individuals and because the group agreed it had the highest importance for the stakeholder groups. Once the anchor was agreed, (3) respondents discussed and agreed on the weighting for all outcomes reported by the stakeholder group.

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 because it was assessed as not material.

Table 9 Anchor and weighting values reported by stakeholder groups

Stakeholder Group	Outcome	Ranking	Weighting	Value per year
Young Adults and Care Leavers	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
	Increased readiness for employment, education or training	5 th	0.40 (-60%)	€3,080.00
	Increased quality of extended family relationships	6 th	0.30 (-70%)	€2,310.00
	Decreased drug and/or alcohol use	7 th	0.15 (-85%)	€1,155.00
	Increased physical fitness	8 th	0.10 (-90%)	€770.00
	Increased ability to parent or parenting skills	9 th	0.05 (-95%)	€385.00
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

stakeholders felt there were any aberrations in these values, this was further discussed with participants in the focus group. For instance, the value of increased parenting skills was rated high by a single participant, but was not considered relevant for other individuals in the focus group – this meant, this outcome was further explored and discussed with respondents until a weighting figure was agreed by the stakeholder group.

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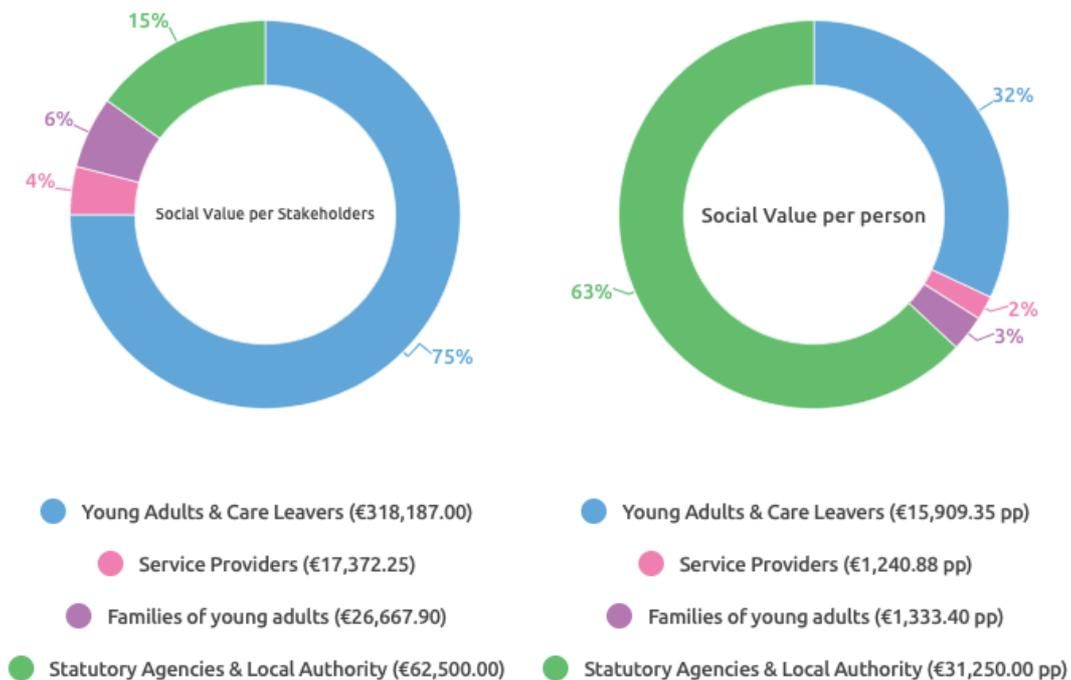
6.4 Value per Stakeholder Group

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 and Care Leavers	€ 318, 187.00	€ 15,909.35 per client
Service Providers	€ 17,372.25	€ 1,240.88 per service
Families of young adults	€ 26,667.90	€1,333.40 per family
Statutory Agencies and Local Authority	€ 62,500.00	€ 31,250.00 per service

Figure 6 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 (75%), 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 (63%) 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 and key statutory agencies receive 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.

