MOJO CREATING MALE SPACE

A 12-WEEK PROGRAMME FOR UNEMPLOYED MEN EXPERIENCING MENTAL HEALTH DISTRESS

A SOCIAL RETURN ON INVESTMENT ANALYSIS 2014.

Quality Matters
supporting improvement in social services

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

South Dublin
County Partnership
Páirtíocht Chontae
Átha Cliath Theas

1. Introduction

Mojo is an eclectic and dynamic personal development programme targeted at unemployed men experiencing distress with a view to supporting them to be in control of their lives. Mojo was developed by the South Dublin County Partnership, in response to a local community need and is funded by the National Office of Suicide Protection. The programme engaged a large number of local service providers, which as considered by those involved, was core to its success. In the pilot phase the programme had four main components; 1) link working to assist men articulate and attain goals, 2) wellness and resilience programme, which included the Wellness Recovery Action Plan (WRAP), as well as coping and self care modules, and 3) information on local supports and services, and 4) a physical fitness and wellbeing taster programme. Based on learning from implementing the programme, Mojo could now be best described as a personal development programme that combines a unique mix of mental health, adult guidance, action planning, physical fitness and social networking methodologies.

The Mojo pilot involved three programmes, with 36 men engaged in total, 32 of whom completed the programme, equating to an 89% completion rate.

This social return on investment evaluation (SROI), reviews the outcomes from the Mojo pilot programmes against the full costs associated with running the course over a thirteen-month period, from September 2012 to October 2013. The evaluation includes a detailed analysis of the outcomes of the programme, both negative and positive for all stakeholder groups affected by the programme, this included; the men attending the programme, their families, local services involved in contributing time to Mojo, referral agencies and the health service.

This SROI provides a robust assessment of the value of the Mojo to the various stakeholders. To assess the overall value of the programme in financial terms the SROI calculates: what changed for each group; how much of this change was as a result of Mojo, rather than other services; how much of this changes would have happened anyway; how long the benefits would be likely to last for; and how the impact of Mojo on these

would reduce over time, and lastly the value of the change.

The stakeholders views were collected through focus group, surveys and semi structured interviews, in all cases stakeholders were given on opportunity to review the findings in a written form and to confirm or adapt these. Altogether, the views of 47 people were included in this research and 85% (n=43) were collected through either interviews or focus groups, with the rest participating through survey.

This report contains the details of the process and the assumptions made based on the information provided throughout the process. The information is also available in an impact map, which is a large spreadsheet containing the various figures that make up an SROI calculation.

This SROI aims to tell the story of Mojo, the story of how much time and resources were spent on the programme and what happened to everyone involved as a result. To assist the reader to be able to compare outcomes, SROI uses financial valuations to support comparability. This report has valued outcomes that are not usually traded for money, but which are extremely important to the Men who attended the Mojo programme and to people in general, these include things like mental health, a reduction in isolation and the ability to learn new skills.

2. Executive summary

Introduction

This summary briefly outlines the inputs and outcomes of the programme and the financial values given to them. For a full discussion of the change that occurred as a result of Mojo and the value of this change, which considers what would have occurred anyway, how much of this change Mojo was responsible for, and how long the outcomes are predicted to last, please refer to the impact map or to the full report.

The inputs into the programme

Mojo was funded by the HSE National Office of Suicide Prevention, the programme received €58,153 of direct funding through this agency (this excludes funding related to evaluations or the Men's Shed). The South County Development Partnership (SCDP) contributed in kind costs in relation to premises, managerial support and some administration costs, these were valued at €6,700.

20 organisations contributed on average 46 hours to programme over the 13 months of the review period. This equals 920 hours, which translates to just over 23 working weeks[1] of donated time, or almost six months. The overall costs of this time is €41,400, when calculated at the average hourly rate of the professionals. Overall the amount direct and indirect inputs into the programme was calculated at €111,293.00 over the 13 month period of the SROI.

The starting point for the men attending Mojo

All the men who attended Mojo were unemployed or had lost their business over the last five years. The average length of time the men had been unemployed prior to Mojo was five years. Just under two thirds of the men were unemployed for between four to seven years and the range of years unemployed was from less than six months to 12 years.

Mojo was targeted at men experiencing mental distress and 59% stated they had tried or were contemplating suicide prior to attending Mojo. 27% of participants had been self-harming prior to attending Mojo.

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[1] *Based on a 39 hour week with lunch breaks included.*

The most common type of employment history was in the construction industry. 67% of the men had either junior or leaving certification as their highest level of educational attainment (1).

The majority of men described their life prior to Mojo as being very negatively affected by unemployment and the mental distress associated with this as highlighted by the following comments:

'I lost my sense of self, I felt unwanted - like I didn't belong.'

'I stayed in my house for five years, without hardly leaving'.

The outcomes for the men attending Mojo

This evaluation, which involved talking to 22 of the men who attended Mojo, resulted in the following conclusions in relation to the change that occurred for participants as a result of engaging in Mojo:

- **An improvement in mental health:** A significant improvement in mental health was experienced by 21 of interviewees, which was defined as a reduction in suicidal thoughts or a significant improvement in depression. Medical research was used to value the impact of this change, which resulted in a €12,159 for each individual who experienced this change. Eight people experienced a moderate improvement in mental health, identified as a reduction in mental distress or anxiety, this was valued at €3,385.
- **An increase in attendance in training post Mojo:** 21 men went on to access further training programmes upon completion of Mojo. This change was significant as prior to the Mojo these men had low motivation or self rated ability to engage with training or employment programmes. This change was valued at €480 per person.
- **A reduction in self-harm behavior:** Ten people experienced significant positive change in relation to self-harm behavior. This change was valued at €1,100 for each individual.
- **Improvement in physical wellbeing and fitness due to changes in lifestyle**: 27 men experienced a moderate to significant increase in physical health defined by either regular exercise; at least every two weeks, or an improvement in diet and nutrition. This was valued at €300 for each person.

- **A reduction in isolation from family and friends:** 27 of attendees experienced significantly improved communications and connection with family, friends and/or community. The men who achieved this change described themselves as feeling very isolated prior to Mojo. This change was valued at €2,337.
- **A reduction in problematic alcohol or drug use:** This was experienced by 16 men and was valued at €1,650 per individual.

The following comments highlight, in the men's own words, the impact of Mojo. These comments were taken from an individual who had been employed for a number of years and was feeling suicidal, and the other comment from an individual made unemployed within the last year, and who started Mojo with less mental distress:

'I learnt about my triggers from listening to the tutors and the other lads, now I know when it's coming [thoughts of suicide] and I pick up the phone and call someone, I couldn't do that before'.

'I was stressed but not distressed. I was surprised I was able to speak in front of people, things that I didn't think I could speak about: I spoke about. If I was longer out of work I would have needed it more. I went into Mojo at the right time. It helped me accept what had happened to me.'

A summary of outcomes for other stakeholders

Mojo had an effect not just on the men who attended the programme but also their family members, the local services involved in delivering or managing Mojo and the services that referred clients into the programme. Some of the main outcomes are highlighted below:

- **Improvement in spousal / close friend relation:** Family members and friends reported that they benefited by having improved intimate relationships or friendships, the final impact for the 21 people who experienced this was valued at €600.
- **A reduction in health costs:** Research supports the assertion that a reduction in problematic substance use and a reduction in self-harm would both have an impact on general health service

use. These savings were estimated at €1,007 and €1,930, respectively.

- **An increase in promotion and staff skills:** Staff within involved agencies reported that they received outcomes in relation to an increase in staff skills and additional community awareness of their service as a result of being involved in the programme. These outcomes were valued at €700 and €522 for each organisation who experienced these.
- **A reduction in follow-up time for referrers:** Referral agencies were able to reduce their follow up or direct service provision to 16 of the 32 men who attended Mojo. Based on average hourly wage rates this was calculated at €2,026 per person.

The value of Mojo

To calculate the social return on investment of the Mojo Project, the total cost of outcomes over time (less deadweight, attribution, displacement and drop off) is divided by the total cost of inputs[2]. **This analysis found that for every €1 of investment Mojo returns between €4.26 and €4.96 in social value.**

This SROI shows that men had significant benefits from the study, the value they attained accounted for 80% of the entire value of the programme[3]. Of note is also the fact that 70% of the value of the programme to men was related to a significant increase in mental health for the 21 men that experienced this change.

It should be noted that this is a conservative estimate of the value of the programme. In line with the principles of SROI the report has used the most conservative estimates of value in all instances.

The analysis has also not included the value that would have accrued if Mojo had prevented even one suicide. If the value of a suicide prevented is included in the valuation of social return this would rise from approximately €4 to €5 to over €300 euro. This figure represents the fact that suicide is very costly to both

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[2]The monetary values for future figures have been calculated using a discount rate of 3.5%, which is the basic rate recommended for the public sector by HM Treasury (2003, 2008).
[3] €1,038,306.98 of the value is related to outcomes experienced by the men attending the programme.

individuals and society, and that preventing it, has a real and very high value to our society.

Recommendations for future development

Feedback on the course from professionals and participants was consistently very positive. Professional stakeholders commented that the programme had a very high quality of planning and management, as well as having a well conceived and implemented interagency approach. The participants commented that the facilitation and group work skills of the facilitators were core to the programme success.

This report recommends that the programme is continued within the wider Tallaght area, with some new actions undertaken to reflect stakeholders ideas for future development. Given the success of the programme as highlighted within this evaluation, and the fact that the programme fills an important gap in service provision for this target group, it is also recommended that the programme be considered for replication in other areas.

Replication would need to be supported appropriately, through staffing and funding, to ensure fidelity to aspects of Mojo, which were named by participants and professionals as being core its success. These include the planning and establishment phase, the interagency approach, sufficient staff hours to support link working and course delivery.

A series of detailed recommendations are found within chapter 17.

SROI statement

The Mojo Project was regarded as a success by all stakeholder groups involved in this research. Mojo has resulted in significant quality of life improvements for the men that attended Mojo. Based on the information provided, this report established that for every €1 of investment Mojo returns between €4.26 and €4.96 in social value.

Calculations within this report are based on a series of assumptions; efforts have been made to clearly outline these. All assumptions were made with the agreement of the various stakeholders, except where stated and based on research.

To reference this report

Gardner, C (2014) Mojo: A twelve-week programme for unemployed men experiencing mental health distress: A Social Return on Investment Analysis. 2014. South Dublin County Partnership

Assurance statement

This report has been submitted to an independent assurance assessment carried out by the SROI Network. The report shows a good understanding of the SROI process and complies with SROI principles. Assurance here does note include verification of stakeholder engagement, data and calculations. It is a principles assessment of the final report.

