



Social Return on Investment (SROI) Report

Daisyhouse Transitional Housing Service 2009 – 2011



Table of Contents

1	Executive Summary	1
2	OVERVIEW OF DAISYHOUSE HOUSING ASSOCIATION	3
2.1	History and Structure	3
2.2	Daisyhouse Housing Association Transitional Service	3
2.3	Daisyhouse Housing Association Human Resources	6
3	CONTEXT OF HOMELESS SERVICES IN IRELAND	8
3.1	Statutory Responsibility	8
3.2	Government Policy and Homelessness	8
3.3	Assessing the Size of the Population of Those Encountering Homelessness	10
4	DAISYHOUSE TRANSITIONAL HOUSING PROJECT: SROI STUDY	12
4.1	Methodology/ Approach	12
4.2	Scope of the Study	12
4.3	Study's Author	12
4.4	Stakeholder Involvement	13
4.5	The Theory of Change	16
4.6	Residents	16
4.7	What changed for Residents?	16
4.7.1	Case Study 1: Tom	19
4.7.2	Case Study 2: Clara	19
4.8	What Changed for Staff?	20
4.9	What Changed for Board Members?	21
4.10	What Changed for Inward Referral Agencies?	21
4.11	What Changed for Outward Referral Agencies?	23
4.12	What Changed for Funders?	23
4.13	What Changed for the HSE?	25
5	SROI STUDY: CALCULATIONS AND RESULTS	26
5.1	Impact Map: Inputs, Outputs and Outcomes	26
5.2	Outcome Indicators and Financial Proxies	28
5.3	Discount Factors	29
5.4	SROI Calculations	34
5.5	Sensitivity Analysis	36
6	CONCLUSIONS AND RECOMMENDATIONS	40
7	Bibliography	42
8	Appendices	44
8.1	Appendix A: Introductory Note for Residents and ex Residents	44
8.2	Appendix B Detail Explaining Determination of Quantities, Duration and Proxies	46



List of Tables

Table 1 Length of stay for those resident 2009 - 2011	6
Table 2 Methodology	13
Table 3 Stakeholders Included in Consultation	13
Table 4 Stakeholders Excluded from Consultation	14
Table 5 Stakeholder Inputs	26
Table 6 Project Outputs	26
Table 7 Stakeholder Outcomes	27
Table 8 Outcome Indicators and Financial Proxies	28
Table 9 Discount Factors and Rational	30
Table 10 SROI calculations table	34
Table 11 Sensitivity and Range	36
Table 12 Sensitivity and Range: Dual stakeholders and avoidance of death	39

List of Figures

Figure 1 Chain of events	4
Figure 2 % Impact on Stakeholders	41



1 Executive Summary

This report presents a social return on investment (SROI) analysis of the transitional housing project run by Daisyhouse Housing Association. The study evaluates the project over a three-year time frame from the beginning of 2009 to the end of 2011 with the results achieved by the project in this time extrapolated over a five year period. The evaluation is based on understanding and valuing the change that stakeholders reported experiencing as a result of the Daisyhouse transitional project.

The transitional housing project consisted of 14 units of accommodation during the period under analysis. Housing and support was generally provided to clients of homeless services after emergency hostel accommodation or a period in a rehabilitation service and prior to being allocated long-term housing. The aim of the time in transitional housing was to give residents some space to deal with the issues that may have contributed to their homelessness, support them in acquiring the skills to live independently and ensure that they could sustain a tenancy in the future thus preventing a return to homelessness. Daisyhouse focused exclusively on single adult men and women encountering homelessness with 34 people experiencing the transitional service during the time frame under analysis. In 2013 the service was reduced in size and accommodated only women.

The analysis provides a strong case for continuing to provide transitional housing demonstrating that it creates very high value for residents, staff, inward referral agencies and more generally for society through the impact on government agencies and funders. The impact on the individual residents also indicates that Daisyhouse should consider expanding the service to offer men's accommodation once again since males constitute a greater percentage of homeless adults. This will require significant investment.

The single sex houses and the fact that they were dry was seen as beneficial by residents and referral agencies and Daisyhouse was compared favourably in this regard to other facilities indicating that this is working and should be continued. The research points to a high level of success with residents from addiction programmes. Considering the level of investment that has already been made in these people there is a strong argument for the value for money offered by 'cementing' their recovery. With such a small population it is difficult to be certain of the difference age profiles made but many of those with good outcomes such as getting into education, getting good jobs appeared to be quite young. Further analysis of age profiles and also analysis of those coming from addiction rehabilitation programmes might be useful in helping the Board to decide whether a focus on younger people coming out of care or rehabilitation might be appropriate.

It is clear from the interviews with residents, past and present, that the provision of a place to live is just one piece of the overall jigsaw of services that make a difference. The on-going support that residents received in Daisyhouse played a crucial role in their ability to recover from past trauma and move on in their lives. As well as in-house access to a support worker, the linking in to other services, usually through the advocacy or know how provided by the support worker played a huge part in helping residents to progress.

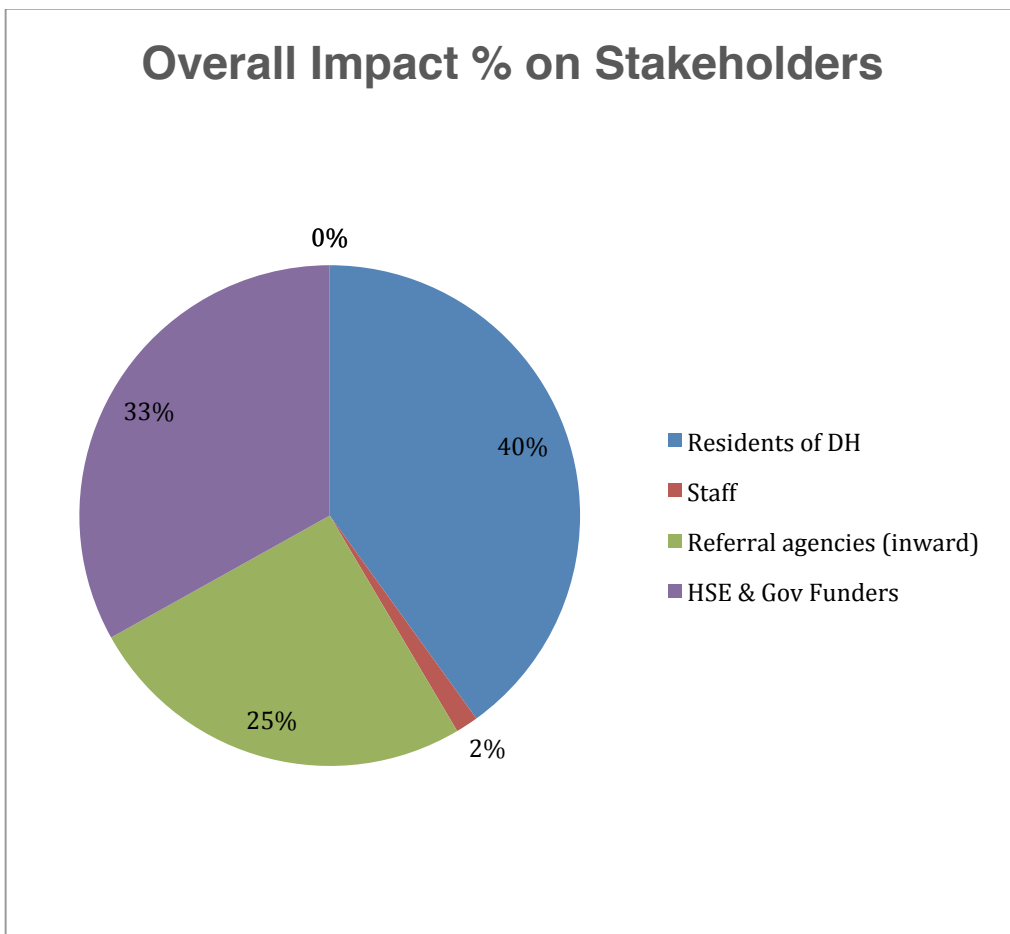
The difficulty of accessing permanent housing means that many Daisyhouse service users are in transitional accommodation far longer than is ideal or planned. This is frustrating for people waiting to get on with their lives and is also blocking people waiting to access the Daisyhouse service and get help. There are no easy answers but maybe the Board needs to consider if they can lobby for action in getting homes for people more quickly or lobby for greater provision of single person housing. In order to assess the level of need in greater detail, it would be useful to attempt to track what happens to people on the waiting list who do not gain places in Daisyhouse.

The findings outlined in this report demonstrate the value of the transitional project and support its continuance and expansion. Information gathered during stakeholder consultation highlighted the effectiveness of the Daisyhouse Transitional service, particularly in providing good quality accommodation and in relation to the Manager's and Support Worker's engagement with service users, inward referral agencies and Community Employment Scheme workers.



The SROI model adopted in this study uses monetary value to represent the social costs and benefits of the Daisyhouse Transitional Service. Comparing this value to the investment required to achieve that impact produces an SROI ratio. The €490,998 invested in the project over the years 2009, 2010 and 2011 generated €5,977,502 of social value (discounting the return by Irish Government advised 4%). This gives a ratio of

12.17:1 indicating that for every €1 invested in the project returned €12.17 of social value. In determining the ratio, values were discounted allowing for a range of factors and assumptions. A sensitivity analysis of this discounting produced a ratio range from 8.61:1 to 22.59:1. Detail of the calculations made to arrive at these ratios appears in Section 5 of this report.





2 OVERVIEW OF DAISYHOUSE HOUSING ASSOCIATION

2.1 History and Structure

Daisyhouse was founded by the late Sr Una McCourtney CSJP (1935-1996). Sr Una was Principal of a School in Washington State, USA for many years before returning to Ireland to work with people experiencing homelessness and women fleeing domestic abuse. With the help of the then Senator, and former President, Mary Robinson and Ita Kelly, a property was found in Dublin 8 and Sr Una opened up a new service for single homeless women. Out of this experience, Daisyhouse was born in 1989.

The Daisy flower was the symbol which Sr Una chose to represent the new service for people experiencing homelessness. The Daisy is symbolic, because being 'rooted' and 'secure', it has potential for continued growth. The centre of the flower, containing daisy seeds, represents the individualism of the people being helped. The petals, reaching outward symbolise the embracing of new possibilities based on a sense of security, a feeling of confidence and recognition of personal dignity and self worth. A former patron of Daisyhouse and personal friend of Sr Una's speaks of how Sr Una was influenced by the Foyer Movement in France that sought to provide support and a development path to people to enable them to live independently.

The service developed into a transitional housing model where service users remained for a defined period of time while receiving support before moving on to permanent accommodation. In 2004 Daisyhouse opened a transitional service for men as well. The focus remained on single adults as they constitute the majority of people dealing with homelessness at approximately 75%. To accommodate those who suffered from a history of substance abuse or mental health problems, the rules of entry were changed. In 2007 Daisyhouse started to provide long term housing as well to single adults in one-bedroomed apartments, mostly located around the Dublin 8 area. As of March 2013 Daisyhouse had 12 long-term one bedroomed apartments.

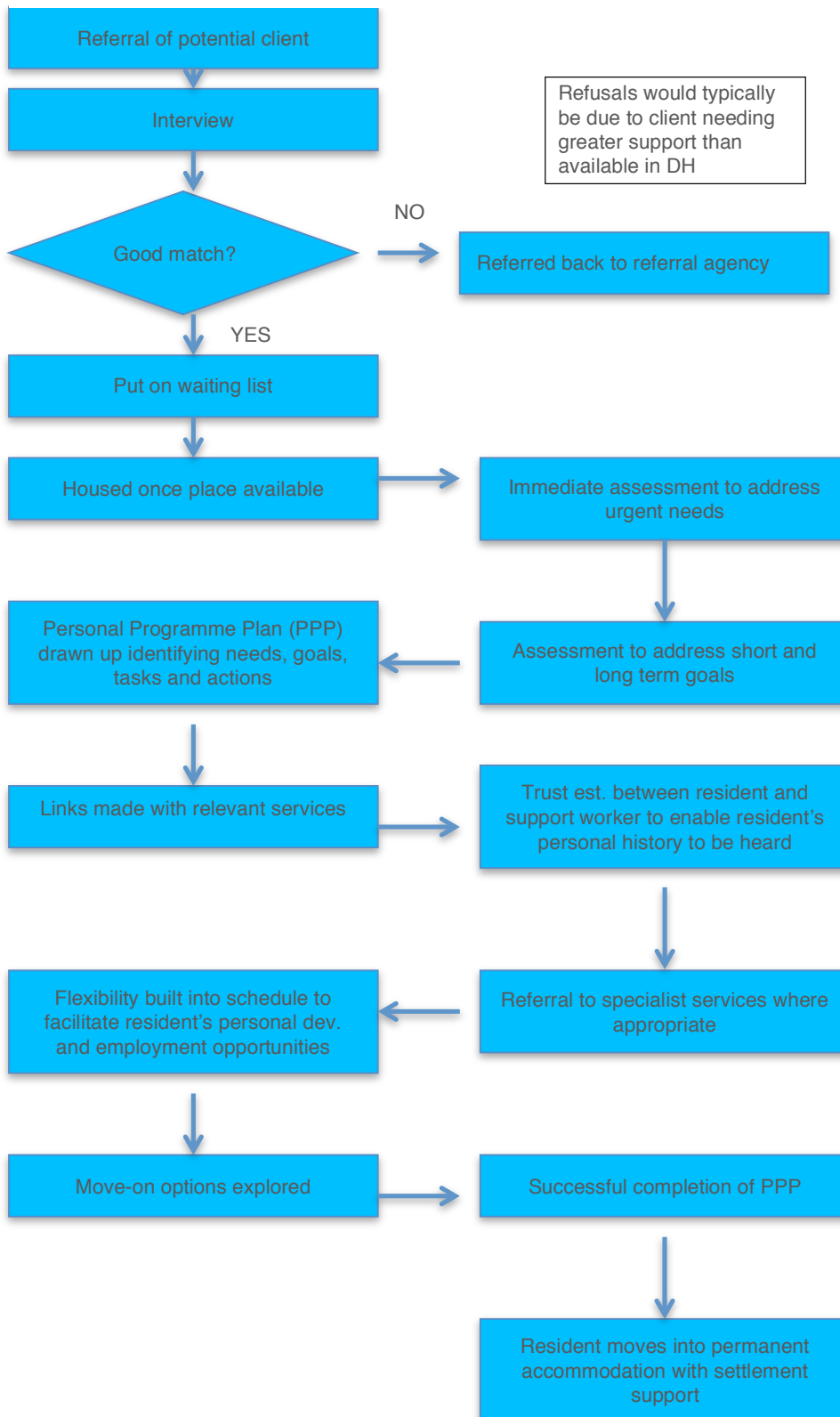
The Association is a company limited by guarantee and registered with charitable status. It defines its service as offering supported housing to single homeless adults with support needs who are motivated towards independent living. A Board of Directors, all serving on a voluntary basis and from a variety of backgrounds e.g. business, finance, legal, public service and marketing, oversees the service. This Board is responsible for the strategic development of the service and governance of the Housing Association.