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 stakeholders²⁴. 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.

Table 10 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	All of the positive outcomes for	+15%	€5.75	€4.93	-€0.82

²⁴ **Note from calculation of duration:** 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. All figures used in the valuation were also verified with the staff at DIAL House.

	young adults & care leavers	young adults & care leavers				
2	Increased attribution estimations for all stakeholders	All of the positive outcomes for all stakeholders	+10%	€5.75	€5.05	-€0.70
3	Reducing high values by 20%	All outcomes over €5,000	-20%	€5.75	€5.16	-€0.59
	Reducing HACT Wellbeing Valuation proxy	€6,700.00 for increased mental wellbeing	€5,775 from value exercise	€5.75	€5.72	-€0.03
4	Reducing duration for outcomes three years or higher	All of the outcome with duration of 3 years or more	-1 year	€5.75	€4.81	-€0.94
	Increasing duration for outcomes with one year	All of the outcomes with duration of 1 year	+ 1 year	€5.75	€5.82	+€0.07

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 by reducing the duration of outcomes for one-year, for changes lasting three years or more, had the largest effect on the social return ratio. For this reason, it is recommended that more longitudinal 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 €5.75 (a social return of 575%).

Overall, findings from this sensitivity analysis have found that the social return generated by DIAL House likely appears within a range between €4.81 to €5.82, 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 €4.81 to €5.82 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).

9 Bibliography

1. Carr N. Invisible from View: Leaving and Aftercare Provision in the Republic Of Ireland. *Aust Soc Work*. 2014 Jan 2;67(1):88–101.
2. Goddard J, Barrett S. Guidance, policy and practice and the health needs of young people leaving care. *J Soc Welf Fam Law*. 2008;30(1):31–47.
3. Hayes J. An Exploratory Study into Care Leavers Transition into Adulthood. *Crit Soc ThinkingPolicy Pract* [Internet]. 2013;Vol. 5. Available from: <https://www.ucc.ie/en/appsoc/resconf/conf/cst/vol5/section4/JoanneHayes.pdf>
4. Kelleher P, Corbett M, Kelleher C. *Left out on their own: Young people leaving care in Ireland*. Oak Tree Press; 2000.
5. Tusla Data Hub - Performance and Activity Data [Internet]. [cited 2019 Nov 15]. Available from: <https://data.tusla.ie/>
6. Admin E. EPIC Advocacy Report 2018 | EPIC [Internet]. [cited 2020 Feb 17]. Available from: <https://www.epiconline.ie/epic-advocacy-report-2018/>
7. Everson-Hock ES, Jones R, Guillaume L, Clapton J, Duenas A, Goyder E, et al. Supporting the transition of looked-after young people to independent living: a systematic review of interventions and adult outcomes: Review of transition support for looked-after young people. *Child Care Health Dev*. 2011 Nov;37(6):767–79.
8. Mayock P, Carr N. Not Just Homelessness ... A Study of 'Out of Home' Young People in Cork City. *Youth Stud Irel* [Internet]. 2009 Jul 11 [cited 2015 Mar 31];4(1). Available from: <http://youthstudiesireland.ie/index.php/ysi/article/view/46>
9. Executive (HSE) HS. Model for the delivery of leaving care and aftercare services in Health Services Executive North West Dublin, North Central Dublin and North Dublin [Internet]. Health Service Executive (HSE); 2006 Nov [cited 2020 Feb 17]. Available from: <https://www.lenus.ie/handle/10147/51593>
10. Gov.ie - Review of the Child Care Act 1991 [Internet]. [cited 2020 Feb 12]. Available from: <https://www.gov.ie/en/publication/97d109-review-of-the-child-care-act-1991/>
11. United Nations Convention on the Rights of the Child - Department of Children and Youth Affairs - Ireland [Internet]. [cited 2014 Nov 23]. Available from: http://www.dcyu.gov.ie/viewdoc.aspx?fn=%2Fdocuments%2FUNrightsofchild%2FUN_Rights_of_Child_new_page_141008.htm
12. Gov.ie - The Referendum Relating to Children [Internet]. [cited 2020 Feb 12]. Available from: <https://www.gov.ie/en/publication/c4aa51-the-referendum-relating-to-children/>
13. Children's Rights Alliance. Short Guide to the Children's Referendum [Internet]. Dublin: Children's Rights Alliance; 2012 Oct. Available from: https://www.childrensrights.ie/sites/default/files/submissions_reports/files/ShortGuideChildrenReferendum1012.pdf
14. National Aftercare Policy for Alternative CareTusla - Child and Family Agency [Internet]. [cited 2020 Feb 12]. Available from: <https://www.tusla.ie/services/alternative-care/after-care/national-aftercare-policy-for-alternative-care/>
15. Book (eISB) electronic IS. Child Care (Amendment) Act 2015 (Commencement) Order 2017 [Internet]. [cited 2020 Feb 12]. Available from: <http://www.irishstatutebook.ie/eli/2017/si/296/made/en/print>
16. New Aftercare Legislation to come into force as of 1 September 2017 - ByrneWallace [Internet]. [cited 2020 Feb 12]. Available from: <https://byrnewallace.com/news-and->