Many thanks to…

This research would have been impossible without the generosity of those involved in the programme, who agreed to provide their views and share their experiences. Participants, professionals and external stakeholders were all very generous with their time and patient in their approach to answering questions through the lens of SROI, which for many was a new way of looking at things.

A special thanks needs to be given to all the men who took the time to talk to the researcher. In many cases taking as long as forty minutes out of their day to discuss their experiences. In some cases these discussions

touched on painful and challenging times in their recent past. It is hoped that this research reflects as much as possible the many stories collected through the process and provides an accurate overview of the Mojo journey, which for many of the men involved, was a life changing experience.

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3. Glossary of SROI terms

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

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

Displacement: Some value that is created may merely displace the same value for other stakeholders. Displacement is an assessment of how much of the outcome has displaced other outcomes.

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

Duration: Length of the effect of an outcome following the initial intervention.

Financial proxy: This is an estimation of a financial value for the outcome when a market value does not exist.

Impact map: This is a spreadsheet which accompanies an SROI report and which contains all the information and calculations that result in the final SROI assessment.

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

Materiality: in an SROI, if information is material, this means that it's inclusion will affect the final valuation within an SROI, and therefore affect decision making. If a piece of information or a stakeholder group will have an effect on the SROI then this needs to be included in the process.

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

Outputs: The amount of activity communicated in numerical units, i.e. three people.

Stakeholders: People and organisations that are affected by the activity.

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

4. Context from the literature

Introduction

This chapter provides the context in which the Mojo Project is situated. An overview of statistics on suicide nationally and in South County Dublin is provided, which offers further context by highlighting rates of deprivation and unemployment in Tallaght, the area where Mojo is based.

The relationship between unemployment, mental health and suicide is presented, which is very well documented in research from Ireland and abroad. This connection is acknowledged in Ireland's national suicide prevention and mental health strategies, both of which highlight the need for support programmes based in communities and targeting at-risk groups, such as those that the Mojo programme works with.

This chapter provides the national context as well as international evidence, which highlight the importance of community based programmes in suicide prevention.

Suicide in Ireland

The World Health Organisation notes that over 800,000 people die from suicide every year globally. It is one of the three leading causes of death amongst people aged 15- 44 years and the leading cause of death for those aged 10 – 24 years. Mental health (particularly depression and alcohol use) is a major risk factor for suicide in Europe (21).

According to the National Office for Suicide Prevention (NOSP), in 2012 Ireland had the sixth lowest rate of death by suicide in the EU (23). However, it is of note that Ireland has the second highest rate of youth suicide (0 - 19 years) in the EU (28), after Lithuania (22).

The suicide rate in Ireland, as a percentage of all deaths and as depicted in Table 1 below, has fluctuated over the last number of years between 1.58% and 1.79%.

Table 1: Suicide as a percentage of all deaths nationally from 2010 - 20134

Year	Total Deaths	Deaths by Suicide	Percentage of All Deaths
2013	30018	475	1.58 %
2012	28848	507	1.75 %
2011	28995	525	1.81 %
2010	27122	486	1.79 %

The suicide rate in South Dublin, as shown in bold in table two, is generally below the national average. However, this does not accurately reflect the suicide or self-harm rate in Tallaght, where the Mojo Project is based. Tallaght contains pockets of deprivation where unemployment rates are above the national average. Unemployment and financial loss are associated with both deliberate self-harm and suicide (2).

[4] www.cso.ie

Table 2: National suicide rates and suicide rates in South Dublin 2008, 2012 and 2013[5]

Area	Number of Suicides			Rates of Suicide[6]		
	2013	2013	2013	2013	2012	2008
	Total	M	F	Total	Total	Total
South Dublin	16	13	3	**6**	**7.5**	**9.9**
National	475	396	79	**10.3**	**11.1**	**11.3**

Deprivation in South Dublin and Tallaght

South Dublin County contains 49 electoral districts, 17 of which are marginally below the average level of affluence and deprivation. There are nine disadvantaged electoral districts in South Dublin County, five of which are in Tallaght.

Unemployment rates in certain electoral districts are at levels well above the national average and as noted in the Deprivation Index analysis in 2011, two of the highest rates in South County Dublin were in Tallaght-Killinardan (50.7% male, 33.6% female) and Tallaght-Fettercairn (44.2% male, 30.9% female) (24).

[5] Central Statistics Office (CSO) Vital Statistics Fourth Quarter and Yearly Summary 2013 provides comparative data by year and county of residence of deceased for the years 2013, 2012 and 2008.
[6] Deaths per 100,000

The relationship between unemployment, mental health and suicide is a significant one (10, 26, 27, 31, 33, 35) and it is within this context that the Mojo Project operates.

Current policy context

'Reach Out: Irish National Strategy for Action on Suicide Prevention, 2005-2014' was launched in 2005 to outline the direction for policy responses and service provision in relation to preventing and responding to suicide (2). It identified the need for an approach that targets prevention strategies at the general population as well as at high-risk populations. Included in high risk populations are:

- People who self-harm
- People who use mental health services
- People who are unemployed
- Young men
- LGBT people
- Travellers

Objective 18 of the strategy is 'to support the development of services and programmes for unemployed people to help increase resilience and reduce the risk of engaging in suicidal behavior'. This objective includes as actions; the review and evaluation of existing mental health promotion programmes for unemployed people. The strategy highlights the role of local groups piloting and evaluating mental health promotion programmes for unemployed people.

The importance of addressing unemployment as a means to reduce suicide is also highlighted in 'Vision for Change, the national mental health strategy' (25). Action 4.6 of this strategy recommended that: '*evidence-based approaches to training and employment for people with mental health problems should be adopted and such programmes should be put in place by the agencies with responsibility in this area' (p39).*

Suicide and unemployment

A clear correlation is evident between adverse mental health, unemployment and suicide as indicated through large scale international research and meta analysis (33, 35) as well as research undertaken within Ireland (10, 26, 31).

Mental health problems are a significant contributory factor to unfitness for work and to disability welfare claims in Ireland (26). An Irish study examining unemployment, poverty and psychological distress found the effects of unemployment and poverty to be

cumulative, with unemployed people being five times more likely to have symptoms of psychiatric disorders than employed people (27).

Despite some conflicting international evidence[7], there is a significant body of literature to suggest that job loss places people at increased risk of mental health challenges and suicide. Recent Irish statistics from the Suicide Support and Information System (29) reveal that of the 307 cases analysed for the 2012 report, in terms of employment status, 40.6% were in paid employment and 33.1 % were unemployed. This is significantly disproportionate to the national average unemployment rate for 2011[8] of 14%.

These statistics also show that, for men in Ireland who died by suicide, almost 40% of those under 40 were unemployed, and almost half of these had been working in the construction sector. This is unsurprising, given that between 2009 and 2012, construction accounted for 47% of total job losses nationally (30).

Although risk of suicide may decrease where there is increased employment, for those people who remain unemployed during times of economic growth, the risk of suicide may increase. An analysis of Irish suicide rates during the Celtic Tiger years found that unemployed people were at an increased risk of suicide and undetermined death when the general unemployment level was lower (2001–2006) than when in the previous five year period (1996–2000), when it was higher (31). Walsh and Walsh (28) analysed this seemingly counter-intuitive phenomenon of increased suicide risk for certain groups in times of increased employment levels. They suggest two possible reasons; one is that people with poorer mental health may remain unemployed, and the other is that as employment increases, so too does the stigma associated with unemployment, which in turn has an affect on mental health.

The figures from Ireland that reveal the association between unemployment and suicide are in line with international figures. An EU analysis of suicide in a number of countries, between 1970 – 2000, found that for people under 65 years of age, increases in unemployment were associated with higher suicide rates (32).

7 A detailed overview of evidence for unemployment and mental health is contained in the literature review in (28)

8 Other groups included - 11.4% were retired, 6.8% were fulltime students, 5.0% had a long-term disability and 3.1% were homemakers.

Unemployment and wellbeing

A meta-analysis of international studies comparing employed to unemployed people 16, 000 and 7,000 respectively, showed that unemployed people, compared to employed people, have poorer mental health, lower life satisfaction, lower marital or family satisfaction, and a lower perception of their physical health. Also of note is that the detrimental effects of job loss tend to be more severe the longer people unemployed (33).

Impact of re-employment

An analysis of 15 longitudinal studies involving a total of 1,911 participants showed that unemployed people at the point of re-employment showed significant improvements in mental health and life satisfaction (33). Although many studies reveal that the quality of re-employment is an important factor in mental health recovery (34).

Protective factors during unemployment

The meta-analysis referred to previously also reviews the role of protective factors during periods of unemployment. This found that the possession of coping skills, the presence of social supports and the structured use of time contribute to higher wellbeing. In addition to this, having support and building resilience in relation to job-seeking can help to navigate this particularly stressful facet of unemployment (33). A control study evaluating a programme developed by the University of Michigan, which was similar to Mojo, revealed positive outcomes for the men who participated. A group of unemployed people engaged in eight sessions over two weeks which involved problem solving skills, decision making processes, inoculation against setbacks, social support and practicing job-seeking skills. A control group was given a booklet with information on job-seeking skills. Those in the experimental group reported:

- Increased employment and higher earnings
- Higher perceived self-efficacy in job seeking skills and sustained job-seeking motivation
- People who gained employment had lower anxiety, depression and anger, and higher self-esteem and quality of life than those who remained unemployed
- Those who remained unemployed were less likely to become discouraged than those who remained unemployed in the control group (35)

Summary

This review of relevant literature highlights the disproportionate burden and risk that unemployed men carry in relation to suicidality and suicide risk as compared to those in employment. Evidence on key areas of unemployment, mental health and the protective role of coping skills and social support indicates that building resilience, improving coping skills and providing a programme of support to unemployed men can mitigate the harmful effects of unemployment on mental health, and may reduce the risk of suicidality or suicide in this high-risk group.

5. Introduction to Social Return On Investment (SROI)

Overview

SROI is based on the idea that everything we gain or achieve has value to us, and that this value can be easily understood by considering it in financial terms. It is interesting to consider that the things that are generally most important to people, such as security, meaningful connection to others, mental health and wellbeing for family members, often do not have an obvious monetary value. The things that people generally care about less, such as cars, holidays and shoes are much more easily valued. A feature of SROI is that it assists us to value the things that we care about the most.