2.2 Daisyhouse Housing Association Transitional Service

During the period of this analysis Daisyhouse offered 14 units of transitional accommodation to single adults spread across three houses in the South Circular Road area of Dublin. One house contained four self-contained units for men and the offices for the manager, support worker and administration staff. The other two houses contained 10 units for women and a unit to house the volunteer worker who took care of housing maintenance and supervision of Community Employment scheme workers. Five of the 10 women's units were self-contained and the other five shared three bathrooms. The exact locations of the houses are not shared here for security and confidentiality reasons.

Transitional housing was generally provided to clients of homeless services after emergency hostel accommodation or a period in a rehabilitation service and prior to being allocated long-term housing. It was supposed to last no longer than 18 months though in fact often did due to lack of long-term housing for residents to move on to. The aim of the time in transitional housing was to give residents some space to deal with the issues that may have contributed to their homelessness, support them in acquiring the skills to live independently and ensure that they could sustain a tenancy in the future thus preventing a return to homelessness. In some cases the trauma suffered by residents prior to arrival at Daisyhouse would have prevented them moving directly into independent living as they lacked the emotional well-being or life skills to do so. Transitional accommodation provided the space and support to build self-esteem and confidence to enable independent living.

Figure 1 Chain of Events



Daisyhouse's vision is "A Safe Place to Grow" and the mission is "Daisyhouse provides people with a safe place to grow and develop their personal strength and courage to continue again on their journey through life with respect for themselves and for the rights of others".

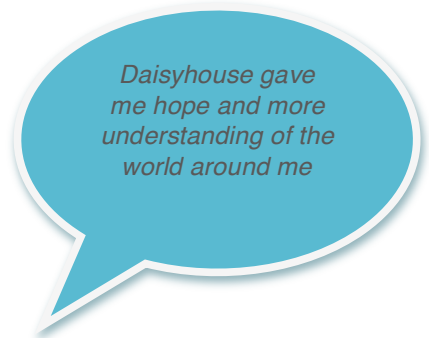
The target group for the service has always been single homeless adults with support needs that can demonstrate the motivation to move towards independent living. The main criteria for applicants were:

- In recovery for at least six months
- No history of violence or abusive behaviour towards others
- No high risk mental health diagnosis e.g. suicide risk or self-harm
- Accepted on homeless list by local authorities i.e. officially homeless, and not with a history of chaotic housing which would prevent them being placed on the housing list in the future

Those with active alcohol or drug addiction problems were not officially accepted (with active deemed to mean consumption or use within the previous 6 months), nor those with significant mental health difficulties, because of limited staff resources. However many of these problems presented themselves while service users were resident in Daisyhouse even if not detected at referral stage. Even if a referral appeared to have medium or high support needs they were not necessarily excluded from the service, but rather a judgment made based on the existing profile of residents already in the service and the capacity to accommodate such an individual. There were a number of service users with active addiction or mental health problems that have been helped by Daisyhouse, many of whom would have had great difficulty accessing any other accommodation.

A formal referral policy was in place with an application form to be completed by any potential applicants as the first stage of the process. A risk assessment was then undertaken of each potential new resident at the first meeting between the applicant, referral agency and keyworker and a decision made as to the individual's suitability for the transitional programme. Suitable candidates went on a waiting list and were offered a place as these became available.

Once housed in Daisyhouse, assessments to address immediate needs, short and long term goals were carried out by the Support Worker. A Personal Programme Plan (PPP) was drawn up with the resident, identifying needs, tasks, goals and actions. This was a key tool in helping the resident live independently in the future and avoid a return to homelessness. The relationship and trust that was built between Support Worker and resident allowed the resident's story to be heard. It also allowed the Support Worker to act as advocate for the resident, ensure they had access to support services such as GP, hospital, counselling etc. and also to ensure that they were actually using the needed services and attending appointments. Having a place to live also made access to services easier to organize. The Support Worker was a valuable guide through the system for residents, supporting them in accessing services and obtaining long-term housing. A diagram of the Chain of Events from Referral to move on into permanent accommodation is on Page 4.



Due to lack of suitable long-term accommodation for single adults, many residents who were capable of independent living remained longer than required in Daisyhouse transitional units. Of the total population of 34 people that experienced the Daisyhouse transitional service in the period 2009 – 2011, only 50% were housed in the planned timeframe of 18 months or less. 26% were in Daisyhouse for between 19 and 24 months and 24% for over two years. 6% of the total were in Daisyhouse transitional housing for more than three years. These figures include residents who entered in the 09 – 11 time period and were still there as of February 2013. All of those still resident in February 2013 had been there in excess of 20 months with one person resident for three years. The fact that it was so difficult to access long term accommodation for existing residents blocked people on the waiting list from obtaining a place quickly. 56 referrals were made 2009 – 2011 for people who did not get a place in Daisyhouse, 31 due to them not matching the criteria and the rest due to a place not being available when they needed it. A rough calculation of average "overstays" would suggest

that eight people were blocked from entering the Daisyhouse service and being helped. There is no way of knowing whether these people were accommodated elsewhere.

This indicates a failure of national policy in addressing homelessness. People who were ready to move on with their lives were prevented from doing so by lack of suitable accommodation. There is potential for individuals to become institutionalised or overly reliant on the Daisyhouse support rather than moving on with their recovery. Others who needed to access the transitional service were blocked from doing so and possibly left in unsuitable emergency accommodation for overly long periods of time. For both those left in the transitional accommodation and those who need it, this represents a potential waste of public money that may lead to poor outcomes.

Table 1 Length of stay for those resident 2009 - 2011

Length of stay in months	Number of residents	Percentage of residents
Less than 18 months	17	50%
19 – 24 months	9	26%
25 – 36 months	6	18%
More than 36 months	2	6%

In 2011 government stopped funding transitional housing services. The thinking is that people encountering homelessness should be housed in long-term accommodation as quickly as possible and that support services to help them address issues and sustain their tenancies be offered on a ‘floating’ basis in their homes. While this is a sound proposition, its success depends on a good supply of long-term housing. The difficulties encountered in accessing long-term housing for transitional residents, as evidenced by the number overstaying outlined in Table 1, demonstrated a lack of available housing in the period 2009 – 2011. As the board of Daisyhouse lacked conviction that there would be sufficient supply in the immediate future they decided to maintain some of their transitional services (10 units for women only) by funding this temporarily from Daisyhouse’s own resources. The board now needs to decide whether they continue to maintain or expand this service and how to fund it if they do. This research assessing the social return on investment for the Transitional Project 2009 – 2011 will feed into their strategic planning. If the board decides to continue to maintain or expand the transitional service this report may also be used as information for potential funders and policy-makers.

2.3 Daisyhouse Housing Association Human Resources

During 2009 – 2011 Daisyhouse Housing Association was run by a manager, a support worker and a resident volunteer maintenance manager (retired August 2012 and not replaced at time of this analysis). Community Employment Scheme participants worked in the areas of administration, housekeeping and maintenance. The Community Employment (CE) programme is designed to help people who are long-term unemployed and other disadvantaged people to get back to work by offering part-time and temporary placements in jobs based within local communities. Some of the people who have taken on CE roles in Daisyhouse were previously residents of the service. Some have moved onto more senior roles.

CE employees work for 19.5 hours per week and there were seven employed in Daisyhouse at any one time during the period under analysis except for a three month period at the end of 2010 when

there were six. When the serving manager left Daisyhouse in the middle of 2010 the senior support worker took on the position of acting manager in addition to support duties and a part-time support worker was hired. These appointments were formalised in 2011 when the acting manager accepted the post of manager and the part-time support worker agreed to further hours. The Manager continued to offer support as required to Daisyhouse residents in long-term accommodation in addition to her managerial duties while the part-time support worker focused on the support needs of those in transitional accommodation. As the Manager and the Support Worker also had responsibility for the long-term accommodation run by Daisyhouse which is out of the scope of this research, the relevant proportion of their time has been allocated to the Transitional Service.

2009 – 2011

Volunteer House Manager – 100% transitional
Seven CE workers (19.5 hours) – 100% transitional


2009 – Mid 2010

Manager – 70% transitional 30% long-term
Support Worker – 70% transitional 30% long-term


Mid 2010 – 2011

Manager – 60% transitional 40% long-term
Support worker – 100% transitional


Based on the working hours of CE workers and the allocation of time to the transitional project a full time equivalent of 6 people worked at any one time over the three year time period. In total 13 CE workers worked in Daisyhouse over this time and 4 people worked in full time roles. One of the Full time workers had also been a CE worker. So over the period of the analysis 16 people experienced working in Daisyhouse. This demonstrates a lean organisation that minimizes staff costs but at the same time offers opportunities for the development of individuals working in the organisation.



The service they provide was brilliant and very professional



The support worker's door is always open whenever you need to talk



Any help that I needed along the way I always received it from the staff

3 CONTEXT OF HOMELESS SERVICES IN IRELAND

3.1 Statutory Responsibility

Health services and local authorities are the lead statutory bodies for addressing homelessness and the needs of people who are homeless in Ireland. The responsibilities of the health services are defined in two pieces of legislation. The Health Act, 1953 imposed a duty on health boards (now Health Service Executive (HSE)) to provide assistance and shelter to people who are homeless, a duty usually performed by Community Welfare Officers. Under the Child Care Act, 1991, health services have a responsibility to provide for the care, welfare and accommodation of children and young people aged under 18 who are homeless.

Under the Housing Act, 1988 local authorities are empowered to respond to homelessness in a number of ways: by housing people who are homeless directly, by funding voluntary and co-operative bodies to house them, by providing advice and information to them, and by providing them with financial assistance to access private rented accommodation. The 1988 Act defines a person as homeless if:

- (a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who resides normally with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of; or
- (b) he is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a)

and he is, in the opinion of the authority, unable to provide accommodation from his own resources. This definition is generally interpreted as including:

- people living in temporary or insecure accommodation;
- people living in emergency bed and breakfast accommodation and hostels or HSE accommodation because they have nowhere else available to them;
- rough sleepers and
- victims of family / domestic violence.

(as outlined by Department of the Environment, Heritage & Local Government 2008 *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008 – 2013*)

But according to O’Sullivan (2008) “the Act only permits local housing authorities to assist the homeless, but does not place an obligation on them to house homeless people”

3.2 Government Policy and Homelessness

Research by Fitzpatrick, Kemp and Klinker (2000) into the causes of single person homelessness in Britain which is cited in *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008 – 2013* reported poor provision of affordable single person housing and rising poverty levels to be key causes of homelessness with additional risk factors such as poor family support, institutional care, poor mental health and addiction issues contributing to the likelihood of homelessness.

In 2006 a report published by the Department of the Taoiseach committed to eliminating long term homelessness by 2010, meaning that, by 2010 no one should be in emergency accommodation longer than six months.



In 2008 the stated vision of government in relation to homelessness was that “From 2010, long term homelessness (i.e. the occupation of emergency accommodation for longer than 6 months) and the need for people to sleep rough will be eliminated throughout Ireland. The risk of a person becoming homeless will be minimised through effective preventative policies and services. When it does occur homelessness will be short term and people who are homeless will be assisted into appropriate long term housing.” (Department of the Environment, Heritage & Local Government 2008 The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008 – 2013)

Six strategic aims were outlined in the report:

1. Prevent homelessness,
2. Eliminate the need to sleep rough,
3. Eliminate long term homelessness,
4. Meet long term housing needs,
5. Ensure effective services for homeless people and
6. Better co-ordinate funding arrangements.

The aim of eliminating long-term homelessness was to be achieved by “the adequate supply of long term housing in each local area to address current and projected needs, adequate community support services for households vulnerable to homelessness, accessible mental health and addiction services and effective interventions by homeless services.” The report also noted the particular need for an adequate supply of housing for single person households in solving and preventing homelessness. The strategy focused on moving people out of homelessness into long term sustainable housing as quickly as possible.

Pathway to Home (2010) outlined a new configuration for homeless services in Dublin with “the emphasis on shifting resources to deliver effective quality homeless services and long-term supports for people in housing.” The implementation of this resulted in the withdrawal of funding for the Daisyhouse transitional service and for other transitional services, since funds were to be redirected to the provision of services and long-term housing with some supported temporary accommodation (STA) for high needs clients. STA was to “provide 24 hour care and support services for homeless people with complex and diverse needs (e.g. mental health, addiction, etc.) in addition to a housing need” (Morgan 2010) for a maximum period of six months.

Homelessness and the Housing Needs Assessment 2011; The revised report for Dublin cites a policy statement on housing from the Department of the Environment, Community and Local Government (DECLG) (2011) which adopts a housing first approach to the issue of homelessness. Such an approach means offering suitable long-term accommodation in the first instance to people who find themselves homeless. It seeks to reduce the need for hostel type accommodation, redirect resources to support and also reduce costs for the Exchequer.

As can be seen from the references to a number of reports there have been repeated intentions since 2006 to eliminate homelessness and to provide long-term accommodation quickly to people encountering homelessness. While the 2011 revised report for Dublin refers to considerable headway being made in the implementation of the Pathway to Home model it also states it is not fully implemented “primarily due to the challenge of accessing adequate and affordable housing provision,



which in turn limits the choices available to persons residing in emergency accommodation, who can depart to live independently with or without support as required.”

3.3 Assessing the Size of the Population of Those Encountering Homelessness

Under the Housing Act, local authorities are responsible for making periodic assessments of the number and type of homeless households in their administrative area though there has been much disagreement regarding both methodology and results obtained. The Dublin Region Homeless Executive (previously the Homeless Agency during 2009 – 2011) states on its website in a piece on Homeless Figures that “Measuring the true extent of homelessness is difficult, partly because people who are homeless move frequently and partly because many of them are, by definition are [sic] hidden.”

The 2008 Counted In Report, which reported on levels of homelessness in the Dublin area found 2,336 adults to be homeless in March 2008. 1,439 (62%) of these adults were single person households though some of the remainder were also single adults with children but whose children were not necessarily living with them. 59% of adults were in emergency accommodation, 17% in transitional, 14% in long-term supported housing, 5% rough sleeping and 6% categorized as other. 68% of homeless adults were male, 32% female.