recent-work/publications/new-aftercare-legislation-to-come-into-force-as-of-1-september-2017.html

17. Tusla - Child and Family Agency. Guidance Document for the Implementation of the Standardised Aftercare Allowance [Internet]. Dublin: Tusla; 2015 Sep. Available from: https://www.tusla.ie/uploads/content/Final_Statement_Foster_Care_Version_17th_September_2015.pdf
18. Sulimani-Aidan Y. Care leavers' challenges in transition to independent living. *Child Youth Serv Rev.* 2014 Nov;46:38–46.
19. Aftercare Network Highlights Homelessness in Care Leavers [Internet]. Focus Ireland. 2018 [cited 2020 Feb 14]. Available from: <https://www.focusireland.ie/aftercare-network-highlights-homelessness-care-leavers/>
20. (PDF) Leaving Care in Scotland: The Residential Experience [Internet]. [cited 2020 Feb 12]. Available from: https://www.researchgate.net/publication/267548128_Leaving_Care_in_Scotland_The_Residential_Experience
21. What do Young People Need When They Leave Care? Views of Care-leavers and Aftercare Workers in North Dublin | Request PDF [Internet]. [cited 2020 Feb 17]. Available from: https://www.researchgate.net/publication/271928687_What_do_Young_People_Need_When_They_Leave_Care_Views_of_Care-leavers_and_Aftercare_Workers_in_North_Dublin
22. Simon A. Early access and use of housing: care leavers and other young people in difficulty. *Child Fam Soc Work.* 2007 Oct 10;0(0):071010012746001-???
23. Atkinson C, Hyde R. Care leavers' views about transition: a literature review. *J Child Serv.* 2019 Mar 26;
24. Dixon J, Ward J, Stein M. Brighter Futures for Care leavers: A Consultation on Outcomes and Aftercare for Young People Leaving Care in Ireland. 2018.
25. Adley N, Kina VJ. Getting behind the closed door of care leavers: understanding the role of emotional support for young people leaving care. *Child Fam Soc Work.* 2017;22(1):97–105.
26. Sempik J, Ward H, Darker I. Emotional and behavioural difficulties of children and young people at entry into care. *Clin Child Psychol Psychiatry.* 2008;13(2):221–233.
27. Prevalence of psychiatric disorders in young people in the care system. - PubMed - NCBI [Internet]. [cited 2020 Feb 12]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/8978231>
28. Kendrick A. Residential Child Care: Prospects and Challenges. Jessica Kingsley Publishers; 2008. 252 p.
29. Transitions and outcomes for care leavers with mental health and/or intellectual disabilities [Internet]. Queen's University Belfast. [cited 2020 Feb 13]. Available from: <https://pure.qub.ac.uk/en/projects/hsc-rd-office-com465512-transitions-and-outcomes>
30. Relationships matter: the problems and prospects for social workers' relationships with young children in care - Winter - 2009 - Child & Family Social Work - Wiley Online Library [Internet]. [cited 2020 Feb 12]. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2206.2009.00628.x>
31. Berlin M, Vinnerljung B, Hjern A. School performance in primary school and psychosocial problems in young adulthood among care leavers from long term foster care. *Child Youth Serv Rev.* 2011 Dec;33(12):2489–97.