SROI maintains that the 'value of a good or service is subjective and should reflect the utility that people derive from it' (55). In other words, those receiving interventions or services will value the outcomes differently from each other. SROI seeks to engage people in clarifying the value of the change that occurred for them, either negative or positive. SROI has a number of key terms and concepts, which underpin the way that value is conceptualised, these are explained in the glossary in the next section. SROI is an approach to establishing value, which is underpinned and defined by seven principles, outlined below.

The seven principles of SROI

Principle 1: Involve stakeholders

Core to SROI and all the other principles is the engagement of stakeholders in defining what was important to them and how valuable any outcomes were. Many evaluations start by reviewing change as defined by the project objectives or aims, rather than starting from the perspective of recipients and asking them what was useful and important. In SROI the first step in involving stakeholders is to support them to identify what changed, this process ensures that stakeholder views are core to the evaluation. It also ensures the evaluation is looking at what happened rather than what was expected or planned to happen.

Principle 2: Understand what changes

This study looks at every outcome for every stakeholder group to determine exactly how much change occurred as a result of the programme.

Principle 3: Value the things that matter

SROI involves putting a financial value on outcomes. Some of these are not generally considered in financial terms but are considered very important to stakeholders; such as wellbeing and coping skills. This aspect of the process considers both the views of stakeholders and research findings and arrives at a financial proxy for the how much the change is worth.

Principle 4: Only include what is material

In the context of SROI, 'material' means the change that matters. Materiality also means that the research should consider both the positive and negative consequences of the project actions, as well as intended and unintended consequences or outcomes. To support this all stakeholders were asked what changed for them, considering both negative and positive factors.

Principle 5: Do not overclaim

In SROI it is vital that things are not counted twice and that each stakeholder's contribution to a specific outcome is considered in light of other factors that may also have contributed to the change. For instance many of the participants did not only receive support from Mojo, but also had support from friends and family and other services. When calculating the difference that Mojo made it's important to ensure that the assistance and impact of other services is considered and not counted as change that Mojo was responsible for. All stakeholders were asked how much Mojo contributed to each outcome and how much was due to other factors or external supports.

Efforts were also made to be conservative with all estimates. For instance, when discussing each outcome, a 'distance-travelled' approach was used[9] and interviewees were asked whether their change was small, medium or In the final SROI, in almost all

[9] *The 'distance travelled' approached refers to using outcome data to establish quantifiable progress towards a long term outcomes through recording incremental progress.*

categories, only 'large'[10] changes were included and valued. The exception to this was mental health, where moderate change (specifically, a reduction in anxiety) was included as it was considered to be of a higher value than moderate changes in other areas.

The inclusion of only large changes reported, and the clear rationale for inclusion of moderate change in the mental health category were to ensure that change was not overvalued.

Principle 6: Be transparent

All numbers in the report have sources, so that the reader can track the logic and calculations used to arrive at the SROI figure. A spreadsheet or impact map with all calculations has been provided and there are substantial footnotes throughout the report to provide information on the rationale behind each of the numbers or values used. The logic and values in each section were also checked with interviewees who provided the information. This check was to ensure that the way their information was recorded and interpreted was correct, and to support any reflection on the information.

Principle 7: Verify the result

The report was submitted to the SROI network for validation. Validation was received in September 2014 following a number of small amendments to the report.

The impact map

A detailed impact map has been included with this evaluation. The impact map is essentially a spreadsheet that includes all the values for input and outcome calculations. This report aims to explain in an accessible narrative, the story contained within the spreadsheet. This is not just a story of numbers and costs, but a story or how much each stakeholder valued the change that occurred for them as a result of engaging with Mojo.

[10] *An indicator table in the appendix explains what large changes relate to in relation to each outcome group.*

6. Introduction to Mojo and Scope of the SROI Evaluation

The development of Mojo

In 2010 South Dublin County Partnership (SDCP – formerly known as Dodder Valley Partnership), took responsibility for the employment of a Coordinator to develop a plan to address suicide with in the West Tallaght area. This role was funded through the Dormant Accounts and the position was based on the work done by Suicide Action West Tallaght, an interagency community group.

One of the initial tasks for the Coordinator was to conduct a needs analysis in relation to suicide. This research identified that young men and taxi drivers were particular at risk groups in the Tallaght area. In 2011 the Coordinator was successful in applying to the NOSP for funding for a three-year pilot project to address male suicide in the area.

Mojo was originally called the Men at Risk to Suicide Programme, prior to it rebranded as the Mojo Project, as part of the programme development phase, which commenced aft the Co-ordinator was employed.

The purpose of Mojo was to establish a collaborative, multi-agency programme for men who had recently been made unemployed or were distressed as a result of impacts of the recession on their life. This programme was to have a Tallaght based catchment area.

It was anticipated that Mojo would target over 25 year olds, as new service in the area - Jigsaw, was being established to work with the 25 and under age group. However, Jigsaw works on an individual basis and it was agreed in the pilot period that it was appropriate for Mojo to work with men over 20, and that this was not a duplication of services.

The project started with a nine-month development period between August 2011 and May 2012. This phase involved developing an Advisory Group, and a comprehensive set of working policies to guide the interagency aspects of the programme.

The development period of the pilot was followed by the delivery of three Mojo programmes, initially it had been

intended that each programme would involve ten men, however numbers were increased slightly due to demand and Mojo two and three included 13 participants each. Three Mojo programmes were run with three separate groups of men:

Figure 1: The three Mojo groups included in the evaluation

Scope of the SROI

This report evaluates the SROI of the Mojo Project within a thirteen-month period from September 2012 to October 2013; the service delivery phase of the pilot. This report outlines the expenditure on the programme between Sept 2012 and Oct 2013 and the outcomes that participants experienced within this investment period. The SROI calculated that some outcomes will have an impact for up to three years following Mojo.

Any Information provided in relation to the current wellbeing of participants, which was on average 18 months post the start of the course, was used to inform calculations for drop off.

Over the 13 months three Mojo programmes were run, all of which are included in this evaluation. A total of 36 service users participated in Mojo programmes one, two and three, with 89% (n=32) completing the programme.

Following Mojo programme one a number of participants, on their request, were supported to establish a Mojo Men's Shed. The Mojo Men's Shed was considered a very valuable addition to the programme by both professionals and participants, however in order to assess the impact of the Mojo programme the development of the Mojo Men's Shed is considered as being outside the scope of this evaluation. As such the costs and outcomes related to the Men's shed are not included or valued within the report. To account for the affect that the Men's Shed had on the outcomes experienced by Mojo participants, a percentage of attribution has been calculated for the influence of the Men's Shed, proportional to the number of men from Mojo who attended the Men's Shed in each outcome category.

Any funding spent on the process evaluation, undertaken as part of the pilot, has also been considered as outside the scope of this evaluation, outcomes from this process have therefore also not been included. However this process evaluation has informed the development of research tools and provided useful background information for the SROI.

The research includes information on the intended outcomes of the programme for the participants involved such as improvements in mental health and wellbeing, physical health and a reduction in isolation. The research also reviewed the unintended outcomes of the process, which included improvements for whole stakeholder groups such as family members, as well as individual unintended outcomes such as a reduction in drug and alcohol use for the men attending the programme. While the programme was intended to support men to access services and further training, it was not an explicit aim to reduce the service use within other state funded services. This unintended outcome is also explored in relation to the benefits received by state agencies that refer to Mojo.

Within the scope of the research there was also a focus on reviewing any negative outcomes from being involved in the research. No stakeholders were able to identify any negative outcomes from engagement in the process.

The appendix contains a table on materiality that contains further information on why decisions were made to include or exclude various outcomes. Information on how stakeholder selection is available in section 4.2.

Mojo organisational structure

The programme was hosted by South Dublin County Partnership (SDCP), which provided supervision for the part-time Coordinator, as well as housing and, for the first year, administration supports.

The full costs of the Coordinator's post were funded through the NOSP. The Coordinator's role was to support the establishment of the Advisory Group and to develop and manage all aspects of the programme, as well as facilitating Mojo sessions and engaging other professionals in various roles within the programme. Administration support and a part time project worker were also funded by NOSP from late-2012. The Project Support Worker's role included assisting the Mojo project as well as supporting the men who had completed Mojo to establish their own Men's Shed, which was considered an important post programme peer support.

The programme was led by an interagency Advisory Group, which involved 12 organisations, with 18 professionals participating in the group. The role of the Advisory Group was to support the development of the programme, helping to ensure that it met its goals. The Advisory Group met monthly over lunch, with meetings generally lasting not more than one and half hours.

Attendance was high with over ten professionals attending on average (1). Three working groups were established as part of the process, with some members attending multiple groups:

The programme development group, developed the programme manual, which contained detailed working procedures including consent and information sharing protocols.

The care planning and link working group, supported Link Workers (workers providing individual client supports) to undertake this aspect of the project, and resolve client focused issues when these arose.

A post Mojo working group, who supported the evaluation process and development of next step actions.

The link work role was undertaken by; the Coordinator, four members of the Advisory Group and a staff member from one of the organisations involved in the Advisory Group. Link working involved working with the men to develop a care plan and then connecting the men to the relevant services in order to support achievement of their care plan goals. This process used the Recovery Star, a key-working tool that assists clients to evaluate

their wellbeing in relation to aspects of their life and to clarify where they would like to make change and the steps they will take to do this. Workers received training in the use of the Outcome Star.