The 2011 Housing Needs Assessment Report which collates the housing needs assessments done by local authorities found that as of March 2011 there were 2,348 homeless households out of a total 98,318 households in need of social housing support across Ireland. Dublin City Council accounted for 966 (41%), Dun Laoghaire Rathdown 66 (2.8%), Fingal 22 (0.9%) and South Dublin 35 (1.5%) giving a total of 1,089 (46%) for the area from which Daisyhouse would typically take clients. It is reasonable based on past statistical levels to assess in excess of 75% (817) of these as likely to be single person households. However Homeless and the Housing Needs Assessment 2011: The Revised Report for Dublin (2012) which attempted a more detailed calculation of homelessness figures found the known homeless population of Dublin to be 1,891, and that housing need to address homelessness was in excess of 1,500 homes in Sept 2011. A report by the Central Statistics Office (2012) outlining the counts of those encountering homelessness at the time of the 2011 Census found 2,375 people in the Dublin area, 1,590 (67%) males and 785 (33%) females. Out of a total nationwide count of 3,808, 905 (24%) were in family units indicating a single adult homeless population of 2,903 (76%) across Ireland.

The 2012 business plan of the Dublin Region Homeless Executive said that it would: Deliver 900 new tenancies across the Dublin region for households currently residing in emergency accommodation, with the target comprised of:

- 300 Local Authority Social Lettings (includes Leasing & Acquisitions)
- 300 Approved Housing Body (AHB) Social Lettings (includes Leasing & Acquisitions)
- 250 Private Rented (RAS and Rent Supplement)
- 50 De-designated Properties

Figures provided by the Dublin Region Homeless Executive in response to a request via e-mail show that they came close to achieving this target with a total of 879 tenancies but with a much higher reliance on private rented accommodation than planned.

- 208 Local Authority



- 210 Approved Housing Body /Long-term accommodation
- 461 Private Rented

Private rented housing may not be as appropriate as Local Authority or Approved Housing Body accommodation for those who may encounter difficulties in maintaining tenancies. Neither is private rented accommodation always available to social welfare recipients. 879 tenancies fall some way short of the required 1,500+ identified in the Revised Report for 2011. Neither is it clear from the figures how many of the achieved tenancies are for single person households which are needed to address the high proportion of single homeless. This shortfall and the consequential difficulty in securing long-term accommodation cause the overly long stays in Daisyhouse transitional accommodation, which results in an inability to accept new applicants who need to access the service.

4 DAISYHOUSE TRANSITIONAL HOUSING PROJECT: SROI STUDY

4.1 Methodology/ Approach

SROI is an approach to understanding and managing the value of the social, economic and environmental outcomes created by an activity or an organisation – understanding the value of the changes that other people experience as a result of the work that an organisation does. It is based on a set of principles that are applied within a framework. The key principles are:

- Stakeholder involvement
- Understanding change
- Valuing what matters
- Only include what is material
- Do not overclaim
- Be transparent
- Verify the result.

SROI seeks to include the values of people that are often excluded from markets in the same terms as used in markets, that is money, in order to give people a voice in resource allocation decisions. Social Return on Investment (SROI) analysis assigns a monetary value to the social and environmental benefit that has been created by an organisation or a project by identifying indicators of value, which can be allocated a financial proxy. Comparing this value to the investment required to achieve the impact produces an SROI ratio. It takes standard financial measures of economic return a step further by capturing social as well as financial value.

By developing an understanding of the organisation, how it meets its objectives, and how it works with its stakeholders, an organisation can create its own impact map, or impact value chain, which links inputs and outputs through to outcomes and impacts.

The Impact Map records the relationship between the organisation and the changes that it created for the different stakeholders and shows how these changes have been measured and valued. It results in a calculation of the ratio of social value resulting from the investment in the organisation. The Impact Map for the Daisyhouse Transitional Service accompanies this report separately. The methodology followed is outlined in Table 2 on Page 13.

4.2 Scope of the Study

This is an evaluative study of the Daisyhouse Transitional Housing Service from 1st Jan 2009 to 31st Dec 2011. The end date marks the end of the government funding of the transitional service. All government funding which was allocated for the service 2009 – 2011 amounting to 268,145.74 euro has been shown in the impact map though in fact the final tranche of funds of over 24,000 euro was not received until June of 2012. The time frame of three years was chosen to allow for a reasonable population of service users to be included in stakeholder interviews, taking into account the small size of the service at only 14 units. It had also proven difficult to move people out of the service in a timely manner due to the shortage of suitable long-term accommodation thereby reducing the service user population further.

4.3 Study's Author

Gráinne Madden has served on the Board of Daisyhouse since 2003. In her professional life she acts as a consultant and trainer to companies in the area of business ethics and corporate social responsibility and also lectures to post graduate students in this topic. As part of her on-going professional development she became interested in SROI analysis and following training in the subject, offered her time pro bono to the Board of Daisyhouse to carry out this study. Gráinne also works as an Associate doing research work for Gauge in Belfast. Gauge is a social enterprise business which helps organisations to understand, measure and communicate their impact. This

report has been completed under the auspices of Gauge. Gráinne’s connections with Daisyhouse resulted in a particular need for a high awareness of any potential for bias and any possible over-claiming. In the interest of transparency and to provide evidence to support accuracy of valuations, a detailed explanation of the proxies used and the manner in which valuation was established is provided in Table 8 on Page 28. A further level of detail is provided in Appendix B.

Table 2 Methodology

Stage	Summary of Approach
Proposal	Written proposal put to board of Daisyhouse for consideration Sign off of project proposal and scope by Board
Planning	Stakeholder analysis confirmed with Board and the Manager Collection and organisation of data from both published sources and the Manager
Mapping Outcomes	Stakeholder interviews conducted Resident surveys from 2009 reviewed Other data sources checked as a result of completing interviews and Impact Map
Data Analysis and SROI calculations	Findings analysed, SROI calculated, Sensitivity analysis completed
Reporting	Draft report produced and discussed with Board and Manager Final report produced

4.4 Stakeholder Involvement

Stakeholders are defined as people or organisations that affect the activity or experience change, whether positive or negative, as a result of the activity being analysed. In this research we wanted to find out how much value had been created or destroyed and for whom by the Daisyhouse transitional project.

Having drawn up a list of stakeholders, consultation with the Manager and Board led to this list being enlarged. We then narrowed the list down to those who had experienced material change as a result of the activity in order to make the stakeholder involvement relevant and manageable.

The next step was to consider which stakeholders should be consulted. The rationale for inclusion and exclusion is shown in Tables 3 and 4.

Table 3 Stakeholders Included in Consultation

Stakeholder	Sub-groups	What we think changes for them	Reason for inclusion
Residents of DH		Become more confident and independent Gain insight into issues and are able to deal with them more effectively Access support services more easily Get away from damaging or dangerous situations May find rules onerous May not like location of properties	Group that is expected to gain the most benefit from the service

Stakeholder	Sub-groups	What we think changes for them	Reason for inclusion
Staff	Manager/ Support Worker	Hopefully fulfilled by work Gain income Gain experience	Employed by Daisyhouse
	Housekeeper/ maintenance supervisor	Fulfilled by work	Volunteered in service and lived in Daisyhouse property
	CE workers (Some may also be ex service users of the transitional service)	Gain experience which may help them in finding permanent work	Work in the service through the community employment scheme
Referral agencies Inward referrals	E.g. Coolmine Therapeutic Community, HSE Integration & Rehabilitation, Migrants Rights Centre of Ireland, Tallaght Rehabilitation Project	Move people on from their service Frustration at no spaces being available The Daisyhouse service should help cement the value of their input e.g. drug user moving from rehab may be more successful in remaining drug free	Move their service users into Daisyhouse transitional service
Referral agencies Outward referrals (see also excluded list)	Housing Associations with long term accommodation and Dublin City Council	Ex Daisyhouse residents should be better tenants and cause fewer problems	They take service users from Daisyhouse into long-term housing.
Board members		Feel good about their volunteering Gain useful experience and learn from colleagues and actions they engage in Frustrated by time they give up and inaction or barriers	Volunteer their time to provide strategic direction, support and governance

Table 4 Stakeholders Excluded from Consultation

Stakeholder	Sub-groups	What we think changes for them	Reason for Exclusion
Family and friends of service users		Hopefully feel good about the outcomes for their loved ones May feel that Daisyhouse causes them to be excluded	Drawing conclusions considered unsafe since it was anticipated that very small numbers if any would be available for consultation
Funders	Homeless Agency (now Dublin Region Homeless Executive)	ROI - Happy or unhappy with service provided	Unlikely that any individual has the insight into Daisyhouse services to comment on what changed for them

Stakeholder	Sub-groups	What we think changes for them	Reason for Exclusion
Small Grant Programmes	E.g. Sustainable Energy Ireland, Electric Aid	Funding a Daisyhouse project helps meet the aims of their fund	Very small grants have been awarded and unlikely that grant makers have any detailed insight
Health Service Executive (HSE)		Service users in Daisyhouse may make greater demands of HSE services through knowing more about their entitlements and having someone act as an advocate for them.	It is unlikely that there will be anyone available from the HSE who would have detailed knowledge of the Daisyhouse service. The impact and cost of the services provided is better assessed through interviews with service users and Daisyhouse support workers
Dept. of Social Protection		Provide social benefit payments for service users such as unemployment benefit, special grants, housing subsidies. Also provide benefits for CE workers	It is unlikely that there will be anyone available from the Dept. with detailed knowledge of the Daisyhouse service. While the provision of an advocacy service to some Daisyhouse residents may mean that additional benefit entitlements are claimed this is unlikely to be material considering the small size of the project
Other homeless services providers		Offer complementary services so may combine with Daisyhouse to complete the service offering Compete for funding Transitional maybe seen as diluting the funds available	Nothing substantial changes for them as a result of the Daisyhouse transitional service due to its small scale and it is unlikely that any individual agency could establish changes caused to them by Daisyhouse
Neighbours		Potential negative affects could include property values diminished or suffering effects of chaotic behaviour by service users or those connected to them	Very few issues are on record that impacted neighbours and therefore their inclusion is not considered material. In addition there are confidentiality issues, which make the interviewing of neighbours problematic
Volunteer fundraisers		Organised church gate collections and some other events	Very little fundraising was done and difficult to track down those that did during this time period Residents and employees did much of the fundraising that did occur



4.5 The Theory of Change

The theory of change is a description of the relationship between inputs, outputs and outcomes for a particular group. This section describes the theory of change for each stakeholder group, based on the outcomes that stakeholders reported experiencing as a result of the Daisyhouse transitional project and on analysis of any other relevant data. It looks at the impact or change created by the Transitional project for Residents, Staff, Board Members, Inward Referral Agencies, Outward Referral Agencies, Funders and the HSE.

4.6 Residents

Residents from the period 2009-11 were invited to participate by the Manager and a short introductory note passed to them explaining the aims of the project (Appendix A). The manager returned a list of those who agreed to participate with phone numbers to make contact. Some people were still resident in the Daisyhouse transitional service, others had moved on into long-term accommodation. Eight people were interviewed. Three interviews were conducted face to face and the remaining five by telephone. Although each person had a unique story to tell the outcomes reported were consistent. The results of an anonymous written survey of transitional residents conducted in 2009 were also reviewed.

There is a likelihood of self-selection bias in the sample of those who agreed to be interviewed as it is to be expected that people with better outcomes might be more willing to discuss their experience. In order to establish if this was the case and make adequate provision for it in the Impact Map, the Manager supplied a full anonymised list of all those who had used the service in the time period and their outcomes. 34 people had been resident in the transitional service at some point in the period 2009 – 2011. Of this number 23 had started their tenancies between 2009-11 and six of this group were still resident in the transitional service in February 2013 at the time of the stakeholder consultation. 16 had moved on to various types of long-term accommodation and one had been asked to leave the service due to anti-social behaviour which broke the rules of Daisyhouse.

23 people is a small population so in order to broaden the population and avoid over claiming we looked at outcomes for the broader population who had experienced the service in 2009-2011. Of these 34 people, 11 of whom commenced their licences prior to 2009, a total of five residents would be considered by support staff to have had less positive outcomes. Two of these are back in emergency accommodation, two went to live in a family unit and the whereabouts of one is unknown.

An effort has always been made to keep in contact with Daisyhouse residents after they move on. In some cases they move on into Daisyhouse long-term properties. Some have taken up work in Community Employment Schemes in Daisyhouse and some do a little volunteer fundraising. This ongoing sense of connection is something that was highly apparent in interviews with ex-residents. Until 2007 no one who had gone through the Daisyhouse transitional programme was known to have returned to homelessness. From 2004, Daisyhouse actively accepted higher support needs clients into the transitional programme so it was also to be expected that this may result in slightly less successful outcomes as clients with very complex needs may not ever be able to live completely independently.


4.7 What changed for Residents?

Daisyhouse was described by a number of service users as a 'safe place' in which they had space to recover from traumatic events or come to terms with a new phase in their life, maybe one in which they had to sever old ties. "Safe", "secure", "lovely atmosphere" were phrases heard consistently during all interviews.

Having a space of their own "where I could close the door" was also reported as a benefit that allowed them quiet time, especially for those who came from emergency accommodation or from shared house treatment centres where there was far less privacy. It was generally liked that residents did not disturb each other but could visit each other and some did report making good friends with other

residents. Family and friends could also visit privately even if the space was a bit tight. Structure was also mentioned a number of times as being valuable and adding to the feeling of being in a safe place. People spoke about the rules helping to make it feel safe. The programme was described as offering a high level of independence but still safe in that there was someone to check up on you.

The easy access to compassionate support was frequently mentioned as something very important. People who had been resident in Daisyhouse said that having people who checked in on you but also



It's my home and I love it, and it's all down to Daisyhouse, for which I'm forever grateful

respected your privacy was very helpful and it was often said that support workers seemed to detect when people were down and needed to talk. The small size of the service was perceived as a benefit as it created a more family type atmosphere with everyone co-operating and being friendly and there was continuity with the support workers. This was compared favourably to larger projects where people reported a rotation of support workers who didn't know them and with whom it was therefore difficult to build a relationship. The support workers were also praised for the practical support they offered, linking residents in with other services such as GP, counselling and addiction services. There were descriptions of support workers helping people with paperwork and formalities,

helping them access benefits they were entitled to and supporting people through difficult experiences such as attending court. A few people described Daisyhouse as their family.

Many talked about increased self-esteem, which was evidenced by better self-care, more attention to their appearance and cooking proper meals for themselves. All talked about the life skills Daisyhouse helped them gain or regain. Examples heard frequently were managing budgets and paying rent, being responsible for their own space, doing their own food shopping and cooking.