32. Education of children in care in Ireland: An exploratory study | Ombudsman for Children [Internet]. [cited 2020 Feb 12]. Available from: <https://www.oco.ie/library/education-children-care-ireland-exploratory-study/>
33. Ward JC, Henderson ZE, Pearson G. One problem among many: drug use among care leavers in transition to independent living. In 2003.
34. Good practice in reducing the over-representation of care leavers in the youth justice system | Child Family Community Australia [Internet]. [cited 2020 Feb 12]. Available from: <https://aifs.gov.au/cfca/pacra/good-practice-reducing-over-representation-care-leavers-youth-justice-system>
35. Care and Justice: Children and Young People in Care and Contac... [Internet]. [cited 2020 Feb 12]. Available from: <https://www.iprt.ie/latest-news/care-and-justice-children-and-young-people-in-care-and-contact-with-the-criminal-justice-system/>
36. Youth Homelessness in Ireland [Internet]. Irish Coalition to End Youth Homelessness. 2017 [cited 2020 Feb 14]. Available from: <https://www.endyouthhomelessness.ie/youth-homelessness/ireland/>
37. Don Bosco Care - Residential Aftercare and Outreach Aftercare Services [Internet]. donbosco-care-2016. [cited 2020 Feb 14]. Available from: <https://www.donboscocare.ie/more-info>
38. Lefroy House Dublin | The Salvation Army [Internet]. [cited 2020 Feb 14]. Available from: <https://www.salvationarmy.org.uk/lefroy-house-dublin>
39. Wellsprings Services [Internet]. Wellsprings. [cited 2020 Feb 14]. Available from: <http://wellsprings.ie/services/>
40. <http://streetline.ie/> [Internet]. [cited 2020 Feb 14]. Available from: <http://streetline.ie/>
41. Local Services [Internet]. Focus Ireland. [cited 2020 Feb 14]. Available from: <https://www.focusireland.ie/resource-hub/prevention-hub/local-services/>
42. What is a Foyer? | The Foyer Federation - Transforming opportunities for young people [Internet]. [cited 2020 Feb 14]. Available from: <https://foyer.net/about-foyers/what-is-a-foyer/>
43. Cork Foyer Youth Offer [Internet]. Cork City Council. [cited 2020 Feb 14]. Available from: <https://www.corkcity.ie/corkcityco/en/cork-foyer/the-foyer/cork-foyer-youth-offer.html>
44. St. Catherine's Foyer working wonders [Internet]. The Liberty. 2012 [cited 2020 Feb 14]. Available from: <http://www.theliberty.ie/2012/03/06/st-catherines-foyer-working-wonders/>
45. Denyer S, Sheehan A, Bowser A. Every child a home: a review of the implementation of the youth homelessness strategy. [Internet]. Dublin: Stationery Office; 2013 [cited 2020 Feb 17]. Available from: <https://www.drugsandalcohol.ie/20203/>
46. EPIC - Empowering People in Care - Young people in Care Ireland [Internet]. [cited 2020 Feb 14]. Available from: <https://www.epiconline.ie/>
47. Irish Aftercare Network | Supporting people working with care leavers [Internet]. [cited 2020 Feb 14]. Available from: <http://www.irishaftercare.com/>
48. Social Value UK. Supplementary Guidance on Materiality [Internet]. [cited 2020 Jun 26]. Available from: <http://www.socialvalueuk.org/resource/standard-on-materiality/>
49. Standard on applying Principle 3: Value the things that matter [Internet]. Social Value UK. 2019 [cited 2020 Dec 7]. Available from: <http://www.socialvalueuk.org/announcing-standard-on-applying-principle-3-value-the-things-that-matter/>