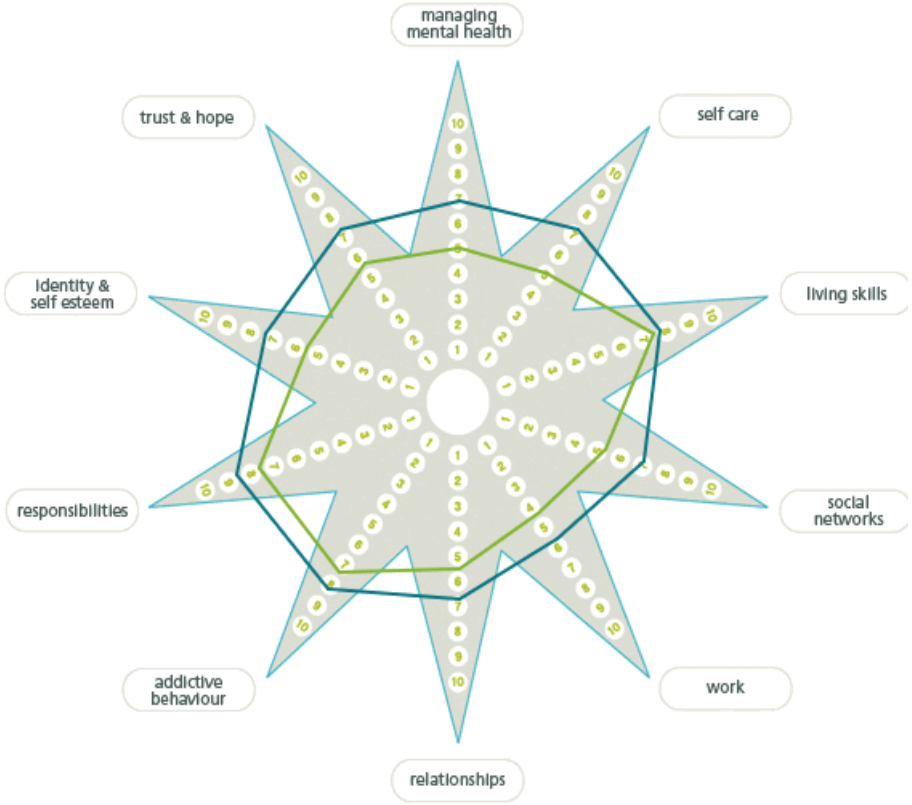

Figure 2: The Recovery Star (Triangle Consulting)

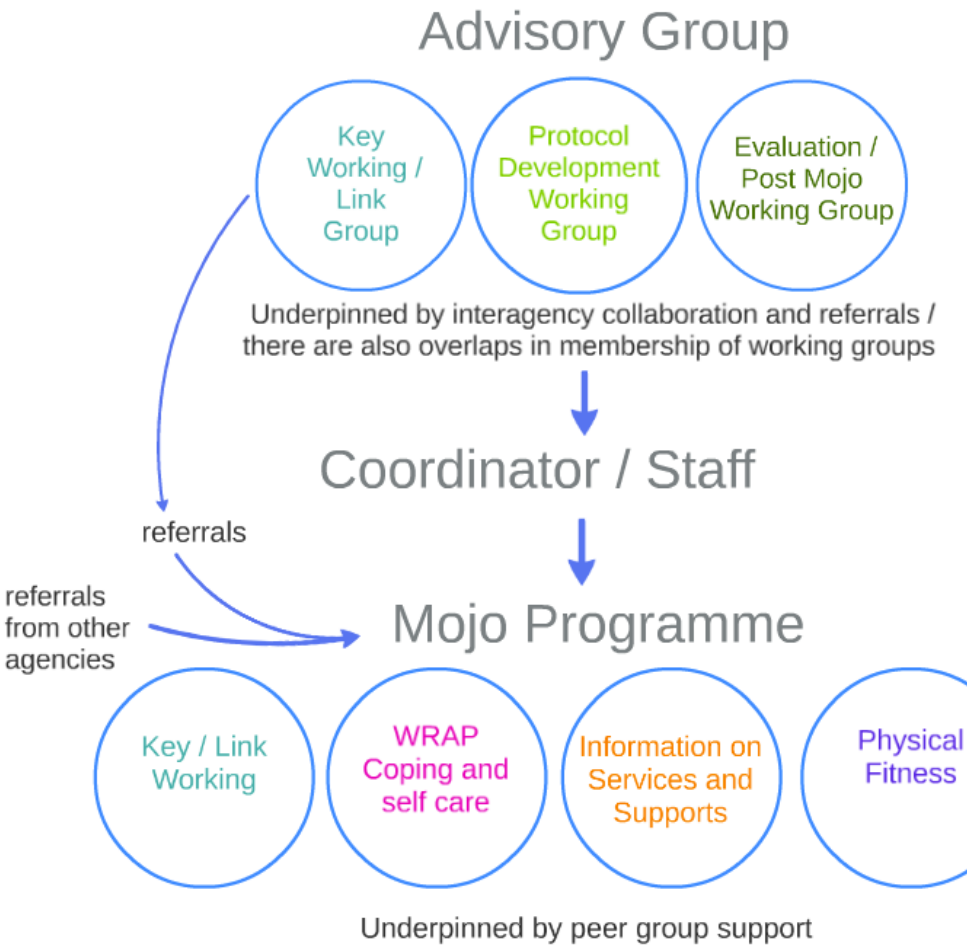

Figure 3: Diagram of the organisational structure

Mojo programme

Mojo was adapted over time to address the needs of participants. Each programme differed from and improved on the last. By programme three, Mojo was a 30-hour training programme that ran for three hours twice a week, for 10 weeks. Mojo consisted of four main elements:

1. Key/link working: link workers provided one-to-one targeted supports to assist clients to identify and achieve their personal goals.

2. The wellness and resilience supports: One of the tools used to develop wellness and resilience was WRAP, which is an evidence-based programme that supports clients to manage mental health challenges. WRAP is a registered trademark of the Copeland Centre[11]. The programme developers also included a mix of sessions to strengthen this aspect of the programme and included the following sessions or topics: mindfulness, managing anxiety, men's role in the family, social supports, sleep, and self-esteem (1).

3. Information provision: the goal of this section of the programme was to ensure the men were aware of the supports and services available to them and were empowered to access them. This involved inputs from; Local Employment Service, Tallaght Adult Education Service, the Department of Social Protection, MABS, and the local Volunteer Centre.

4. Physical Fitness: this section of the programme, introduced in Mojo two, provided a taster programme of physical activities that can be done as an individual or as part of a group or programme.

The programme also provided a time to eat and socialise together, with a focus of the course being to support the men to develop positive social networks. Following Mojo one, the men were also supported to establish a Men's Shed as a core group of Mojo participants saw a need for ongoing peer support. The Men's Shed was considered to be a successful aspect of the programme by professionals and the men involved.

[11] *http://www.mentalhealthrecovery.com/wrap/*

7. Methodology

Introduction

The Mojo SROI methodology was developed in line with the seven SROI principles outlined in section two of this report. The evaluation process was designed to allow all stakeholders to engage with and endorse or suggest changes to any assumptions made throughout the process. This is vital as an SROI sets out to identify value from the perspective of those involved. Altogether, the views of 47 people were included in this research 85% (n=43), through either interviews or focus groups. The average length of interviews was 20 minutes for professionals and 40 minutes for programme participants. Following this the data was analyzed and research was undertaken to assist in developing the values and discounts for the SROI impact map. The methodology is described in more detail below:

Stakeholder mapping

To ascertain the value of Mojo, the first step in the process involved agreeing a list of stakeholders with key Mojo staff. A stakeholder in relation to SROI is any group of people or any organisation that is affected, either negatively or positively, by the service. The question was asked 'if Mojo was not there, would this have made a difference to the person / organisation? If the answer was yes, then they were considered a stakeholder for the purposes of this SROI.

A stakeholder map was developed with the project Coordinator. To ensure no groups or individuals had been left out, interviewees were asked in interviews or focus groups if there were other groups affected by Mojo. Table 3 highlights the stakeholders who were considered both relevant and having a potential material outcome from Mojo, these terms are defined in the glossary.

Table 3: stakeholders map: rationale for inclusion or exclusion

Stakeholder	included	Rationale for Inclusion/Exclusion in the SROI	No of People
Participants of the MOJO programme	yes	The men on the programme were the main beneficiaries.	22 out of a total of 36 Mojo participants (61% of the total group).
Family Members of MOJO participants	yes	Family members of the men also benefited from their participation on the course.	Four family members /friends were contacted.
Professionals involved in the advisory group, care planning group or information sessions.	yes	Mojo involved significant input from professionals. The evaluation takes account of the time that was invested by professional and looks at the outcomes for staff and organisations.	12 orgs were included representing the views of 14 staff. (60% of orgs provided responses).
Staff in the programme	no	Paid staff on the programme were interviewed although the value of their inputs and outcomes was not included in the SROI, as it is assumed that if they were not doing this work there would be comparative value and input in another paid role.	The Coordinator was interviewed twice.
Referral Agents	yes	Referral agents included professionals in medical, probation, employment and education services. The evaluation reviewed what occurred for their organisation as a result of their clients attending Mojo. Particularly whether Mojo resulted in any savings to the relevant service providers.	Seven referrers were interviewed, which is estimated at 60% - 70% of all referrers.

Funding agency	yes	The project was funded through NOSP who also received outcomes from the process.	One key staff member was interviewed.
Hosting Agency	yes	The project was hosted by SDCP, who also received outcomes from the process.	Two key staff members were interviewed.
Neighbours / community	no	It was viewed that over time the community would benefit from the MOJO programme, however it was agreed through initial interviews/ focus groups with the staff and men that the direct benefits were not material to this review. The reason for the exclusion of this stakeholder group was that the size of the programme was not large enough to affect the community as a whole. In relation to neighbours, while the benefits of the programme were in some cases noticed by neighbours the improvement in individual and family wellbeing was not considered to have a significant affect on the life experience of neighbours themselves.	
Health Services	yes	Research shows that some of the outcomes are likely to lead to a reduction in health costs.	Research was undertaken into data on health costs as related to these outcomes.

Stakeholders are also outlined in column one and two of the impact map. To support an understanding of how materiality has been managed within the report the appendix contains a detailed table that outlines when and why stakeholders or identified outcomes were excluded from the SROI. As a general rule any final positive values that were less than €1,500 were taken out of the impact map as these were considered as immaterial, i.e. had no significant affect on the overall SROI calculation and would therefore not affect future decisions. For transparency any negative values were left in regardless of the final amount.

Engaging Mojo participants

Men were engaged through a focus group and semi structured interviews. The primary purpose of

engagement with the men was to identify changes they experienced as a result of engaging in the programme. 22 out of a total of 36 Mojo participants were engaged in the research, which is 61% of the total group.

Focus group

To develop the initial theory of change a focus group was held with seven men, mainly from Mojo One and Two. The process lasted for around one and a half hours. The focus group was divided into two parts. In part one, the men were engaged in a number of visual mapping exercises in order to ascertain the main outcomes. Both positive and negative change was reviewed. Information was summarised and was approved by the group on completion of the outcome map. This information resulted in a theory of change for the programme, which is described in Table 4 within this report.

Part two of the focus group involved obtaining individual feedback on the outcomes that were identified in the theory of change. This was done through specific semi-structured questions, using a distance-travelled approach. This means that questions were asked on the starting point and end point for each individual in relation to each of the outcomes identified. This process also included a discussion on who else contributed to the change experienced by each individual, how stable the outcomes were over time, and whether change would have occurred without attending the Mojo Project. This process involved group discussion and the collection of data specific to each individual.