All mentioned gaining confidence, which was evidenced by them participating in social activities, building new friendships and relationships (or re-establishing some old ones), fundraising for Daisyhouse, helping with local community groups or volunteer activity or applying for college or a job. Many returned to education, either going back to courses started at an earlier stage but dropped or commencing new courses. There were frequent mentions of how the support workers had helped with college application forms or with applications for grants towards equipment or registration fees. People interviewed doubted that they would have studied without that support. Those that were now employed expressed pride that they were paying tax and contributing to society. People commonly talked about enjoying their new place once they were housed in long-term accommodation or looking forward to getting their own place (if still waiting), which they saw as indicative of progress in their lives.

Many came from other services such as refuges or addiction treatment so Daisyhouse was part of the jigsaw of services that made a difference. However it was commonly said that without the Daisyhouse intervention, which acted as a halfway between full support and independent living, they felt they would have been in danger of reverting to the previous damaging behaviour or situation. The boundaries supplied by house rules and the knowledge that there were people keeping an eye out were seen as useful for keeping individuals on track with their recovery. When asked to estimate the credit that should be allocated to Daisyhouse for their progress, people who came from addiction services said between 35 – 60%, which seems high considering the impact one would expect an addiction rehabilitation service to have on an individual. Being in a drug and alcohol free environment was seen as very important to their recovery with people commenting how difficult it would have been to stay substance free without that regime and also saying that living in Daisyhouse gave them the belief in themselves to maintain sobriety once they went to live alone. The isolation of going straight to fully independent living was described as being potentially problematic by some of those who came from addiction programmes.

A lot of acknowledgement was made of the effort made by support workers to secure long-term housing. A few reported friends in other services being told their time was up and that they had to leave whether or not they had secured long-term housing. While this is anecdotal it was corroborated in interviews with people referring clients to Daisyhouse.

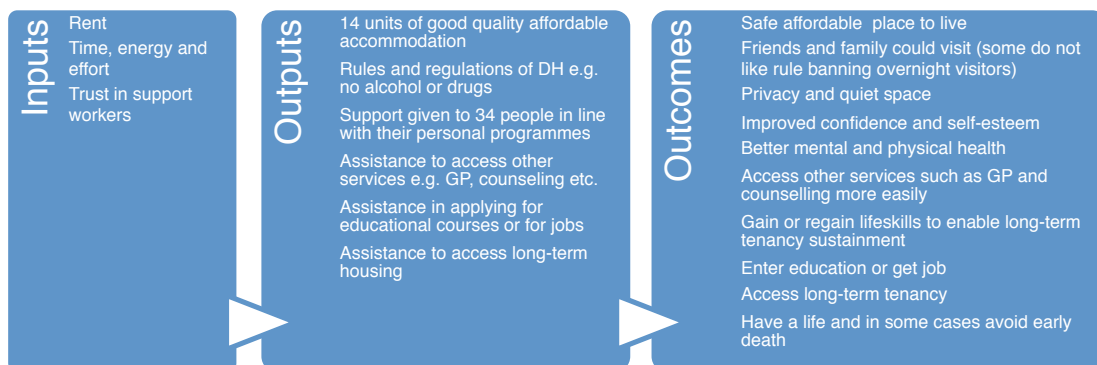
Residents and ex-residents did not offer any negative outcomes or dislikes. Since people were extremely honest about their life experiences and the issues they faced there is no reason to believe that they were hiding things they disliked during the interviews or painting a rosy picture. When pushed for negatives about their experience of Daisyhouse many reported not liking the rule banning friends or family from staying over. They found it a bit embarrassing having to ask friends to leave by 11pm or frustrating not being able to have family members to stay. However it was also commonly reported that they understood the reasons for the rule and that it made sense and some actively liked the rule as they felt it contributed to the safe atmosphere. No-one reporting frustration or embarrassment about the 11pm curfew suggested that it damaged relationships with friends or family or prevented such relationships being re-established. It was reported as an annoyance that was outweighed by the sound reasons for having the rule.

Long waiting time to get into Daisyhouse was a problem for some and also the waiting time to access long-term housing. It was clear that some people were waiting months for long-term housing even after they were ready to live fully independently. This was frustrating for the individuals who wanted to move on with their lives but it is also problematic in that it prevented other people on the waiting list accessing a place in Daisyhouse. For some the accommodation in Daisyhouse was a little small and confined. This was linked to the overly long stays already referred to due to lack of move-on accommodation and the fact that the transitional units were not intended to be long stay living accommodation.



When asked what the alternative to Daisyhouse transitional had been for them nearly all said they didn't think there really had been one other than the street. Obviously this is quite subjective and difficult to prove but when pushed people did say they had already been waiting a while, in some cases without any alternative offer or that they might have got a place somewhere where 'they chuck you out after a few months whether you're ready or not'. The hospitality of family and friends had in many cases already been worn out or relationships with family and friends had broken down completely due to circumstances. People reported that there was nothing decent on offer for the rent allowance they received on benefit and that all they could have got was a horrible bedsit. Such accommodation was perceived as being especially risky by those coming from addiction treatment as they felt it would have led to them abusing drugs again at a time when they were vulnerable. Some said that they felt they could be dead now without the Daisyhouse service. So although an estimate of between 35-60 % credit was given to Daisyhouse as part of the jigsaw of services accessed by the individuals, many of these also said that without the Daisyhouse element they would have a 90% chance of return to substance abuse or not surviving.

Having identified outcomes for residents the client analysis supplied by the manager was reviewed in order to ascertain the number of residents who could be seen to have experienced the outcomes reported in the interviews. In this way the number of residents assumed to have experienced a particular outcome was extrapolated from the interviews that were conducted.



4.7.1 Case Study 1: Tom*

Prior to my stay at Daisy House, I was sharing a recovery house with two other recovering addicts. Just a little about me, I spent 23 years in addiction, I was an IV [injecting] user. And my life wasn't very delightful, actually it's very sad in the sense, as I used a chemical to get by every day. I eventually came to my senses with a rock bottom of course and one of many to be exact.

And to be honest I didn't even know I was going to recover because of all my attempts which was many. I got clean at 37 years of age and didn't know how to live life and be responsible but I soon learned through the help of a 12 step programme, thank god. For which I'm very grateful for and the people in that programme.

As I said I was sharing a house with two others and that came to an end, for other reasons. Which left me homeless? And I had to become responsible and seek accommodation somewhere.

I had made enquiries and got feedback about Daisyhouse. I discussed it with my key worker and we put it on my care-plan for us to make a referral. That was successful and I got an interview with Colette the manager and another staff member along with my key worker.

I phoned up regularly and made it my business to let them know I was committed and very eager to access their service. After a long wait I eventually was accepted into daisy house. As there was a long waiting list.

I spent 18 months there and I have to say it did me the world of good. The service they provide was brilliant and very professional. I had to check in with a key worker once a week and there I got my needs met to the best of their ability. Bills were manageable, and rent was very reasonable.

Any help that I needed along the way I always received it from the staff, i.e. CVs, phone calls, prep for interviews, money management, and any other issues that came my way while I was there. I eventually got housed in a beautiful apartment, and am to this day still living there. It's my home and I love it, and it's all down to Daisyhouse, for which I'm forever grateful to and the support they provided for me. I live a very different lifestyle now and I am a productive member of society with a full time job.

*Name has been changed

4.7.2 Case Study 2: Clara*

When I came to Daisyhouse all I thought I needed was somewhere to sleep so I could continue to go to college and make something of myself.

I got so much more than I expected. I found the care and understanding of the staff so warm and safe. I met Sr Mary, a nun who showed my unconditional respect and love. When I lost someone very dear to me, Sr Mary stepped in and cared for me like a mother would. In my life I had never experienced anyone who cared for me without expecting anything in return. In my past life love always came at a cost. Because of her support, I want to do what is right. And to keep out of trouble no matter how hard it is. I know she will always be a huge part of my life and whenever I need guidance I will remember what she taught me and that is to be true to myself so that I can be true to others.

The support worker's door is always open whenever you need to talk. When different problems arose for me and I knew I did not want to deal with them in the old way of getting angry and exploding, I was able to sit down and talk them out with my support worker. I began to learn a better way of looking at things and dealing with them. I learned from her that the answer is always within me. She never told me the answer and encouraged me to find it out for myself. In the beginning this was hard but now as I talk with her, I realize that I do know the answers. This will last me for a lifetime. Without the

support it would have been very easy for me to slip back to the old destructive and negative ways of dealing with my life.

Daisyhouse gave me hope and more understanding of the world around me. I learned that everyone is not out to get me. I learned that other people's anger or how they might treat me is not always my responsibility. I don't have to react to everyone else's behaviour and I can walk away and it does not mean that I'm weak or a coward. This was a huge thing for me as in my previous life, to walk away would have meant that I was afraid. Now I know that what other people think of me does not really matter and the majority of the time it is not important at all. If I have treated them with respect then I have the right to expect it in return.

The Manager is never too busy to help in any way that she can. Even though I have moved out to my own apartment, I'm so happy to know that Daisyhouse is always there and I'm still a part of it. I receive ongoing support which is very important to help me stay afloat.

I was homeless for four years before coming to Daisyhouse. Sleeping sometimes in friend's houses and sometimes in an old van.

*Name has been changed



4.8 What Changed for Staff?

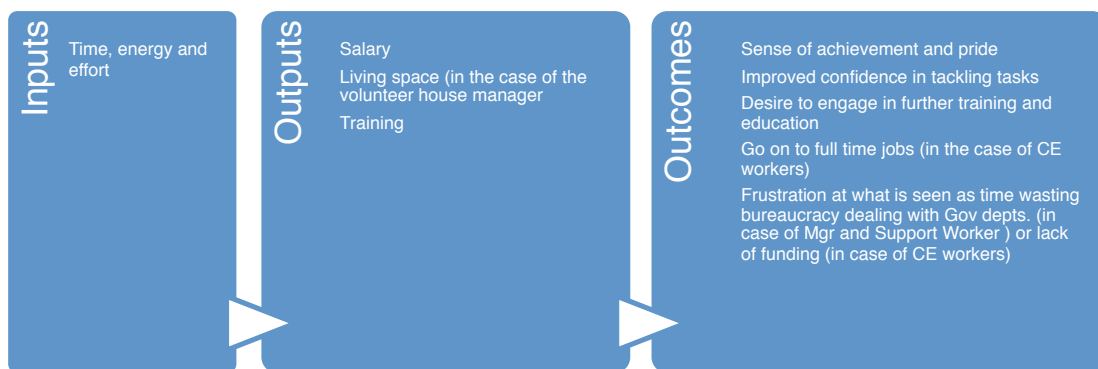
Staff includes the Manager (previously Support Worker) who continued doing some support work after appointment as Manager, the Support Worker who previously worked in administration, the volunteer House Manager and the Community Employment scheme workers. Although this encompasses a wide range of different tasks and responsibilities, all five people interviewed reported a keen sense of satisfaction from their work and a feeling that what they did helped to make a big difference.

For reasons of confidentiality, staff has not been split into separate groupings here but in fact the changes experienced were for the most part shared even when engaged in quite different activities. The enhanced procedures and clearer structures set in place from 2007 on enabled staff to achieve more. The small size, friendly atmosphere and the ethos of the organisation was a benefit for all which made Daisyhouse a nice place to work but also led to a sense of achievement as it was perceived as helping ensure better outcomes for residents. The small size of the project meant that the outcomes for residents were obvious to staff and this was compared favourably to other potential workplaces which would be much bigger. People liked the sense of being part of a team with a common purpose but also valued the degree of autonomy they had in getting the job done.

Staff in all roles also talked about the learning they had achieved from tackling tasks which were often well outside their comfort zones. People said they had tried things they would not otherwise have done. This led to increased confidence in their abilities, skills development and personal development and a willingness to take on further challenges. In some cases their work had also led to them engaging in further training and education. For some this had led in turn to taking on volunteer activity ranging from helping out friends to more formal volunteering such as teaching.

Staff members were asked what else they might have done if not working in Daisyhouse and it was clear that there were some alternatives but all had reasons for preferring Daisyhouse as a workplace. This was related to the sense of achievement gained and the small size leading to a friendly team but with some autonomy as well. Community Employment Scheme workers reported a pride in working for the benefits they received in roles that made a significant contribution.

The Manager and Support Worker both referred to their frustration about the time spent trying to access other services, social welfare benefits and long-term accommodation for residents. They estimated between 30 – 40% of their time had been taken up with this and could have been used more productively if services were easier to access. Those involved in building maintenance found the reduced public funding for tools and improvements frustrating. These frustrations were as a result of Government policy and funding rather than issues created by the Daisyhouse service and so have not been included in the Impact Map. For some but by no means all there was a need to be wary of getting overloaded with work and/or others' problems.



4.9 What Changed for Board Members?

Seven individuals served as Board members 2009 – 2011, six serving at any one time. Three were interviewed. Board members who were interviewed expressed a sense of fulfilment at being part of something that they felt made a difference and satisfaction at completing tasks and dealing with problems. They reported the time and energy demanded of this voluntary post as being quite onerous especially during 2011 when negotiations were in play with various agencies in advance of changes to funding. Estimates varied from 4-6 hours per month (48 – 72 hours per year) to as high as 100 hours per year, which depended on their role and on their involvement in the 2011 negotiations. Their Board responsibilities took time that might otherwise have been given over to hobbies and family. However they reported learning a substantial amount from being pushed to do things they may not otherwise have done and getting out of their comfort zone and that this contributed to their own development. Even the frustrations and problems were seen as instructive. They reported an enjoyment of the openness of Board interactions and the good teamwork.

Having established the inputs and outcomes for Board members it was agreed with the Board that these are not material in terms of the assessing the SROI for Daisyhouse and so have not been included on the Impact Map.

4.10 What Changed for Inward Referral Agencies?

Apart from one single referral where the process had not gone smoothly, the referral process and ensuing communication was seen as straightforward and much easier than many other places. Daisyhouse staff members were described as “brilliant”, “responsive”, “client centered”, “courteous”, “sensitive to client needs”. They were regarded as offering great support and managing clients well.

The support was seen as reinforcing the work done by other services such as detox and rehabilitation. Such support was also seen as critical for some clients who had never lived independently before or were for various reasons especially vulnerable. Referral agencies liked that it was small and there was consistency in support workers who got to know the clients. Examples were given of other places where clients had constant changes in support workers and trust could not build up. Overall, referral agencies knew clients would be well supported leading to better outcomes.

The Daisyhouse model was described as excellent and offering housing which was closer to independent living than many alternatives which were overly institutional or lacking in privacy and chaotic. The Daisyhouse transitional service was described as a good way of trialling clients in independent living in a safe and respectful manner. The single sex houses offered by Daisyhouse were also seen as beneficial for some very vulnerable clients who would have found the mixed facilities in other services overly challenging.