50. The Financial Self-Efficacy Scale (FSES) [Internet]. [cited 2019 Nov 15]. Available from: <https://www.performwell.org/index.php/find-surveyassessments/the-financial-self-efficacy-scale-fses>
51. About WEMWBS [Internet]. [cited 2019 Nov 15]. Available from: <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/about/>
52. New WEMWBS values | HACT [Internet]. [cited 2020 Feb 7]. Available from: <https://www.hact.org.uk/new-wemwbs-values>
53. Hays RD, Sherbourne CD, Mazel R. User's Manual for the Medical Outcomes Study (MOS) Core Measures of Health-Related Quality of Life: [Internet]. 1995 [cited 2019 Nov 15]. Available from: https://www.rand.org/pubs/monograph_reports/MR162.html
54. Pearlin LI, Schooler C. The structure of coping. *J Health Soc Behav.* 1978;2–21.
55. Casey Family Programms. Providers Guide to Casey Life Skills [Internet]. [cited 2019 Nov 15]. Available from: https://caseylifeskills.secure.force.com/clsa_learn_provider
56. Gossop M, Darke S, Griffiths P, Hando J, Powis B, Hall W, et al. The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users. *Addiction.* 90(5):607–14.
57. PACE Adolescent Psychosocial and Stage-of-Change Measures Related to Physical Activity [Internet]. [cited 2019 Nov 15]. Available from: <https://www.performwell.org/index.php/find-surveyassessments/outcomes/health-a-safety/good-health-habits/pace-adolescent-psychosocial-and-stage-of-change-measures-related-to-physical-activity>
58. 2019 National Pay and Benefits Survey [Internet]. The Wheel. [cited 2020 Mar 26]. Available from: <https://www.wheel.ie/news/2019/11/now-available-2019-national-pay-and-benefits-survey>
59. EMCDDA | Rosenberg Self-Esteem Scale (SES) [Internet]. [cited 2019 Jun 26]. Available from: <http://www.emcdda.europa.eu/html.cfm/index3676EN.html>
60. Boston 677 Huntington Avenue, Ma 02115 +1495-1000. Pearlin Mastery Scale [Internet]. Health and Happiness. 2017 [cited 2017 Dec 21]. Available from: <https://www.hsph.harvard.edu/health-happiness/pearlin-mastery-scale/>
61. MINDFUL Project Recommendations for the European Health Interview Survey (EHIS) Health Determinants [Internet]. [cited 2018 Jun 13]. Available from: https://webgate.ec.europa.eu/chafea_pdb/health/projects/2003119/outputs
62. Denton M, Prus S, Walters V. Gender differences in health: a Canadian study of the psychosocial, structural and behavioural determinants of health. *Soc Sci Med.* 2004 Jun;58(12):2585–600.
63. EMCDDA | Severity of Dependence Scale [Internet]. [cited 2018 Jun 13]. Available from: <http://www.emcdda.europa.eu/html.cfm/index7343EN.html>
64. Short Warwick-Edinburgh Mental Wellbeing Scale [Internet]. [cited 2019 Jun 26]. Available from: <https://www.corc.uk.net/outcome-experience-measures/short-warwick-edinburgh-mental-wellbeing-scale/>
65. Tennant R, Hiller L, Fishwick R, Platt S, Joseph S, Weich S, et al. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health Qual Life Outcomes.* 2007 Nov 27;5(1):63.
66. Stewart-Brown S, Tennant A, Tennant R, Platt S, Parkinson J, Weich S. Internal construct validity of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): a Rasch analysis using data from the Scottish Health Education Population Survey. *Health Qual Life Outcomes.* 2009 Feb 19;7(1):15.

67. Smith BW, Dalen J, Wiggins K, Tooley E, Christopher P, Bernard J. The brief resilience scale: Assessing the ability to bounce back. *Int J Behav Med*. 2008 Sep 1;15(3):194–200.
68. Monica 1776 Main Street Santa, California 90401-3208. Social Support Survey [Internet]. [cited 2019 Nov 15]. Available from: https://www.rand.org/health-care/surveys_tools/mos/social-support.html



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