Interviews (men)

Phone interviews were undertaken with fifteen men. Random sampling was used from a list of attendees. Four of the men, involved in the interviews were purposively sampled as they had prematurely left the programme. This was done to ensure that the process included a range of experience and did not inadvertently focus on those with the most gains from the programme. The research included seven men from Mojo One, nine from Mojo Two and six from Mojo Three.

The same distance-travelled approach was used to measure the change in relation to specific issues before and after engaging with the programme within the phone interviews. To support use of distance-travelled outcome review, a series of specific indicators were developed based on information found within the

interviews and focus groups. These indicators supported participants to determine whether the change they experienced was a small, medium or large change. For example, in relation to mental health, a large change was changing from regular feelings and thoughts of suicide or feeling depressed to feeling able to control negative emotions or these no longer being present. A medium change in relation to mental health was a reduction in anxiety. A small change was defined as a change in perspective. A table of the indicators is available in the appendix.

A summary of the report was made available to the men through the Men's Sheds, and an opportunity for feedback provided.

Engaging family members

Phone interviews were conducted with three family members and one friend. Phone interviews were on average fifteen minutes in length and all participants were offered the opportunity for the summary to be emailed for checking. No interviewees requested this, which is possibly a reflection of the fact that the main points of the interview were read back to participants to ensure they were happy with the wording of their answers.

Engaging professional stakeholders

Phone interviews were held with eight professionals who had been directly involved with Mojo and information from four responses via survey were used. In total, six survey responses were received, however four were used as in two instances a survey was followed up with an interview and so was therefore counted as an interview. Seven interviewees were sent an email summary of their inputs, outcomes and any values ascribed to these. Six interviewees responded with small changes or additions to the narrative.

Professional stakeholders were engaged through semi-structured phone interviews. The initial interview schedule for professionals and other stakeholder interviews was developed based on the outcomes from a previous evaluation of the project (1). Phone interviews were partially transcribed at the time of the interview. When quotes were recorded, these were reviewed with the interviewees for approval. Finally, interviewees were offered the opportunity to review a written version of the information they provided for any

final comments or changes. This was sent to the majority of interviewees and responses received from three interviewees.

Phone interviews were held with seven referrers, interviews took on average fifteen minutes (note two of these were also on the steering group). Representatives were included from medical, justice, education and state mental health services.

The process also involved interviews with staff from NOSP and SDCP, who endorsed and adapted information collected by email following the interviews.

Engaging Interviewees with the SROI methodology

It is of note that once the evaluation approach and concepts were explained to interviewees in a reasonably jargon free manner; all interviewees and focus group participants were quickly able to discuss these concepts in relation to their own experience. The core ideas of SROI explained were:

- The idea that outcomes can be valued in financial terms.
- The notion of attribution i.e. that the outcomes may have been only in part due to Mojo and in part to something else occurring in their life.
- The idea of deadweight: that some of the positive change could have occurred anyway.
- Participants were also invited to discuss how long they thought any outcomes would affect their lives and any factors that made it challenging for outcomes to be maintained. This discussion helped inform estimates made for drop-off (the reduction in benefits over time) and the length of time that benefits would remain with participants after completion of Mojo.

Interviewees were able to provide clear rationales for their assessments; this was especially notable in relation to attribution, where the vast majority of participants had firm ideas as to what change was, and was not, a result of the Mojo programme.

Developing the impact map

To develop the impact map, the data from the primary research (focus groups and interviews were analysed) and additional research undertaken to support

assumptions in relation to the values, deadweight and drop off. The findings from this literature review are outlined throughout the body of the report. An introductory chapter has also been developed to situate this evaluation within the wider national context.

Sensitivity testing

Sensitivity testing is a process in SROI that explores plausible, logical sequences other than those used in the report's SROI calculation. The purpose of sensitivity testing is to ensure that small, potential changes in the way the SROI has been developed do not significantly affect the final analysis. Sensitivity testing is most useful where logical assumptions have been made (deadweight, attribution, drop off) and seeks to identify and highlight figures or estimates, which might disproportionately influence the research vis-à-vis a large margin for error. The purpose is to ensure these assumptions are reasonably robust when compared against other potential ways of viewing the same situation.

Deadweight, and drop-off were all tested downwards to a change of 100%, attribution was tested with 50% increase, as data on this was considered more robust. These tests provide information on how stable the findings of the study are and provide a range for the final SROI valuation

Limitations to the study

Responder Bias: this is defined as a tendency for people who have had positive experiences of an intervention to engage in research about the intervention. This was managed by purposively sampling men who had left the programme before completing it, which was seen as a signifier that the programme was less relevant and important to them than to men who had completed the full programme. The inclusion of all four of these men in the research is viewed as an effective measure of reducing responder bias.

Lack of pre and post information in relation to some outcomes: The outcome star was used as tool to support link work and to collect outcome information. This tool did not map some outcomes in relation to specific changes in self-harm, suicidal thoughts and depression, as well as changes in exercise and health patterns. The data in the report is therefore based on a post programme assessment that looked retrospectively at changes pre and post the programme using a self-

reported distance travelled approach. Information on changes using a validated tool for these important areas of high value would have increased the validity of the data and has been recommended for the future development of the programme.

Access to Irish data on the costs of services: detailed information on the costs of service provision or on outcomes in comparable programmes within Ireland was not always available. Where this was not available, information from the United Kingdom has been used and in some cases data from the United States. Figures used were changed to 2013 prices, using an online calculator and then changed from the original currency within the research to Euros, also using an online calculator.

8. The value of change for men attending Mojo

The starting point: before Mojo

To provide insight into the significance of the change that occurred for the Men who attended Mojo, it is useful to consider the experience of the men at the beginning of Mojo, as identified through the interviews:

- All the men were unemployed or had lost their business
- The average length of time the men had been unemployed was five years
- Just under two thirds (n= 14) of the men were unemployed for between four to seven years and the range of years unemployed was from less than six months to 12 years
- 59% (n=13) stated they had tried or were contemplating suicide prior to attending Mojo
- 27% (n=6) of participants had been self-harming prior to attending Mojo
- 67% had either junior or leaving certification as their highest level of educational attainment

These experiences and the impact of unemployment on the men's lives are best described in their own words.

'I lost my sense of self, I felt unwanted - like I didn't belong.'

'I stayed in my house for five years, without hardly leaving'.

'It's hard. You send in CVs and you get nothing back. There is no hope when there are just no jobs, if accountants and lawyers can't get jobs, how can I?'

' I was looking forward to a career and then it all just disappeared'.

'I felt useless as an individual, I would have done anything but there was no work. I wasn't the provider anymore. Some days I just started staying in bed, that wasn't any good'.

'I had self-admitted to hospital and was at rock bottom'.

When asked if these challenging emotions would have happened without the job loss, all of those within the focus group (n=7) said that their difficult emotions probably would have surfaced, but probably not in the same way or with the same intensity. The loss of a

job was considered to be the trigger that set off a negative spiral of emotions that was unable to be controlled or stemmed. The comments by the men are reflected by national research. As discussed in the literature review at the beginning of the report, there is a strong statistical relationship between unemployment, alcohol use and suicide within the Irish data (11), especially for men in the 25 to 44 year old age group.

The theory of change

A theory of change is the story about what happened to the men throughout the programme, and how the programme led to changes in their lives.

The following theory of change was developed by Mojo participants through a focus group and then re-enforced through interviews with other Mojo participants, i.e. the theory of change developed by the focus group was considered to be true by those who were interviewed.

It is of note that a reduction in alcohol and drug use was the only unintended objective identified through the theory of change. All other outcomes were directly related to the content of the course through one of the four elements of the programme. Participants were also asked whether there were any negative outcomes from engagement in the programme, no negative outcomes were identified.

Table 4: Theory of change overview

Men who are unemployed and suffering experiencing mental distress attended the Mojo group and learnt that they were not alone in regard to feelings of depression or thoughts about suicide. Stigma in relation to mental health was reduced and participants developed a greater sense of self worth and were able to discuss their issues and talk openly about their

experiences, many for the first time. The men developed camaraderie with other men managing similar issues. Participants developed coping skills[12] that helped empower them to deal with mental health challenges, which included finding productive ways to spend their time. Participants were provided with information and supported to access community and public services and training. Participants increased their confidence and motivation to engage in training and other support services. From this process they experienced the following outcomes:

1) An improvement in mental health: A significant improvement was experienced by 59% of interviewees (n=13), which was defined as a reduction in suicidal thoughts or significant improvement in long term-depression. 23% (n=5) experienced a moderate improvement in mental health, i.e. a reduction in mental distress or anxiety.

2) An ability to attend training post Mojo: 59% went on to access further training programmes upon completion of Mojo, after many years of accessing no services and a starting point of low motivation or ability to engage with training or employment programmes.

3) A reduction in self-harming behavior: This was experienced by 27% of total participants (n=6). 100% of people who came to the group with a recent history of self-harm experienced significant positive change in this behavior.

4) Improvement in physical fitness and health due to changes in lifestyle: 77% (n=17) experienced a moderate to significant increase in physical health defined as either regular exercise at least every two weeks or an improvement in diet and nutrition.

5) A reduction in isolation from family and friends: 77% (n=17) of attendees experienced significantly improved communications and connection with family, friends and/or community.

6) A reduction in problematic alcohol or drug use: This was experienced by 45% of men (n=11).

These outcomes are discussed in significant detail in the rest of this chapter.

12 Following the focus group, self esteem and improvement in coping skills were considered as programme outcomes, however following further interviews it was considered more appropriate for these to be considered precursors to the outcomes of; 1) improved mental health and 2) access to training and employment supports.

Increase in mental health and wellbeing

The interviews[13] found that 81% (n=29) of men experienced an improvement in mental health. Of this number 59% (n=21) experienced significant improvement and 23% (n=8) experienced a moderate change in their mental health. The remainder of men (n=7) did not experience any change or experienced only small outcomes, which were not considered significant enough to be valued within the SROI.

Research shows that mental health and an absence of depression or distress has a significant impact on people's quality of life: 'Data suggest that having either depression or anxiety is around five times worse than the worst physical health condition for people's subjective wellbeing' (38).