Daisyhouse was seen as having offered a safe private space for clients to focus on their recovery and therefore more likely to be successful. Not all needed it but for those that did it meant they were far less likely to relapse and return to homelessness. Daisyhouse being dry was seen as very beneficial. Alternatives following rehabilitation, such as private rented house shares where others were drinking were described as too stressful for clients and likely to lead to negative outcomes. Another referral service described people being sent to unsuitable accommodation such as bed and breakfast facilities leading to them getting caught up in homelessness again. There was

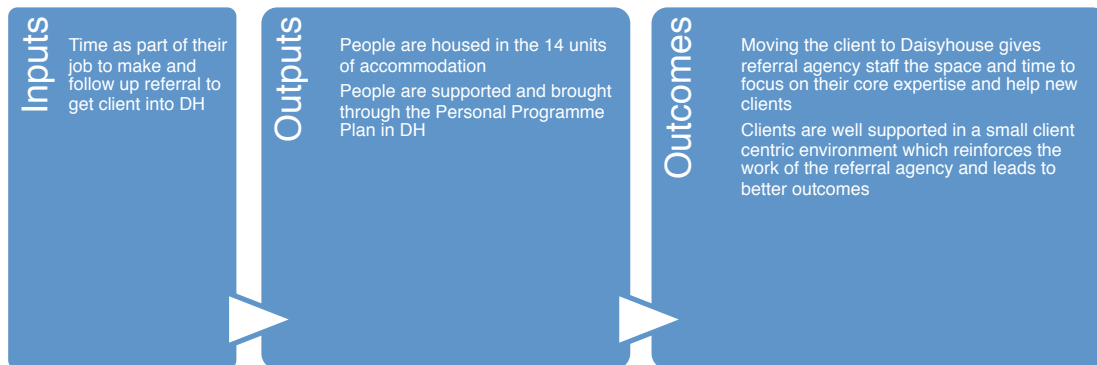
frustration at the high cost involved in detox and rehabilitation of an individual as well as the individual’s investment in terms of time and determination, which was often followed by them being put into a hostel where they were surrounded by drugs and alcohol, and understandably at risk. The risk of returning to drug abuse in such a situation was estimated to be as high as 90%. This is supported by a 2009 Special Report into drug addiction and treatment by the Comptroller and Auditor General which states that, “Homeless misusers in receipt of treatment, or who have completed treatment and want to remain drug-free should ideally be accommodated separately from those who are still misusing drugs. Being required to share accommodation with misusers may put additional pressure on them to relapse.”

Equally the safe private space was seen as beneficial for clients with mental health issues. The good support in Daisyhouse meant that any problems (such as a client not taking medication) tended to be spotted early before they had mushroomed meaning intervention was more successful. This led to fewer hospital admissions or shorter ones when they occurred. Such support also lessened the load on caseworkers who said they did not need to check in so often with clients and could give their time to other clients.

Over the period of the evaluation there was an increasing dearth of alternatives for referral agencies as transitional housing was reduced. Examples were given of people being moved out of Supported Temporary Accommodation after the allocated six months whether they were ready or not or in some cases being moved out for a week so that they could start a six month cycle again. This was described as extremely disruptive and having a very negative impact on the clients concerned.

A big advantage for referrers was that they could get on with offering services to other clients rather than trying to do things outside their area of expertise such as accessing mental health services or trying to find long-term accommodation. They wished there was more capacity in Daisyhouse as it would reduce time-wasting on non-core work for them and they could also be safe in the knowledge that clients were getting an excellent service with the likelihood of good outcomes.

Negatives for referrers were the length of time it could take to get clients into Daisyhouse and also that some clients ended up spending too long in Daisyhouse which could create frustration for people but all understood that both these difficulties were created by a lack of long-term accommodation.



4.11 What Changed for Outward Referral Agencies?

Due to the small size of the Daisyhouse service it is almost impossible for outward referral agencies to know specifically which clients are from Daisyhouse or if they do, for them to form a big enough group in the large number of tenants that outward referral agencies deal with from which to draw any meaningful data. For example a housing association may have hundreds of homes but only two or three ex Daisyhouse residents. Two Housing Association managers were interviewed and an Allocations Officer for Dublin City Council. All were able to say that they had no recollection of any problems with ex Daisyhouse residents and one went as far as to describe ex Daisyhouse residents as ‘immaculate’ in terms of their ability to maintain a tenancy with no anti-social behaviour problems or rent arrears.

Most tenancies were reported to be working well but Housing Association managers did feel that where problems occurred they were more likely to be with people who had not come from a supported housing environment. Typical problem tenants would be single men with little to do who are drinking at home during the day and people with mental health issues. This creates problems ranging from anti-social behaviour such as parties and drinking to the worst-case scenario of suicide. Eviction levels are at only about 1% or less. Housing Association staff spend time outside their remit checking in on more troubled tenants and there was a feeling that earlier appropriate intervention by agencies would be valuable in helping tenants maintain a tenancy and preventing a return to homelessness. Most (approx. 90%) Dublin City Council tenants coming from homeless services are persuaded to sign up for the Support to Live Independently (SLI) service run by the Dublin Simon Community. This appears to be available only to those in Local Authority Housing. It might be useful to engage in further research into the benefits of providing similar support and intervention services to those placed with Housing Associations.

While it would appear from the interviews that the Daisyhouse transitional service did have a beneficial impact on outward referral agencies the lack of meaningful data makes it impossible to account for this on the Impact Map.

4.12 What Changed for Funders?

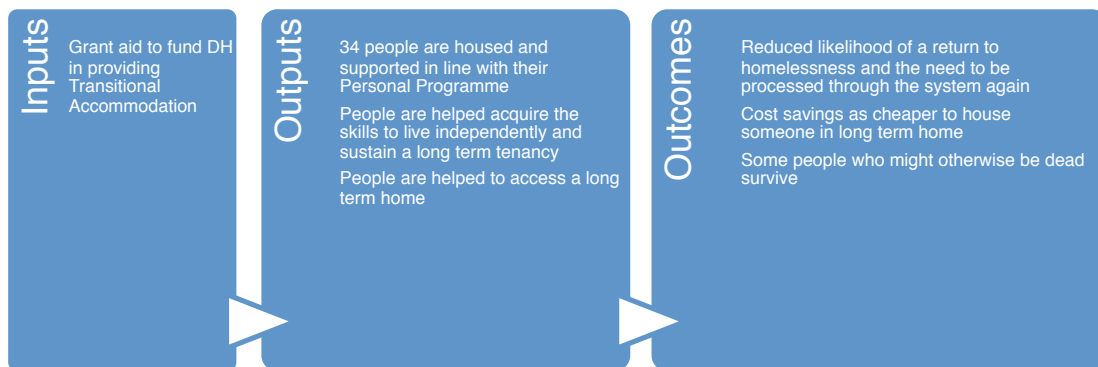
Government funding for the Daisyhouse transitional service came via the Homeless Agency (since reorganized and renamed The Dublin Region Homeless Executive). The funding came from the Department of the Environment (via Dublin City Council) and the Health Service Executive (HSE). A total of €268145.74 was paid to fund the service in the time under analysis.

It was deemed impractical to engage the Homeless Agency in consultation for the purposes of this research as no one individual would be in a position to evaluate the specific role played by Daisyhouse in achieving their aims. However the 2009 – 2011 quarterly reports filled out by Daisyhouse management for the Homeless Agency on a template supplied by the Homeless Agency give some insight into their aims and expectations. There were four sections: Finances, Service Activity, Outcomes for Service Users, Gaps and Blocks. The Finances section looked for detail of the income and expenditure of the service indicating a check on the appropriateness of the service as a recipient and how money was being spent. The Service Activity section looked at the capacity and availability of the service and details about the number and profile of service users or contacts hoping to use the service. This gave insight into the value for money offered by the service and also the numbers of people needing the service and the kinds of supports they were being offered. The Outcomes for Service Users section looked for detail on where service users had come from (e.g. sleeping rough, prison, homeless temporary accommodation etc.) and where they went to after leaving. It also asked for information on appropriate service supports for service users. This indicates an aim of service users having a better outcome and a desire to understand the supports that are most needed to plan for the future. The Gaps and Blocks section requested agencies receiving funding to identify any systemic issues that were preventing service users from accessing services they needed, presumably in an attempt to resolve them. From all this we can infer that the Homeless Agency’s aim was to house people and prevent a return to homeless services and emergency accommodation.

As well as the obvious social desirability of people being settled in long term homes, there is a financial benefit for funding agencies as it is considerably cheaper than keeping service users in emergency accommodation. Research by the housing charity Threshold (2011) demonstrates a saving of approximately €18K per annum by housing someone in private rented accommodation with support compared to housing someone in emergency accommodation.

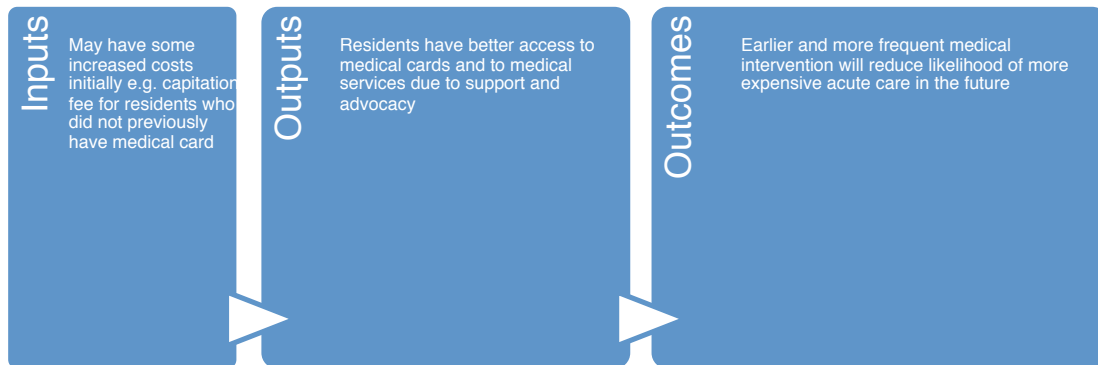


As stated previously some residents believed that without the Daisyhouse intervention they might now have been dead either through suicide or substance abuse. There is a value to society of avoidance of suicide or early death. Funding bodies are in this case representatives of the State and so some of this value of avoidance of suicide or early death has been shown as a benefit to funders on the Impact Map.



4.13 What Changed for the HSE?

As with the Homeless Agency, nobody in the HSE could be expected to know about the impact of a small service such as Daisyhouse so it was not deemed appropriate to attempt to engage them in consultation. The immediate change that would be expected to have impacted the HSE was the additional cost for increased access to health services by people who now had an address and also someone to help and advise them on the services they needed and were entitled to. The benefit to the HSE should be future savings on acute care due to earlier intervention.



5 SROI STUDY: CALCULATIONS AND RESULTS

5.1 Impact Map: Inputs, Outputs and Outcomes

The presentation of any programme or organisation’s inputs, outputs and outcomes, illustrating the causal links between them, is referred to as an ‘impact map’. It helps an organisation to develop its theory of change by providing a framework for a better understanding of how its actions create and instigate change. The Impact Map for the Daisyhouse Transitional Service accompanies this report separately.

The key inputs into the project and their valuations are summarized in Table 5.

Table 5 Stakeholder Inputs

Stakeholder	Inputs	Investment (€)
Residents	Rent	€168,621
	Time, energy and effort	€0
	Trust in support workers	€0
Staff	Time, energy and effort	€52,626 ¹
Referral Agencies (Inward)	Time as part of their job to make and follow up referral to get client into DH	€0
HSE	Capitation fee for some residents who did not have medical card entitlement previously	€1,595
Funders	Funding	€268,145.74
Total		€490,987.74

The outputs of the Daisyhouse Transitional project are outlined in Table 6.

Table 6 Project Outputs

DH Transitional Project Outputs
Provision of 14 good quality affordable living units
Private living units
Support offered to 34 residents in line with their personal programme
Support workers assist residents in developing their confidence
Support workers assist residents in accessing other services
Support workers assist residents in developing life skills
Support workers assist residents in applying for education programmes or for jobs

¹ Only the value of the volunteer House Manager’s time calculated at minimum wage over three years has been included here. Salary for paid staff cancels out the valuation of their time. Further information in Appendix B

DH Transitional Project Outputs
Support workers assist residents in securing a long term home
Support given to residents through key worker support, running the service, keeping buildings clean and well maintained
13 people worked as CE workers in DH in admin, housekeeping and maintenance
Formal staff training paid for by DH €5347 over 3 yrs plus on the job training and free seminars

The key outcomes as informed by the respective stakeholders from this SROI analysis are summarised in Table 7.

Table 7 Stakeholder Outcomes

	Stakeholder	Outcome
1.1	Residents	Safe affordable place to live with a secure tenancy once rules are kept
1.2		Somewhere to entertain friends and family
1.3		Able to shut the door and have a quiet space to themselves
1.4		Better health both physical and mental including those coming from Rehab programmes who report remaining substance free
1.5		Some residents reported that they thought they might now be dead without DH
1.6		More confident evidenced by them looking after themselves better, avoiding damaging behaviour and engaging in social activities
1.7		Able to access services such as GP, counselling, mental health specialists and occupational therapy more easily
1.8		Residents get a long term tenancy which they can sustain due to acquiring lifeskills such as budgeting, cooking, cleaning
1.9		Get onto education programme or get a job
1.10		Get a long term home
2.1	Staff	All reported feeling a keen sense of achievement, enjoyed the sense of autonomy in their work and reported greater confidence in tackling even challenging tasks
2.2		Some CE workers went on to permanent employment or further education or both
2.3		People took up additional courses and enrolled in education while in DH employment improving their skills
3.1	Referral Agencies (Inward)	Moving the client to Daisyhouse gives referral agency the space and time to focus on their core expertise and help new clients
3.2		Clients are well supported in a small client centric environment which reinforces the work of the referral agency and leads to better outcomes
4.1	HSE & Government Funders	Earlier and more frequent medical intervention will reduce likelihood of more expensive acute care in the future
4.2		Reduced likelihood of a return to homelessness and the need to be processed through system again
4.3		Residents get a long term tenancy which they can sustain
4.4		Some people who might otherwise be dead survive

5.2 Outcome Indicators and Financial Proxies

SROI analysis assigns a monetary value to the social and environmental outcomes that have been created by an organisation or a project by identifying indicators of value and allocating financial proxies to the outcomes. The financial proxies used in this analysis represent the value to the stakeholders as much as possible. The indicators and financial proxies used to represent the value of the outcomes are summarised in Table 8. Greater detail about the inputs, outcomes, numbers and financial proxies used is available in Appendix B.