A 'significant improvement' for Mojo participants was defined most commonly by two experiences. The first of these was a reduction in the desire to complete suicide. 45% (n=10) of the men reported having undertaken a recent suicide attempt, or of having made clear plans on how they would undertake suicide, or were consistently thinking of suicide in the six months prior to attending Mojo. If this is translated to the full 36 participants it can be estimated that this would have resulted in 16 men experiencing this outcome.

At the time of interview the majority of interviewees said that they occasionally think about suicide, but could now understand what was happening to them and use coping skills and support networks to restore their sense of wellbeing, when needed. No one described himself as being at risk of suicide currently[14]. A minority (18%, n=4)

[13]Interviews were conducted with 22 out 36 men. To estimate the total number of men who are likely to have experienced a specific outcome, the percentages experiencing an outcome from the 22 interviews were multiplied by 36 to ascertain the likely proportionate change for all the men who attended Mojo.

14It is important to highlight that not considering themselves at risk of suicide did not mean that the men were not actively managing their mental health challenges at the time of interviews. Also, while mental health had improved substantially for the vast majority of the men, this was not so in every case. One individual in the interview wished to have further supports and was referred back to Mojo staff. Another reported that one of his fellow Mojo participants was having a challenging time, and this information was passed onto Mojo staff to support follow-up.

said they no longer thought of suicide at all. The change from being at risk of suicide to not being at risk of suicide was the most significant and valued outcome from the Mojo project for those interviewed.

The second, not mutually exclusive experience, which was considered an indicator of significant change, was a reduction in feelings of depression, as self-determined by the men.

The state of mind of the men prior to Mojo is exemplified by the following quote:

'The water was at the top of the glass, and then it just overflowed and I couldn't stop it. That was it for me. I couldn't cope anymore'.

The change or significance of Mojo in relation to feelings of depression or thoughts of suicide is illustrated by the following quotes:

'I think of suicide but not anywhere near as much. When I do I use my tools, I attend here (the Men's shed), I know what to do'.

'I don't have any more thoughts of suicide, now I think, this is worth it, I'm not going through that again (suicide attempts)'.

'I learnt about my triggers from listening to the tutors and the other lads, now I know when it's coming [thoughts of suicide] and I pick up the phone and call someone, I couldn't do that before'.

When asked how much Mojo contributed to the reduction in suicidal thoughts or feelings of depression, compared to how much they attributed their positive change to other supports such as family and friends or other services, the average percentages provided by the participants to explain the attribution of Mojo were[15]:

- The men who experienced significant change estimated attribution for this change to other sources, such as family and health services to be 11%, meaning that Mojo was considered to have been responsible for 89% of the positive change.

However, attribution was also increased to account for the role of the Men's Shed for the eight men who attended the Men's Shed after Mojo. If an additional 30% attribution was allocated to the Men's Shed for these eight men, all of whom are in the significant

[15] *Once the concept of attribution was explained in the interviews, respondents found it easy to provide a rationale for where the attribution would be allocated for the change they experienced.*

change category, then the overall attribution figure for a significant change was 18.6%[16].

- The men who experienced moderate change estimated attribution for this change to other sources, such as family and health services to be 30%, meaning that Mojo was considered to have been responsible for 70% of the positive change. There was no attribution provided for the Men's Shed as none of the men experiencing moderate change attended the Men's Shed.

The fact that Mojo accounted for a greater percentage of the change in those who experienced significant change as compared to those experienced moderate change can be explained by the following contextual information, which was provided by participants:

- For many experiencing significant change, anti-depressants had not had a noticeable effect on them in the past years, or positive effects had plateaued, whereas Mojo had changed the way they felt on a day-to-day basis[17]. Therefore the contribution of medical and mental health services was considered to be small.
- Those with significant change in mental health had experienced mental health stress for longer than those with more moderate change. Throughout this experience they had not found services or activities that could improve their mental health with the same impact that Mojo did.
- Men who were experiencing more mental health distress were also generally more isolated from family and friends, meaning that these supports were considered not an accessible support.

Other services or people contributing to the change, as stated by the men, were mental health services and family members in all cases. Those experiencing only

[16] *(8 x41=248) +(24x11=143)/21=18.6. This calculation means that eight men had an additional 30% attribution included as a result of being involved in the Men's Shed, the other 24 men had an attribution of 11% that was allocated to other services.*

[17] *Most of the men who were taking prescribed anti-depressants prior to Mojo reported still taking these. However In one instance, a doctor interviewed as part of the process reported that as a result of attending Mojo he had stopped one Mojo participant's anti-depressant prescription due to improvements in mental health.*

moderate change saw a larger role for these two supports.

When the participants were asked about the value of this change, all those who had experienced significant change named this outcome as 'priceless'. The general sentiment was that the value of improvements in mental health outweighed the value of other material objects in their lives put together (the family home was not included in this assessment).

The valuation method used to identify a value for the significant change was to look at medical research using quality of life adjusted years (QALY). QALY is an estimation of the impact of health services on quality of life and length of life. Another way of describing a QALY is that it is a measure of the welfare losses associated with different health conditions (38).

A QALY has a generally accepted value of between £25,000 - £30.000 in U.K currency (36). Research shows that, on average, severe depression reduces the 'value of a life-year by 0.2 to 0.4 QALYs' (36); other research estimates this at specifically at 0.352 (52), which is figure used within this report. Using this data the value of reducing serious depression can be seen as being equal to €12,159 (0.352 x €34,543[18]).

Moderate mental health problems, described as a reduction in anxiety, are assigned a QALY of 0.098, which results in a valuation of €3,385 (.098 x €34,543) (52).

The men were asked how long they think their mental health improvements will last; the average response was three years. The rationale provided for this was that the knowledge and skills they had developed would not disappear quickly over time. The majority 81% (n=18/22) reported maintaining the benefits, on average, a year and half after treatment. This fact, combined with the men's expressed desire to continue practicing the news skills, points to a three to four year benefit, which has been conservatively estimated within the SROI at three years. Research supports participant assessment that outcomes are likely to last for three years (48, 49, 50). Coping skills from psychological interventions have been shown to have a continuing and significant

[18] *Using XE Currency converter on August the 1st 2014*

effect at two to three years post intervention.

Drop off; the reduction in causality between the outcome and the Mojo programme was estimated at 40% annually. This means that for those maintaining the outcomes it is assumed that just over half of this benefit each year is as a result of their attendance of Mojo.

Deadweight, the change that would have occurred anyway without the Mojo programme, was estimated at 20% for a moderate change and lower (at 15%) for a significant change. These figures reflect the fact that the men who experienced significant change reported being severely depressed or suicidal for years prior to Mojo, indicating that few were able to change this situation without support. This is based on respondent comments in relation to their inability to turn their situation around prior to Mojo, even though they had or were currently accessing other medical and mental health services. Research supports this assessment, noting that depression is a chronic reoccurring illness and is not improved in most cases without some form of treatment (51).

Increase in engagement with employment or training services

On average, the men had been unemployed for five years. The least time within the group was less than six months and the most was twelve years. There was a clear pattern in relation to motivation to engage in further training and supports decreasing with longer period of unemployment, a fact observed by both those people only recently unemployed and people unemployed for longer periods. The quote below highlights that the longer a person was unemployed the more likely they were to become disengaged from supports and opportunities:

'Prior to Mojo I stayed in my house for five years, without hardly leaving'.

59% (n=13) of men stated that they had gone on to access further training following Mojo and viewed this as largely a result of Mojo. If this change is calculated across the whole Mojo population this outcome can be estimated to affect 21 men.

It is important to note that if the men had been accessing training prior to going to Mojo and also accessed training afterwards, this was not counted as an outcome.

The reason being that Mojo did not increase access to training as motivation and ability to engage with training pre-existed the Mojo programme.

Training that was accessed by the men included: Threshold training, CE programmes, internship, professional courses, third level education, adult educational course and FETAC courses (1). The distance travelled for the men experiencing this outcome is described by the quote below:

'Before Mojo I had no work place training, after I did a computer course and have looked for others. It gave me the motivation to do something'.

A proxy figure for this increase in awareness and motivation has been calculated at the cost of a life coach: four to six sessions is valued at €480[19].

The average attribution to factors other than Mojo, such as the influence of friends, family and other services had an average figure of 13%. This was increased to 24%[20] to account for the influence of the Men's Shed, which has a 30% attribution estimated for the seven men attending the Men's Shed and who experienced this change.

The participants considered this benefit to last two years. The men were still attending or planning to engage in the training at, on average 18 months post Mojo, which supports this assertion. Research shows that the affects of programmes aimed at increasing motivation of long term unemployed people to access training and seek employment can last up to four years (55). An annual drop off figure of 50% has been estimated to account for a reduction in causality between the outcome over time and the influence of Mojo.

A comparatively low figure for deadweight was provided due to the fact that the majority of men who were considered to have made significant change in this area, stated that their motivation to undertake training was extremely low prior to Mojo. The evidence of their engagement attested to this. However it should be noted that they were able to attend Mojo, and may, with appropriate support, also have attended another programme. 25% has therefore been estimated for deadweight:

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[19] *Figures obtained from three websites from the national coaching website http://www.lbcai.ie*

[20] *(41x7=328)+(14x13=182)/21=24*

the change that would have occurred anyway.

According to interviews, four men had gone onto full or part time employment following or during Mojo. However this was not attributed to Mojo, but rather to a change in circumstances, namely an upturn in the construction sector, or to the good fortune of a job becoming available through an existing network. In each case the individual journey to employment was discussed and Mojo was not considered to be a contributing factor in any these journeys. It would have been possible to include the cost benefit of an individual taking up employment, however given that the attribution was assessed as being 100% attributable to other factors this outcome would have no influence on the SROI figures. As such the move to employment was not considered material and has not been included in the SROI.

Decrease in self-harm behaviour

Self-harm is defined as 'a broad spectrum of non fatal acts of self poisoning and self injury… not a diagnosis but a behaviour associated with a range of mental health disorders and social distress' (8).

Self-harm is viewed as a common indicator of suicide risk (8). A U.K NICE guidance document on self-harm (45) states that after a self-harm incident: 'the rate of suicide increases to between 50 and 100 times the rate of suicide in the general population' and also that 'Men who self -harm are more than twice as likely to die by suicide as women and the risk increases greatly with age for both genders'.

Self-harm is generally a challenging and negative experience for those involved. The Mojo participants who experienced this described it in terms of negative coping behavior and one that they wanted to stop but could not.

Six men of the 22 (27%) interviewed stated that they had self-harmed in the six months prior to Mojo and that they had not self -harmed in the six months post Mojo, or had experienced only a small relapse, which they were able to manage effectively. From this data it is estimated that this outcome was experienced by ten individuals in total.

For the men in question this change was extremely important and valued. Self -harm led to feelings of

guilt and shame, and increased feelings of isolation. No longer experiencing these feelings was reported to greatly improve wellbeing and to contribute to a significant reduction in anxiety and shame.

The value of reducing self-harm to the individual has been calculated by the cost of psychological interventions for the treatment of anxiety, which research (48) indicates is calculated at €874 in 2006. This has an inflation adjusted value of €1,100 in 2013 prices[21].

Interview participants who experienced this outcome viewed the influence of family, and friends and other health services as accounting for 11% of the change. However this has been increased by 30% to account for the impact of the Men's Shed on the four men who experienced this change and attended the Men's Shed[22]. The final amount for attribution to factors other than the Mojo programme was 31%.

A conservative estimate for the length of time this outcome would benefit the men was three years, based on feedback from the men of their current desire not to return to self-harming, which was on average 18 months post Mojo. The research on the duration of the effectiveness of coping skills interventions supports this estimation (48, 49, 50). Men were also able to discuss how they had developed positive coping mechanisms, which they could employ in place of self-harm.

Deadweight and drop off were estimated as the same as changes in significant mental health (15% and 40%), given the intertwined nature of these two outcomes.

Reduction in isolation

77% of interviewees (17) had experienced a significant positive change in relation to their sense of isolation. Therefore an estimation of the total number of men experiencing this outcome is 27 (77% of 32).

The men commonly described their experiences prior to Mojo as being defined by broken relationships with family and friends, resulting in a strong feeling of loneliness and separation. This was due in part to an inability to communicate about mental health issues.

[21] *Using the inflation calculator at http://www.globalvaluexchange.org*

[22] *(41x4=164)+(2x11=22)/6 =31*

'For years I had two faces one people could see, and one that was real'.

"My family noticed a problem before I did, but I just shut down. The first thing I had to do was admit there was a problem, but I could not'.

They stated that prior to attending Mojo they felt completely disconnected and isolated, which for a number of men resulted in locking themselves away from any social interaction for weeks at a time. For others this resulted in a fear of being out of the house and of walking down the street. For others they no longer felt part of a community or social group:

'All my friends are working and I have no money to be hanging out with them, so I was just stuck in the house 24/7, and things were not good at home, so I felt really isolated. I always worked with my hands and I was at a loose end. It made me feel really down'.

Isolation was seen by the men as having a connection with depression and suicidal ideation. This relationship is also reflected in research: 'social isolation, loneliness and being divorced, widowed or single also increase the risk of suicide for older men' (2).

The men stated that by being able to connect with each other, they were able to learn how to talk with others about how they were feeling. The process of reconnecting with family and friends was not seen as instant but rather something requiring ongoing work:

'When I was depressed a lot of people got hurt, it's a slow healing process with my wife, it's like dating again'.

'Bridges are being built, my family are not walking on eggshells around me'.

The value of this change has been estimated at £1,850, which is based on the value of being a member of a social group using Wellbeing Valuation[23] techniques (57). This is the equivalent of €2,337[24].

The average attribution for the contribution of family and medical services was 14%. However this has been increased by 30% for the

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[23] Note that while some HACT calculations should not be used with other value assessments, such as an improvement in mental health, as this would lead to a double counting of some outcomes, being a member of a social group is not affected by any restrictions and so can used in this SROI without danger of over valuation.

[24] Using Calculated using XE currency converter on July 29th

eight men who attend the Men's Shed. The final attribution is 22%[25].

A three-year term for the effect of this change has been estimated, this is based on the current levels of isolation and the efforts that men discussed in relation to maintaining relationships. The majority of men reported significant improvements in isolation as compared to their pre-course experience, and had clear plans in place to support the maintenance of this. The men within the focus group also commented that once they realised the importance of these networks in relation to mental health, this knowledge and the value of this could not be taken away.

The Mojo participants stated that the frequency with which they were connecting with others on the programme was decreasing over time so a more significant drop off of 60% has been estimated to account for the reduction in causality between the Mojo group and this outcome over time.

It should be noted however that at the time of the interviews the majority of men were still in contact with others from the programme.

Given the fact that so many Mojo participants reported experiencing this isolation for many years prior to Mojo, deadweight of 15% has been estimated.

Reduction in substance misuse (alcohol and drugs)

11 men (50%) on Mojo were experiencing problematic issues with alcohol and drugs prior to starting and have improved this post Mojo. 45% (10) of those stated that they had made significant improvements in this area of their life, which they attributed in some part to Mojo. One individual was on a methadone programme and said that Mojo has been beneficial however as he had significant supports in his life, he did not attribute his ability to maintain his drug-free lifestyle to Mojo. This individual's change has therefore not been included in the calculations.

The SROI only records 'significant improvement' in relation to substance misuse, this was defined as reducing use from problematic to social use, moving into treatment or becoming abstinent. Abstinence was achieved by four of the men. These experiences are illustrated by the following quotes:

[25] *(8x41=328)=(19x14=266)/27=22*

'I was going from couch to couch, partying too much, to block it out you know, but I learnt that it doubled my problems'.

'I would not go into Mojo after having had a drink. I was an alcoholic. I have just finished rehab and Mojo was responsible for some of that. Rehabilitation was just like Mojo'.

'Yes, I was drinking very heavily and this changed significantly 'I still take a pint alright, but not like I was. I wanted to stop and get myself together. It woke me up to what I could do, it opened my eyes I went on another course straight after... Mojo was responsible for encouraging all of this change for me'.

The Mojo participants discussed the relationship between alcohol use and poor mental health, a relationship that has also been noted in Research. Irish research in 2010 estimated that 'over the years 2000-04, 37% of male and 25% of female suicides were attributable to alcohol' (11). Reducing alcohol use is therefore valuable it in itself as well as being valuable as way of reducing suicide risk.

The range of attribution provided by the men was notably wider than in other outcome areas. The average amount that other services, such as the GP or another addiction services were thought to attribute to the change in behavior was 12%. This has been increased to take into consideration to influence of the Men's Shed on the three members who attended here[26], providing a final value of 21%.

The value of this change has been calculated based on a cost per unit for a state funded NGO-managed substance misuse 12-week day programme. This service is within a forty-minute drive of Tallaght. The values of two separate day programmes in this service were averaged; one a drug specific programme (€1,800) and the other a general substance misuse day programme, including alcohol (€1,500)[27]. The average valuation was €1,650.

It is of note that the men on Mojo all reported that they are maintaining their gains in relation to substance reduction or abstinence

[26] (3x42=126)+(7x12=840/10=21

27 These figures are from an unpublished cost per unit analysis that was undertaken by Quality Matters. The cost per unit analysis considered all income and divided this against each element of service delivery based on a weighting of staff time. While there are numerous national figures for residential treatment available, as a comparative for this project, a day programme with a similar key working function was considered a closer comparative to the experience received by these participants. Both Mojo and the comparative project refer onto residential programmes.

at an average of one year post programme, this does not include an occasional lapse, if the men renewed their progress towards their goals following the lapse. It is important to note that a number of the men did not consider themselves as alcoholics, but engaging in destructive drug and alcohol use in order to cope with unemployment and mental distress.

The period of time for this benefit has been conservatively estimated at three years. Research into the affect of treatment on problematic drinkers (20) highlights that for those with only problematic rather than addictive alcohol use, the majority of people once having received an intervention and having made a change will maintain change for a number of decades, data was included from studies with 20 year and 60 year follow-ups). This research points to smaller drop off than other areas, with there being a strong causation between an initial interventions and sustained behavior change. Drop off for reduction in alcohol and drug use for the men in Mojo has been estimated at 25%.

Research, which was undertaken with 40,000 people in the US (20), indicated that 75% of people who are engaged in problematic drinking are likely to reduce this, at some stage in their life, without further intervention. Therefore the deadweight, what would have happened anyway, has been estimated at 50%, to account for the fact that most of the men may have reduced this behavior. Given the small timeframe (one year) it is unlikely that the full 75% would have reduced this problematic use without intervention.

Clinical research shows (3) a strong connection between an increase in wellbeing and a reduction in problematic alcohol use.

The review has not included the costs of problematic alcohol and drug use in relation to policing and justice. While this question was not asked directly to the men, the men did discuss their drinking and drug taking prior to Mojo and only one individual spoke of experiences of a police related incident in relation to their drug and alcohol use.

Improvement in physical health and fitness

77% (n=17) of participants reported a significant improvement in physical health and fitness. Using this data it can be estimated that 27 men from Mojo experienced this outcome. ‘Significant change’ was defined as an individual taking very

limited or no exercise in the six months prior to the course and taking regular exercise in the six months following the course (at least fortnightly). In many cases the men had experienced weight loss as a result of the additional fitness. Alternatively this change could be defined as a well-balanced and managed diet, when previously there was none.

The men stated that the programme had provided information on how to exercise affordably as well as providing evidence of its effectiveness on wellbeing. The men commented that their motivation to establish exercise routines and to change their diet had significantly increased and resulted in sustained behavior change in the majority of cases. 17 men (77%) who had experienced significant positive change following the programme were still undertaking regular exercise and the few (n=3) that had lapsed were intending to start again.

The interviewees also saw exercise as core for managing stress. This reasoning is supported by research: an American study undertaken with 156 individuals with a diagnosis of depression found that exercise led to a reduced probability of a depression diagnosis ten months after the initial exercise programme (5).

The following quotes illustrate how the programme opened up new options for the men and how exercise and improved both mental health and physical wellbeing:

'I tried yoga after the course; I never would have done that before. I quite liked it too! I am much better at looking after myself now.'

'I went to the doctor, I wasn't feeling great, he ran some blood tests and he said I was fine, so it was just a chemical reaction to how I was feeling. I was really surprised. I'm feeling perfect now, you can see the connection between how your health is and how you are feeling (mental health)'.

The value of taking up exercise at least once a month has been valued at the average yearly cost in a low cost gym in the Tallaght area[28] which has an annual membership of €300.

The attribution for this outcome was based on feedback from participants. Family and the GP played a role in assisting the men to

[28] *Membership fees for a local gym in Tallaght are €24.99 per month and approximately €300.00 per annum (http://www.f4l.com/tallaght/index.htm)*

make these changes; on average this was estimated to be a 13% attribution, meaning that Mojo was considered responsible for the vast majority of this change. For the eight men attending the Men's Shed and additional 30% attribution was added for the role this played in maintaining motivation. The final figure for attribution was 20%[29].