Table 8 Outcome Indicators and Financial Proxies

Fig.	Stakeholder	Outcome	Indicator	Proxy
1.1	Residents	Safe affordable place to live	Number of people who experienced the service	Monthly rental value of studio accommodation in D8 area plus utilities as there is a utilities charge included in the DH rent
1.2		Somewhere to entertain	Number reporting being able to host friends and family as a benefit	The cost of going out for a sandwich and a coffee in a city centre café twice a week
1.3		Quiet space to themselves	Number reporting privacy and a quiet space as a benefit	The cost of going on a basic week long retreat twice per year, accommodation and travel
1.4		Better health both physical and mental	Number reporting an improvement	Annual cost of YMCA fitness membership
1.5		Still alive	Number reporting this	Economic cost of suicide - human costs
1.6		More confident	Number reporting an improvement	Cost of a 1 hr CBT session dealing with self-esteem and confidence twice a month for 6 months
1.7		Able to access services	Number of GP or hospital access incidents arranged through support workers	Average cost of a visit to a Dublin GP
1.8		Long term tenancy which they can sustain due to acquiring life skills	Number of long term tenancies sustained	Average cost of courses in cooking or budgeting
1.9		Get onto education programme or get a job	Number of residents known to have accessed education or got a job	Difference between single person's weekly jobseeker allowance and minimum rate job for 39 hrs per week
1.10		Get a long term home	Number of residents known to have accessed a stable long term home	Current monthly rental value of a 1 bed apartment in Dublin 8 area minus rent paid for affordable social housing
2.1	Staff	Sense of achievement, sense of autonomy in their work and greater confidence	Number reporting this feeling	Cost of 2 day communications training course aiming to build confidence and assertiveness
2.2		CE workers went on to permanent employment or further education or both	Numbers getting permanent employment or going into further education	Difference between single person's weekly jobseeker allowance and minimum rate job for 39 hrs per week

Fig.	Stakeholder	Outcome	Indicator	Proxy
2.3		People took up additional courses and enrolled in education	Number reporting this	Cost of a 3 month applied learning course
3.1	Referral Agencies (Inward)	Gives referral agency the space and time to focus on their core expertise and help new clients	Cost of a senior case worker's time with a client + availability of emergency accommodation place in referral agency	Cost of senior case worker's time per client + cost of emergency accommodation for client
3.2		Clients are well supported in a small client centric environment which reinforces the work of the referral agency and leads to better outcomes	Avoidance of a wasted investment in the client by the inward referral agency	90% of the cost of rehabilitation
4.1	HSE & Government Funders	Reduced likelihood of more expensive acute care in the future	Avoidance of hospital admission for two weeks by those who accessed medical services through DH	Cost of public hospital bed for 14 nights
4.2		Reduced likelihood of a return to homelessness	Number of residents with positive outcomes	The cost of re-processing a person who presents as homeless
4.3		Residents get a long term tenancy which they can sustain	Number of residents known to have accessed a stable long term home	Annual cost of emergency accommodation minus cost of long term accommodation
4.4		Some people who might otherwise be dead survive	Number of residents reporting this	Economic cost of suicide - Direct and indirect costs

5.3 Discount Factors

It is necessary to “discount” the values generated by each of the financial proxies. The following methods are most commonly used with the SROI model:

Deadweight: An assessment of how much of the outcome would have happened anyway, even if the Daisyhouse Transitional project had not existed.

Displacement: An assessment of how much of the outcome displaced other activities or outcomes that would otherwise have occurred or where the outcome moves to another area or group of people.

Attribution: An assessment of how much of the outcome was caused by the contributions of other organisations or people.

Drop-off: In future years, beyond the life of the Daisyhouse Transitional project, the amount of outcome that can be directly attributed to the programme will be greatly reduced as it becomes more influenced by other factors.

Table 9 outlines the discounts applied to each of the outcomes identified.



Table 9 Discount Factors and Rational

Fig.	Outcome	Discount Adjustment	Value Discounted	Rationale
1.1	Safe affordable place to live	Deadweight	20%	People would eventually probably have got somewhere to live but as reported by both residents and referral agencies they are often waiting a very long time and some agencies do not allow them to wait for a place or will place them in accommodation viewed as unsafe either because of being in poor condition or sharing with unsuitable persons. Some residents might have been able to stay with family or friends if the service had not been available to them though not reported as an option
		Displacement	0%	No displacement
		Attribution	0%	No one else provided the place to live
		Drop off	100%	Drops off 100% once resident leaves DH transitional service
1.2	Somewhere to entertain	Deadweight	10%	Might have happened anyway if resident had been housed in a similar service elsewhere which had this facility or by going to a friend's house but the point was that the resident can return others' generosity
		Displacement	0%	No displacement
		Attribution	0%	No one else provided a place to entertain family or friends
		Drop off	100%	Drops off 100% once resident leaves DH transitional service
1.3	Quiet space to themselves	Deadweight	10%	Might have happened anyway if resident had been housed in a similar service elsewhere but many other services do not offer the same level of privacy
		Displacement	0%	No displacement
		Attribution	0%	No one else provided this privacy
		Drop off	100%	Drops off 100% once resident leaves DH transitional service
1.4	Better health both physical and mental	Deadweight	10%	May have happened anyway if residents had accessed an alternative service but many reported that none appeared to be available to them
		Displacement	0%	No displacement
		Attribution	50%	Other services such as rehab or refuges contribute to this
		Drop off	20%	Will drop off in future years but ex-residents did refer consistently to the role DH played in them still remaining in good health

Fig.	Outcome	Discount Adjustment	Value Discounted	Rationale
		Drop off	20%	In future years DH will be far less instrumental in keeping residents alive though one could argue that the point is that they remained alive during this time of their lives which allowed them to be alive in the future
1.6	More confident	Deadweight	10%	May have happened anyway depending what services residents accessed
		Displacement	0%	No displacement
		Attribution	20%	Other influences such as doctors, friends etc may have contributed to this
		Drop off	30%	In future years other influences will become far stronger in this regard
1.7	Able to access services	Deadweight	10%	Might have happened anyway depending on what services people were able to access without the DH support
		Displacement	20%	By enabling access to other services DH is pushing part of the issue to these other services
		Attribution	0%	No-one else helped with this
		Drop off	80%	The enablement of access will drop off sharply for most individuals once they leave DH but in some cases the Manager or Support worker may stay involved
1.8	Long term tenancy which they can sustain due to acquiring life skills	Deadweight	20%	May have been able to sustain long term tenancy without the DH influence
		Displacement	0%	No displacement
		Attribution	20%	There may be some influence from friends and family in acquiring the skills
		Drop off	10%	The drop off is gradual as the skills acquired during their time with DH are crucial and stay with the person for life though other people and experiences will also influence as time moves on
1.9	Get onto education programme or get a job	Deadweight	10%	May have happened anyway
		Displacement	0%	No displacement
		Attribution	20%	Other people/agencies may also help with this
		Drop off	30%	It is getting into course or job that is being measured here in which DH is very influential at the time but over time other influences such as work experience will become more important
1.10	Get a long term home	Deadweight	20%	Should have happened eventually
		Displacement	0%	No displacement
		Attribution	30%	Other agencies and allocations unit of Dublin City Council contribute to this happening



Fig.	Outcome	Discount Adjustment	Value Discounted	Rationale
		Drop off	30%	It is the getting of a home that is being measured here in which DH is very influential but that influence drops off quite quickly once it has happened
2.1	Sense of achievement, sense of autonomy in their work and greater confidence	Deadweight	20%	Might have happened anyway in another workplace
		Displacement	0%	No displacement
		Attribution	0%	No-one else contributing to this
		Drop off	30%	Over time this will drop off as own confidence and other experience contribute
2.2	CE workers went on to permanent employment or further education or both	Deadweight	20%	Might have happened anyway from another placement (though it was reported that other placements were often boring and did not build confidence)
		Displacement	0%	No displacement
		Attribution	20%	Other people and services may have some influence
		Drop off	30%	Other influences will become more important over time
2.3	People took up additional courses and enrolled in education	Deadweight	10%	Might have happened anyway without DH
		Displacement	0%	No displacement
		Attribution	10%	Other people and services may have some influence
		Drop off	30%	Other influences will become more important over time
3.1	Space to focus on their core expertise and help new clients	Deadweight	20%	May have happened anyway if they had made referrals to other providers though all reported difficulty in getting placements for clients and reported that the service from DH was so good it freed them up to do other work
		Displacement	0%	No displacement
		Attribution	0%	No-one else contributing
		Drop off	50%	The effect of giving them space drops off quickly
3.2	Know clients will be well supported leading to better outcomes	Deadweight	20%	Could have happened if they were enrolled in another service
		Displacement	0%	No displacement
		Attribution	20%	The inward referral agencies contribute to this
		Drop off	20%	Drops off as other experiences and services influence outcomes for residents
4.1	Reduced likelihood of more expensive acute care in the future	Deadweight	20%	May have happened through other services
		Displacement	0%	No displacement
		Attribution	20%	Other services may contribute as well

Fig.	Outcome	Discount Adjustment	Value Discounted	Rationale
		Drop off	20%	Drop off happens gradually once residents engage and other medical services have an influence
4.2	Reduced likelihood of a return to homelessness	Deadweight	20%	May have happened through other services
		Displacement	0%	No displacement
		Attribution	20%	Other services such as GP, counselling may contribute
		Drop off	20%	Over time DH becomes less important in keeping people out of homelessness
4.3	Residents get a long term tenancy which they can sustain	Deadweight	20%	May have happened through other services
		Displacement	0%	No displacement
		Attribution	20%	Other services such as GP, counselling may contribute
		Drop off	10%	The drop off is gradual as the skills acquired during their time with DH are crucial and stay with the person for life though other people and experiences will also influence as time moves on
4.4	Some people who might otherwise be dead survive	Deadweight	50%	May have survived anyway. Possibility of a high a degree of subjectivity in residents reporting this
		Displacement	0%	No displacement
		Attribution	40%	Other services such as counselling, rehab, contributed to this
		Drop off	20%	In future years DH will be far less instrumental in keeping residents alive though one could argue that the point is that they remained alive during this time of their lives

5.4 SROI Calculations

With attribution, deadweight, displacement and drop off factors applied, the calculations across an eight-year period (evaluation of three years of the project and a forecast of the impact of the project over that time into the future) are shown below.

Table 10 SROI calculations table

	Stakeholder	Outcome	2009-11	2012	2013	2014	2015
1.1	Residents	Safe affordable place to live	€253,368.00	€0.00	€0.00	€0.00	€0.00
1.2		Somewhere to entertain	€35,100.00	€0.00	€0.00	€0.00	€0.00
1.3		Quiet space to themselves	€25,245.00	€0.00	€0.00	€0.00	€0.00
1.4		Better health both physical and mental	€4,872.00	€3,897.60	€3,118.08	€2,494.46	€1,995.57
1.5		Still alive	€491,500.00	€393,200.00	€314,560.00	€251,648.00	€201,318.40
1.6		More confident	€15,834.00	€11,083.80	€7,758.66	€5,431.06	€3,801.74
1.7		Able to access services	€15,365.00	€3,073.00	€0.00	€0.00	€0.00
1.8		Long term tenancy which they can sustain due to acquiring life skills	€4,968.00	€4,471.20	€4,024.08	€3,621.67	€3,259.50
1.9		Get onto education programme or get a job	€81,545.10	€57,081.57	€39,957.10	€27,969.97	€19,578.98
1.10		Get a long term home	€53,544.00	€37,480.80	€26,236.56	€18,365.59	€12,855.91
	Total € Residents		€981,341.10	€510,287.97	€395,654.48	€309,530.76	€242,810.11
2.1	Staff	Sense of achievement, sense of autonomy in their work and greater confidence	€11,456.00	€8,019.20	€5,613.44	€0.00	€0.00
2.2		CE workers went on to permanent employment or further education or both	€18,638.88	€13,047.22	€9,133.05	€6,393.14	€4,475.20
2.3		People took up additional courses and enrolled in education	€5,662.00	€3,963.40	€2,774.38	€0.00	€0.00
	Total € Staff		€35,756.88	€25,029.82	€17,520.87	€6,393.14	€4,475.20
3.1	Referral Agencies (Inward)	Moving the client to Daisyhouse gives referral agency the space and time to focus on their core expertise and help new clients	€412,080.00	€0.00	€0.00	€0.00	€0.00

	Stakeholder	Outcome	2009-11	2012	2013	2014	2015
3.2		Clients are well supported in a small client centric environment which reinforces the work of the referral agency and leads to better outcomes	€210,600.00	€168,480.00	€134,784.00	€107,827.20	€86,261.76
	Total € Referral Agencies (Inward)		€622,680.00	€168,480.00	€134,784.00	€107,827.20	€86,261.76
4.1	HSE & Government Funders	Reduced likelihood of more expensive acute care in the future	€213,796.80	€171,037.44	€136,829.95	€109,463.96	€87,571.17
4.2		Reduced likelihood of a return to homelessness	€504.60	€403.68	€322.94	€258.36	€206.68
4.3		Residents get a long term tenancy which they can sustain	€248,400.00	€223,560.00	€201,204.00	€181,083.60	€162,975.24
4.4		Some people who might otherwise be dead survive	€348,500.00	€278,800.00	€223,040.00	€178,432.00	€142,745.60
	Total € HSE & Government Funders		€811,201.40	€673,801.12	€561,396.90	€469,237.92	€393,498.69
	TOTAL Overall €		€2,450,979.38	€1,377,598.91	€1,109,356.25	€892,989.01	€727,045.76

Discount Rate: 4%

A discount value of 4% was applied. This is in line with the cost-benefit analysis guidelines, as set by the Central Expenditure Evaluation Unit (part of the Irish Government's Department for Public Expenditure and Reform) in Ireland which require that public money be discounted at a rate of 4% per annum

Total Investment:

€

TOTAL PRESENT VALUE (PV)	5,977,501.60
NET PRESENT VALUE (PV minus investment)	5,486,513.86
SOCIAL RETURN € per €	12.17

SROI Ratio €1: €12.17

5.5 Sensitivity Analysis

Since the analysis contains estimations and assumptions it is necessary to review where these might have had a significant effect on the overall SROI calculations. In the sensitivity analysis, the assumptions are reassessed and the impact on the SROI ratio of changing some of the assumptions outlined. The largest costs and benefits that have the greatest impact on the resulting ratio were put through the sensitivity analysis. The areas altered included Quantity, Financial Proxy, Attribution, Deadweight and Drop off discount factors. Details of the alterations and the resulting change to ratio are outlined in Table 11.

Table 11 Sensitivity and Range

Stakeholder	Outcome	Factor chosen	Changed to	Ratio changed to
Residents	Safe affordable place to live	Deadweight	40% from 20% to make greater allowance for this happening anyway without the intervention of DH	12.05
		Quantity	Increased to 7 from 5. 7 is the correct extrapolated figure based on interviews. Downgraded to 5 in Impact Map to avoid possible over claiming	13.39
	Still alive	Quantity	Decreased to 3 from 5 to allow for residents giving too much credit to DH for them still being alive	10.96
		Financial Proxy	Reduced by 20% to allow for the research figure of €983K for the human cost per suicide being too high.	11.56
		Deadweight	Reduced from 50% to 30% to allow for less likelihood of effect happening without the intervention of DH	18.27
		Attribution	Increased from 40% to 45% to increase the attribution given to other agencies or other factors	10.65
		Drop off	Increased from 20% to 100% to allow for the DH impact to be much shorter term	10.09
		Get onto education programme or get a job	Deadweight	Increased to 25% from 10% to allow for more likelihood of this happening anyway without DH intervention
	Attribution		Increased to 40% from 20% to increase the attribution given to other agencies or other factors	12.12

Stakeholder	Outcome	Factor chosen	Changed to	Ratio changed to
	Get a long term home	Deadweight	Increased to 40% from 20% to allow for more likelihood of this happening anyway without DH	12.06
		Attribution	Increased from 30% to 50% to increase the attribution given to other agencies or other factors	12.06
		Drop Off	Increased to 100% from 30% to allow for the DH impact to be much shorter term	12.00
Referral Agents (Inward)	Moving the client to Daisyhouse gives referral agency the space and time to focus on their core expertise and help new clients	Financial proxy	Reduced by 20% to allow that there might be an overstatement of the benefits accruing to the inward referral agencies	12.01
		Deadweight	Increased to 40% from 20% to allow for the greater possibility of an alternative to DH being found	11.97
	Clients are well supported in a small client centric environment which reinforces the work of the referral agency and leads to better outcomes	Financial Proxy	Reduced by 20% to allow for any overstatement of the costs of putting a client through a rehab programmes	11.91
		Financial Proxy	Increased by 20% to allow for any understatement of the costs of putting a client through a rehab programmes	12.44
		Deadweight	Increased to 30% from 20% to allow for greater possibility that the effect would have occurred anyway without DH	11.96
		Attribution	Increased to 35% from 20% to allow for a greater contribution from other agencies or factors	11.85
HSE	Earlier and more frequent medical intervention will reduce likelihood of more expensive acute care in the future	Duration	Decreased to 3 years from 5 years to allow for a shorter length of time of the effect	11.84
		Deadweight	Increased to 30% from 20% to allow for greater possibility that the effect would have occurred anyway without DH	11.95

Stakeholder	Outcome	Factor chosen	Changed to	Ratio changed to
		Attribution	Increased to 40% from 20% to allow for a greater contribution from other agencies or factors	11.73
Gov Funders	Residents get a long term tenancy which they can sustain	Financial Proxy	Reduced by 20% to allow for any overstatement of the financial benefits in the research	11.80
		Deadweight	Increased to 30% from 20% to allow for greater possibility that the effect would have occurred anyway without DH	11.86
		Attribution	Increased to 30% from 20% to allow for a greater contribution from other agencies or factors	11.86
		Drop off	Increased to 25% from 10% to allow for a shorter time period in which DH impacts this outcome	11.72
		Quantity	Increased to 7 from 5. 7 is the correct extrapolated figure based on interviews. Downgraded to 5 in Impact Map to avoid possible over claiming	13.04
	Some people who might otherwise be dead survive	Quantity	Decreased to 3 from 5 to allow for residents giving too much credit to DH for them still being alive	11.31
		Financial Proxy	Reduced by 20% to allow for the research figure of direct and indirect cost of €697K per suicide being too high	11.74
		Deadweight	Reduced from 50% to 30% to allow for less likelihood of effect happening without the intervention of DH	16.50
		Attribution	Increased from 40% to 45% to increase the attribution given to other agencies or other factors	11.09
		Drop off	Increased from 20% to 100% to allow for the DH impact to be much shorter term	10.70

The sensitivity analysis produces a range of ratios from 10.09:1 to 18.27:1. The biggest variations occur regarding the outcome of avoidance of death and since the benefit of the avoidance of death is allocated to both the individual and the State² it is prudent to carry out further sensitivity allowing for changes to the values for both stakeholders at the same time to assess the impact on the SROI ratio. This is shown in Table 12.

It should be noted that great care has been taken in the numbers used in the Impact map to avoid overclaiming by reducing the actual number of people reporting this as a benefit, assigning a deadweight discount of 50% (i.e. a 50% chance this would have happened anyway even without the intervention of Daisyhouse) and assigning an attribution discount of 40% (i.e. other factors or agencies being responsible for 40% of the effect).

Table 12 Sensitivity and Range: Dual stakeholders and avoidance of death

Stakeholders	Outcome	Factor chosen	Changed to	Ratio changed to
Residents and HSE & Gov Funders	Some people who might otherwise be dead survive	Quantity	7 from 5.	14.26
		Quantity	3 from 5	10.09
		Financial Proxy	Reduced by 20%	11.13
		Deadweight	Reduced from 50% to 30%	22.59
		Attribution	Increased from 40% to 45%	9.57
		Drop off	Increased to 100%	8.61

The ratio range produced by this further analysis is 8.61:1 to 22.59:1. While this demonstrates that adjusting the quantity, proxies and discount factors for avoidance of death have a potentially big effect it also supports the ratio of 12.17:1 not being overstated.

² Detailed explanation of the allocation of the benefit of avoidance of death is given in Appendix B. Total estimated cost per suicide of €1.68M split between benefit to individual and benefit to society.

6 CONCLUSIONS AND RECOMMENDATIONS

The analysis provides a strong case for continuing to provide transitional housing demonstrating that it creates very high value for residents, staff, inward referral agencies and more generally for society. The impact on the individual residents also indicates that Daisyhouse should consider expanding the service to offer men's accommodation once again since males constitute a greater percentage of homeless adults. This will require significant investment.


The research points to a high level of success with residents from addiction programmes. Considering the high level of investment that has already been made in these people there is a strong argument for the value for money offered by 'cementing' their recovery. It might be useful to analyse the subset of residents who came to Daisyhouse from addiction programmes more closely to see what their outcomes were and what particularly worked well for them.

The small size of the Daisyhouse project and the resulting friendly team atmosphere and consistency of support staff was something that was important for many stakeholders (residents, staff and referral agencies). This indicates that any expansion should be carefully considered and done in a way that preserves this feeling of continuity and support. It will be challenging to combine scale to meet the numbers of those in need while still preserving the value of building strong trusting one to one relationships between residents and support workers.

The single sex houses and the fact that they were dry was seen as a benefit by residents and referral agencies and Daisyhouse was compared favourably in this regard to other facilities indicating that this is working and should be continued.

With such a small population it is difficult to be certain of the difference age profiles made but many of those with good outcomes such as getting into education, getting good jobs appeared to be quite young. Further analysis of this might be useful in helping the Board to decide whether a focus on younger people coming out of care or rehabilitation might be appropriate.

It is clear from the interviews with residents, past and present, that the provision of a place to live is just one piece of the overall jigsaw of services that make a difference. The on-going support that residents received in Daisyhouse played a crucial role in their ability to recover from past trauma and move on in their lives. As well as in-house access to a support worker, the linking in to other services, usually through the advocacy or know how provided by the support worker played a huge part in helping residents to progress.



There was someone there to help me and encourage me to start taking responsibility for my life

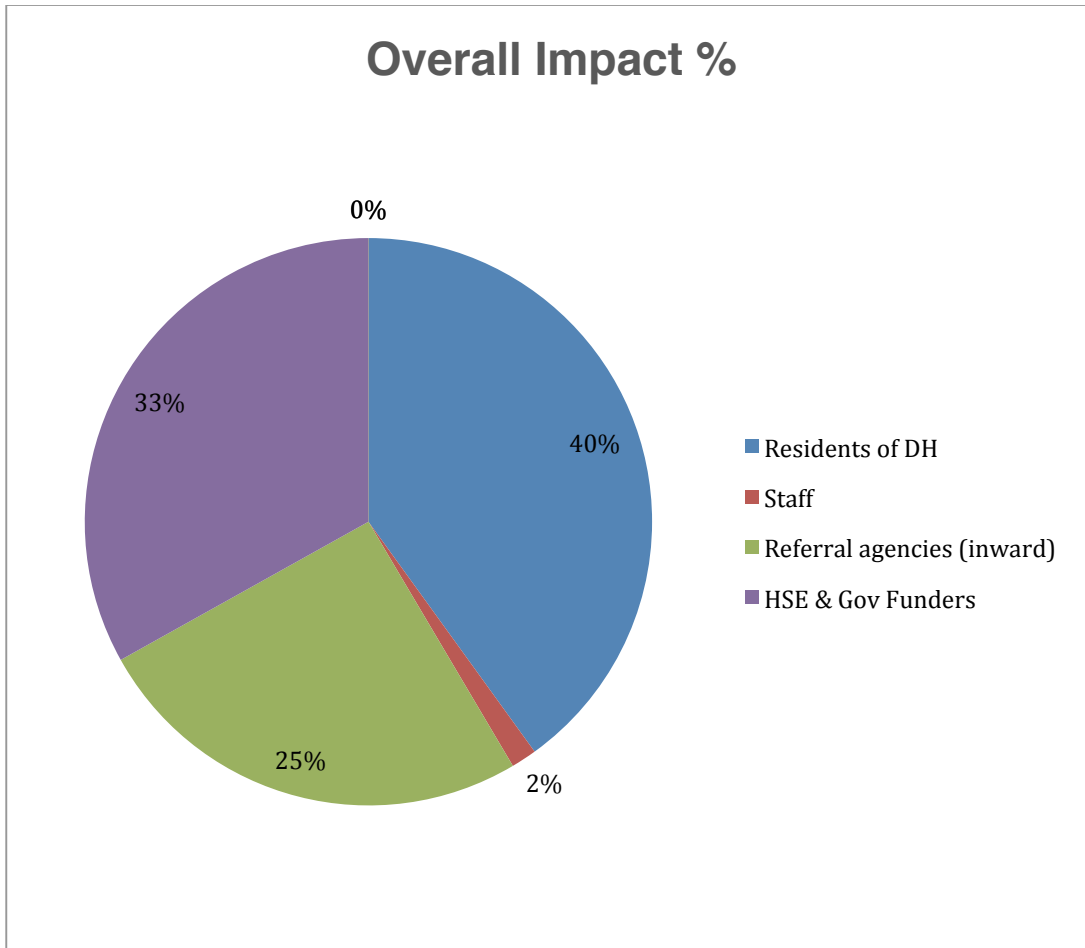
Although it appears that everything possible is being done by the Manager and the Support worker to help residents access long-term accommodation the long stays in transitional accommodation are frustrating for people waiting to get on with their lives and also are blocking people waiting to access the Daisyhouse service and get help. There are no easy answers but maybe the Board needs to consider if they can lobby for action in getting homes for people more quickly or lobby for greater provision of single person housing.

The long stays of residents mean that people on the waiting list are being prevented from accessing places when needed. In order to assess the level of need in greater detail, it would be useful to attempt to track what happens to people who do not gain places.

Daisyhouse might consider running an outreach settlement programme for housing associations taking on clients with some support needs. While maintenance of tenancies once housed does not seem to be a major problem, there appears to be a core set of tenants who do have problems with little intervention available until they are close to facing eviction. This would require more analysis with a greater number of Housing Association managers to confirm that there is a need.

As can be seen from the pie chart in Figure 2 the stakeholders most impacted by the service are the service users. The major benefits for them are sheer survival in some cases, followed by accessing a long term home and getting a job or accepted onto an education programme. In the shorter term the main benefits are getting a safe affordable place to live that offers privacy and somewhere to socialise.

Figure 2 % Impact on Stakeholders



Government funders and the HSE are the next most impacted. These stakeholders represent society since the funding they give comes from the public purse and the benefits received are a return on this investment for the good of society. The major gains come from survival of individuals (the direct and indirect costs of suicide as determined by academic researchers were used to establish benefit for these stakeholders, the human costs were used to establish the benefit for the individuals themselves). Other gains include a better ability of people to maintain their subsequent long-term tenancies and also reduced acute medical costs in the longer term.

Inward referral agencies gain through being able to service more clients and through the investment already made in clients being cemented by the Daisyhouse service leading to better outcomes and people who are more able to play their part as a productive member of society.

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8 Appendices

8.1 Appendix A: Introductory Note for Residents and ex Residents

Introduction to SROI project

Daisyhouse has decided to analyse the outcomes of our transitional housing service by conducting Social Return On Investment (SROI) research. SROI is an approach to understanding the value of the changes that other people experience as a result of the work that an organisation does.

The most important people for this research are the service users – residents and ex-residents of Daisyhouse’s transitional service. What we are looking to understand is what changed for you through using the Daisyhouse service.

In order to understand this I would like to talk to you. We can do this either by meeting in a private room in Daisyhouse or we can have a conversation on the telephone – whichever you prefer. Our conversation is completely confidential. I will collect all the information I need through a number of chats with different people and no person will be identified in relation to anything they tell me. If I would like to use something you say in the final report (a quote can sometimes bring things to life) I will ask your permission but you will not be identified in any way. The final report will be available for anyone who wants to read it. The intended audience is the Daisyhouse board and also any agencies or organisations that might provide funding for Daisyhouse.

What kinds of questions will I be asking? Questions such as:

- How did you find out about Daisyhouse?
- How long were you waiting to come into Daisyhouse?
- What other services did you access before, during and after your time with Daisyhouse?
- What did you like about Daisyhouse?
- What did you not like about Daisyhouse?
- What changed for you during your time with Daisyhouse?
- Where would you have gone if you had not got a place in Daisyhouse?

Who am I? My name is Gráinne Madden and I have been on the Board of Daisyhouse for over nine years. My job involves doing research such as this for different kinds of organisations. You can see a rather old picture of me here <http://www.gmjassociates.com/about>



8.2 Appendix B Detail Explaining Determination of Quantities, Duration and Proxies

	Stakeholder	Outcome	Quantity	Duration	Proxy and supporting evidence
1.1	Residents	Residents get a safe affordable place to live with a secure tenancy once rules are kept	34 - see page 5 of report	14 units of accommodation X 36 months = 504 divided by 34 people is approximately 15 months or 1.25 years. This gives an average length of stay for all people who encountered the service during the period of the study though many were in DH for much longer as outlined in Table 1	Daft.ie reports rents in 2013 about 6% higher than two years before so 2013 rent of €600 for a mid range studio in the Dublin 8 areas reduced to €565 to take account of rent inflation. The weekly rent paid by DH residents includes €13 towards utilities so added €56 euro per month as equivalent of €13 per week charged in DH giving a figure €621 per month. This has been multiplied by 15 months to give the value of the change, as the discounting in stages 4-5 of the Impact Map does not take account of a part year.
1.2		Residents have somewhere to entertain friends and family	30 – number extrapolated from interviews	1.25 years – time in DH as explained above	The cost of going out for a sandwich and a coffee in a city centre café twice a week - Bewley's Grafton St menu €10 over 15 months
1.3		Residents are able to shut the door and have a quiet space to themselves	34 – number extrapolated from interviews	1.25 years – time in DH as explained above	The cost of going on a basic week-long retreat twice a year. A week in a basic retreat venue is €300 and bus travel return to venue is approx. €30. $300 \times 2 = 660$ $660 \times 1.25 = 825$ www.holyhill.ie www.buseireann.ie/



	Stakeholder	Outcome	Quantity	Duration	Proxy and supporting evidence
1.4		Residents report better health both physical and mental including those coming from Rehab programmes who report remaining substance free	29 = 34 minus the five people who were reported by staff to have had less positive outcomes. See Page 16	5 years is considered a reasonable time for the influence of DH to be strong as it is regarded by service users as having helped to provide them with a high level of resilience as they move on with their lives. However over time other events and experiences will have a stronger influence on people's lives and this has been allowed for in the drop off ratio.	YMCA gym membership €35 per month, (€420 per year) is used as a proxy for both physical and mental health here and to avoid over claiming for each http://ymca.ie/yllifestyle.html
1.5		Some residents reported that they thought they might now be dead without DH	Number of residents/ ex residents reporting this, worked out by extrapolation from the population of interviewees which is 25% or approx 7 people if population with successful outcomes taken as 29. This was downgraded by 30% to 5 to take account of any potential towards subjective bias by service users on this issue	5 years – as explained above	<p>National Suicide Research Foundation estimates 495 suicides in Ireland in 2002</p> <p>Kennelly, B. 2007 The Economic Cost of Suicide in Ireland estimated the economic cost of suicide in Ireland 2002 to be in excess of 835 Million euro giving an estimated cost per suicide of 1.68 Million</p> <p>See also Johnson, Neil 2011 Assessing the Economic and Social Cost of Suicide and Attempted Suicide http://www.nemhdu.org.uk/silo/files/economic-costs-of-suicide-march-2011.pdf</p> <p>This includes components as follows Direct costs (making up less than 1% or approx. €11250 per suicide)</p>



	Stakeholder	Outcome	Quantity	Duration	Proxy and supporting evidence
					<p>i.e. the services used by the individual leading up to and immediately following the suicide. This includes, for example, unsubsidised GP visits, prescribed medication, counselling, funeral costs, court costs, use of emergency services, insurance claims and medical services</p> <p>Indirect costs (approx. €686K) i.e. the costs to society of each suicide. These include the time lost from work and lost production from an exitor absence from the workforce</p> <p>Human costs (approx. €983K) i.e. lost years of disability-free life in addition to the pain and grief experienced by family and friends</p> <p>For the purposes of the Impact Map the human costs have been used here as proxies for the value of avoiding suicide for the individual.</p> <p>The direct and indirect costs have been used as proxies for the value the funders as representatives of society get from the avoidance of suicide by an individual (see 4.4 below).</p>



	Stakeholder	Outcome	Quantity	Duration	Proxy and supporting evidence
1.6		Residents report feeling more confident evidenced by them looking after themselves better, avoiding damaging behaviour and engaging in social activities	29 = 34 people minus the five who were reported by staff to have had less positive outcomes. See Page 16	5 years – as explained above	Costs of counseling sessions on http://www.mindandbodyworks.com/counselling-and-psychotherapy-dublin were €60, €65 and €70 per 50 minute session. Used the mid range price.
1.7		By having a place to live and support workers to help them, residents were able to access services such as GP, counselling, mental health specialists and occupational therapy more easily	439 GP and hospital visits arranged within the time of the study (other specialist services organised such as free counselling and free legal aid which have not been counted here)	1.25 years – time in DH	Average costs of Dublin GP €50 taken from Reports of the National Consumer Agency and the Competition Authority
1.8		Residents get a long term tenancy which they can sustain due to acquiring lifeskills such as budgeting, cooking, cleaning	23 – the number of residents from the 34 counted who have gone on to sustain long-term tenancies. Five had less positive outcomes. Six are still resident in DH transitional accommodation and awaiting allocation of long-term housing. There is no reason to believe that the six remaining will be unable to sustain a tenancy meaning that this number is conservative.	5 years – as explained above	This outcome refers to the residents' <i>ability</i> to maintain a long term tenancy as a result of them acquiring coping and life skills. It is not referring to benefit of them actually getting a long term home which is covered in the outcome <i>Residents get a long term home</i> . The proxy used here is the cost of doing a course to acquire life skills. Introduction to cookery course €325 http://www.cooksacademy.com/course.php?intCategoryID=56 Cert in Business Finance course €395 http://www.cmit.ie/courses-management-business-finance-distance-learning/certificate-in-business-finance.html . Average cost used – 325 + 395 = 720 divided by 2 = 360



	Stakeholder	Outcome	Quantity	Duration	Proxy and supporting evidence
1.9		Residents get onto an education programme or get a job	Records show 15 achieved this	5 years – as explained above	Difference between single person's weekly jobseeker allowance and min. rate job for 39 hrs per week. According to www.citizensinformation.ie the difference is €149.35 per week x 52 to get annual rate. Many of the jobs obtained pay better than min. wage and better education should lead to better jobs the minimum wage rate has been used here to avoid over claiming
1.10		Residents get a long term home	23 as described above	5 years is considered to be a reasonable length of time for people to stay in a home before moving on due to change of circumstances e.g. new relationship or birth of child	This proxy measures the benefit to the resident of actually getting a long-term home allocated to them (as opposed to the residents ability to maintain a tenancy which is measured above). The value of the benefit is quantified by taking the 2013 rental value of a one bed apartment in the Dublin 8 area which according to www.daft.ie is €800 per month minus the cost of social housing/affordable rent. Daisyhouse charges €412 per month for their long-term apartments so the additional value of getting an affordable long term home is €388 per month or €4,656 per annum.
2.1	Staff	All staff reported feeling a keen sense of achievement, enjoyed the sense of autonomy in their work and reported greater confidence in tackling even	6 is the Full Time Equivalent as explained on Page 7. The annual minimum wage X 3 years has been used here as a value on the time given	3 years is time in scope of the analysis. While it is to be expected that a sense of achievement and greater confidence in tackling challenging tasks would carry on beyond the time of the study, other	The cost of a 2 day communications course in Dublin which includes: <ul style="list-style-type: none"> Assertiveness - The difference between being



	Stakeholder	Outcome	Quantity	Duration	Proxy and supporting evidence
		challenging tasks	by the volunteer House Manager. No value has been ascribed to the accommodation given free of charge to the volunteer house manager as since her retirement this space has been kept available for use by Manager or Support worker should they feel it useful to stay overnight. Therefore there was no opportunity cost in allocating the accommodation to the volunteer house manager.	events and experiences will also contribute to this over time	<p>assertive and aggressive.</p> <ul style="list-style-type: none"> • Conversation - Learn to make conversation flow easily. • Questioning - How to ask questions to get the right answers. • Building - Build work relationships with your new skills. • Confidence and self esteem - How to overcome nerves and shyness. • Feedback - How and when to use it. • Dealing with difficult situations. • Dealing with criticism <p>http://www.professionaldevelopment.ie/communications-course</p>
2.2		Some CE workers went on to permanent employment or further education or both	4 – actual number of CE workers from Fas supplied data.	5 years - Since moving from CE work to permanent employment or to further education is such a life altering step, it is reasonable to allow a five year duration	Difference between single person's weekly jobseeker allowance and min. rate job for 39 hrs per week. According to www.citizensinformation.ie the difference is €149.35 per week x 52 to get annual rate. Many of the jobs obtained pay better than min. wage and better education should lead to better jobs the minimum wage rate has been used here to



	Stakeholder	Outcome	Quantity	Duration	Proxy and supporting evidence
					avoid over claiming
2.3		People took up additional courses and enrolled in education while in DH employment improving their skills	Number extrapolated from % of interviewees who reported this	3 years is time in scope of the analysis. While it is to be expected that a sense of achievement and greater confidence in tackling challenging tasks would carry on beyond the time of the study, other events and experiences will also contribute to this over time	The cost (€745) of a three month long applied learning course was used as a proxy http://opentrainingcollege.com/site/studying-at-the-otc/courses-2/
3.1	Referral Agencies (Inward)	Moving the client to Daisyhouse gives referral agency the space and time to focus on their core expertise and help new clients	Number directly related to number placed in DH in this timeframe	1.25 years	Since the change is that referral agents time is freed up for new clients and also that new clients can be housed in emergency type accommodation, a % of a senior social workers salary and the cost of housing someone in emergency accommodation was used as proxy here. http://www.emed.ie/Administration/MSW_Activity_MUH.php The salary scale for a Social Work Team Leader is €53,906 - €63,424 (58,665 chosen as median) looking after between 30 – 60 clients (from interviews with referral agents) so chose 45 as median 58665/45 = approx. 1300. 29,000 is the estimated annual cost of housing someone in emergency housing from Threshold research http://www.threshold.ie/news/2011/11/09/threshold-calls-for-



	Stakeholder	Outcome	Quantity	Duration	Proxy and supporting evidence
					<p><u>overhaul-of-how-government-dea/</u></p> <p>1300 + 29,000 = 30,300. This was been divided by 2 to give a figure of 15,150 as officially clients are not supposed to be more than 6 months in emergency accommodation.</p>
3.2		Clients are well supported in a small client centric environment which reinforces the work of the referral agency and leads to better outcomes	17 allowing for half of the referrals during that time to have come from more intensive services such as drug rehab or mental health. This may be overstating a little but since no allowance has been made for the other services that another 17 clients came from it is not considered likely to be over claiming	5 years – the increased likelihood of remaining substance free or of improved mental health is life changing but the influence of DH over this will wane over the years.	Discussions with Finance Department in Coolmine confirmed the cost of putting someone through their programme as approximately €30,000. 90% chance of relapse resulting in wasted investment and maybe needing to do programme again – 90% of 30,000 is 27,000. The chance of relapse without a DH type transitional programme was estimated at 90% by both service users and referral agencies.
4.1	HSE & Government Funders	Earlier and more frequent medical intervention will reduce likelihood of more expensive acute care in the future	The HSE may have to invest in some additional care in the short-term which has been calculated as the capitation fee paid to GPs for medical card holders. Any additional payment is only for residents who may not previously have obtained a medical card. The only capitation fee that seems to be publicly available is that of €290 for the over 70s.	The value of early medical intervention helping to prevent hospital admissions is considered to last at least 5 years	<p>The proxy used is the average cost of a public hospital bed for 14 nights. Nightly cost of €909 reported http://www.herald.ie/news/cost-of-just-one-hospital-bed-rises-to-f331k-a-year-27973268.html in response to a question from TD Caoimhghin O Caolain.</p> <p>909 X 14 = 12,726</p> <p>This proxy does not take account of long-term savings in the cost of drugs or other medical treatments</p>



	Stakeholder	Outcome	Quantity	Duration	Proxy and supporting evidence
			<p>Assuming half that for younger card holders and that less than 1/3 of residents would be new card holders 11 x 145 = 1595. The investment is not taking account of the costs of medicines that may be prescribed as a result of a GP consultation.</p> <p>The long term benefits are considered to have accrued to all DH residents who accessed medical care with the help of Support Workers which records show to be 28</p>		due to early intervention.
4.2		Reduced likelihood of a return to homelessness and the need to be processed through system again	Numbers of DH clients with positive outcomes 29	The likelihood of a return to homelessness is deemed to reduce after 5 years (O'Connell et al 2008 longitudinal study went out as far as 5 years)	<p>Dublin Region Homeless Executive via e-mail suggested approximately 1 hour would be taken up in processing a re-presentation. One hour of the median salary of a team lead social worker's salary as shown above.</p> <p>Government does also benefit from the reduced cost of housing someone in a long term home compared to the cost of emergency accommodation but this is accounted for against 4.3.</p>
4.3		Residents get a long term tenancy which they can sustain	23 as described above	Annual cost of emergency accomodation minus cost of long term accommodation	The proxy used here is the annual cost of emergency accomodation minus cost of long term accommodation taken from research by Housing agency



	Stakeholder	Outcome	Quantity	Duration	Proxy and supporting evidence
					<p>Threshold - http://www.threshold.ie/news/2011/11/09/threshold-calls-for-overhaul-of-how-government-dea/ Which estimates the annual cost of emergency accommodation at €29,000 compared to €11,000 cost of long-term housing with support. This financial benefit of a person being able to sustain a tenancy accrues to the state.</p>
4.4		Some people who might otherwise be dead survive	Number of residents/ ex residents reporting this, worked out by extrapolation from the population of interviewees which is 25% or approx 7 people if population with successful outcomes taken as 29. This was downgraded by 30% to 5 to take account of any potential towards subjective bias by service users on this issue	5 years – as explained above	<p>National Suicide Research Foundation estimates 495 suicides in Ireland in 2002</p> <p>Kennelly, B. 2007 The Economic Cost of Suicide in Ireland estimated the economic cost of suicide in Ireland 2002 to be in excess of 835 Million euro giving an estimated cost per suicide of 1.68 Million</p> <p>See also Johnson, Neil 2011 Assessing the Economic and Social Cost of Suicide and Attempted Suicide http://www.nemhdu.org.uk/silo/files/economic-costs-of-suicide-march-2011.pdf</p> <p>This includes components as follows Direct costs (making up less than 1% or approx. €11250 per suicide)</p>



	Stakeholder	Outcome	Quantity	Duration	Proxy and supporting evidence
					<p>i.e. the services used by the individual leading up to and immediately following the suicide. This includes, for example, unsubsidised GP visits, prescribed medication, counselling, funeral costs, court costs, use of emergency services, insurance claims and medical services</p> <p>Indirect costs (approx. €686K) i.e. the costs to society of each suicide. These include the time lost from work and lost production from an exitor absence from the workforce</p> <p>Human costs (approx. €983K) i.e. lost years of disability-free life in addition to the pain and grief experienced by family and friends</p> <p>For the purposes of the Impact Map direct and indirect costs have been used as proxies for the value the funders as representatives of society get from the avoidance of suicide by an individual.</p> <p>The human costs have been used as proxies for the value of avoiding suicide for the individual (see 1.5 above).</p>