Research shows that behavioral change from health and fitness programs have been shown to last for up to three years (47) and frequently taper off after this. Drop-off was calculated at 50% to highlight the lessening role that Mojo would have in relation to continued behaviors over time.

[29] *(7x43=301)+(20x13+247)/27=20.7*

The views of those who left prior to the course end

The courses had high rates of completion, at 89% overall. To ensure the experiences of those who left the course were included, four people who left the course early were purposively sampled.

One individual attended for one class and subsequently left and attended a computer programming course. At the time he was looking for employment and had no issues related to mental health or coping skills, in his own words:

'I was in great spirits, not a bother on me. I stuck out like a sore thumb...'

Another individual left two weeks before the end of the course. He said that the he didn't really have mental health issues and so the course was not really for him, he left towards the end as he felt he was taking a place that could be usefully used by someone else. He also commented that he saw the course as very useful for others on the course.

Another individual attended for approximately three sessions, but left due to a clashing schedule:

'I wanted to finish it but another course came up, in the end I didn't do this, but it was too late to come back to Mojo'.

While attending for only three sessions, he enjoyed the course and said that the relaxation and mediation lessons were particularly helpful, a year latter he is still practicing this and says it has made a difference in his ability to manage anxiety, he attributed

about 30% of this change to Mojo teaching him this practice[30].

The last individual left the programme due to conflicting schedules and said he gained the benefits of increased knowledge and motivation to exercise and would recommend the programme to other men who were unemployed.

One other individual who attended the full programme also had a similar experience to those who left early. This individual stated that while the programme was well run and of obvious benefit to others, due to the fact that he was not experiencing mental distress the programme was not particularly relevant to his needs:

'It wasn't really explained to me proper, I went to show social welfare that I was going to courses. I stuck it out but it wasn't for me'.

The experiences of these individuals highlight the need for a clear referral process, which is aimed at explaining the programme and the target demographic to potential attendees. There was clearly less benefit to be gained from the programme for men who did not self-assess as experiencing mental distress as a result of unemployment.

The value of preventing a suicide and why this is not included in the SROI

Irish research states suicide is a rare event even among at risk groups. For example, in the group with the highest suicide rate – young unemployed males – the annual suicide rate would seem to be no higher than 125 per 100,000 population or 1 in 800 (10).

Given the impossibility of proving that Mojo would have prevented a suicide this has not been included within the SROI. The reason for this is that despite a number of respondents commenting that Mojo prevented them from completing suicide; there is no available evidence to prove that this would have occurred.

However discussion of the value of a prevented suicide is important given the number of men who expressed this sentiment, even if it is not valued within the SROI.

Within the focus group, four out of seven men stated that they endorsed the following comment:

[30] *These figures were included in the general calculations, although have also been detailed to inform discussions about the impact of the course on those who left before the end of the programme.*

'If there was no Mojo there would be no me'.

Throughout the whole research 13 men (59%) said that they were either planning, frequently thinking about or had tried suicide prior to the programme.

It is important to discuss and understand the literature in relation to this issue and the value of a suicide prevented. According to Reach Out, the National Suicide Strategy (2), the costs of a prevented suicide for a man in 2002, excluding the costs of lost productivity[31] is €1,328,026. The cost per suicide for direct costs i.e. emergency services stands at €3,593 per death, with the human costs estimated at €1,245,947 per suicide (2).

For anyone experiencing a suicide in their circle of family and friends, this figure will most likely seem a gross underestimation. Putting a value on the life of a loved one is, at a personal level, is an impossible task. However to support policy making this is a necessary undertaking. The costs provided within the Irish Suicide Strategy are largely comparable to other international cost estimations of suicide (17):

- Scotland: £1,290,000 per case in 2004
- New Zealand: £1,158,768 per case in 2005
- England: £1,450,000 per case in 2009

When reading this report and evaluating the logic behind the SROI, it is important to note that while the value of a life saved through a reduction in suicide has not been included, this should also not be ignored. If the Mojo programme could be shown to have prevented a suicide, then the value of programme would increase significantly. Using NOSP cost of suicide figures (related only to professional services and human suffering) the return on investment if this value was included, would rise to over €300 for every €1 invested in the programme.

Summary

The men on the Mojo programme experienced a significant improvement in their quality of life,

[31] Loss of productivity costs were excluded in this calculation as there is argument over whether these costs should be inversed when an individual is unemployed (16). Another argument for leaving out the costs of loss of productivity is that these costs are nullified when labour can be replaced by a pool of workers, especially in jobs with lower barriers to entry (17).

and for almost two thirds of participants the outcomes were considered to be life changing.

A number of interviewees who had been unemployed for six months or less highlighted that their situations before starting Mojo were not as difficult or challenging as for many in the group who had been unemployed much longer. While they did not experience such significant improvements, they commented that they might have spiraled into feeling worse had they not attended Mojo:

'I was stressed but not distressed. I was surprised I was able to speak in front of people, things that I didn't think I could speak about, I spoke about. If I was longer out of work I would have needed it more. I went into Mojo at the right time. It helped me accept what had happened to me.'

The value of the programme for those who had been unemployed for longer was higher, which highlights the important role that Mojo has for the long-term unemployed.

9. The value of change for family members and friends of the men Involved in Mojo

The theory of change

At least three quarters of the men in the programme had children (1). In the interviews a number of men stated that they had learnt skills that allowed them to be more participatory and positive family members.

To explore the impact of these changes on the family, four interviews were undertaken with family members, three of these being partners or wives of the men, and one with a best friend – as around three quarters of the men had partners and a quarter did not.

The change that occurred for interviewees was:

The men learned to communicate better, which meant they were more present and involved as parents. This had a positive affect on the other parents' experience. The men became more socially active and engaged, which led to more interest in engaging socially or spending time together at home. The men learned coping mechanisms, which meant they could be more supportive as husbands, partners, fathers or friends.

Research reflects these findings and has found that impairment of social functioning in patients with mental health challenges is closely related to the sense of burden felt by the family member caring for the individual (13). There is a strong connection between coping processes in individuals with mental health challenges, like depression, and easing sense of burden or worry in family members and an increase in wellbeing (14).

The value of improved relationships

The men's partners and friend discussed how participating in Mojo provided their relationship with

additional value in terms of personal wellbeing. Partners stated their husbands were more supportive in their marital relationships and were more present and reliable.

Part of this improvement was that the men were more likely to participate in socially engaging activities outside of their home. This engagement led to partners being happier and more relaxed in their relationships knowing that the men were engaging positively in social and community activities. This engagement was also seen as reducing tension within the home as partners had time to themselves.

Enhancing this relationship led to more communication and interaction between spouses. One interviewee stated that:

'When he has something to do, things are lot easier – when he is happy, I'm happy and it's better for both of us'.

All interviewees stated that they felt happier in their personal life and stated that this was a large improvement for them.

As all the partners and friends contacted were connected to men who had rated themselves as having made significant change. The full population for this group is considered as only the men in the programme who experienced significant mental health improvements.

The outcomes in this section are therefore being measured for 21 men. Based on these four interviews it is estimated that 100% of those 21 families and friend relationships experienced significant positive change.

The value of improvements in family relationships is calculated based on a proxy of the costs of six couples counseling sessions, which were identified by the women as having potential to create the same value. The cost of this proxy was based on a low cost counseling service My Mind who provide couples counseling, sex sessions costs €600[32].

Stakeholders were asked how much of the positive change was a result of other factors, an average 9% was estimated by the respondents as due to the influence of family members and/or medical professionals. This was increased to 22%[33] to account for the fact that six of these men

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[32]mymind.org a low price national counseling service prices couples or family counseling at €100 per hour.
[33](6x39=234) + (11x9=99)/15=22

attended the Men's Shed. Mojo was viewed as the main contributor to the change.

Family members stated that this change had been maintained at, on average 18 months post course, therefore the time frame has been estimated at two years, with a 50% drop off.

Respondents considered that this change had a small likeliness of occurring anyway, deadweight has therefore been estimated at 10%. This was based on the fact that the majority of the men, who experienced significant change in relation to their mental health had been disconnected from the family and intimate relationships for a number of years prior to Mojo.

The value of parenting supports

For men with children or grandchildren, their partners or spouses recognised how improved communication and engagement in their home life led to better parenting or grand parenting support. The perceived positive change in parenting was based on the availability of time spent with children / grandchildren and the ability to better communicate and be present within their parental roles:

'When he was attending Mojo, our grandchildren would come over more and they were able to talk with him.'

75% of interviewees experienced this, which leads to an estimation that this would have benefited 15 families within the programme[34].

Research shows that children experience negative outcomes as a result of their parents having reduced mental health, 'Children aged 4 to 11 were more likely to have mental health problems if they had a psychologically distressed father' (54). Negative effects of parental mental health are shown to the same regardless of the gender of the parent (54).

A synthesis of research on community interventions has found no conclusive evidence on child wellbeing from parental programmes targeted at parents with mental health issues (54). This research supports a low valuation

[34] *Taken from a population of only the families of men that experienced significant change in relation to mental health (n=21).*

for this outcome, as the impact has no strong evidence base.

One way of conservatively valuing this outcome was to compare the outcomes to a short parenting programme. This translates to €98[35], with a two year impact period and 50% drop off and 25% deadweight. This calculation did not meet the criteria for materiality, translating to only €1,102 of impact. This outcome has therefore not been included in the final SROI valuation.

Summary

Families and partners experienced change, which was highly valued following their partner attending a Mojo course. They saw this change as being largely attributable to Mojo and as lasting between one and two years.

[35] *Based on the average of three parenting programmes from the Barnardos website.*

10. The Value of Change for Organisations Involved in Mojo

Introduction

20 organisations were involved in either the Advisory Group, in providing key-working and link services to the men or in delivering information sessions to the group. Organisations were involved as they saw the value of the programme to the client group as well seeing how the service could assist in meeting their own services objectives by providing clear referral pathways to and from their service.

The contribution of organisations time and expertise and the coordinated service delivery approach were viewed as core to projects success by all those interviewed through this research as well an in the process evaluation undertaken in 2013 (1).

This section of the report includes the responses of 12 professionals from 12 organisations, which provided information on the inputs and outcomes of 14 people. Eight professionals provided information through interview, lasting approximately twenty minutes and four through survey.

All of whom had been involved in the programme for at least four months. One individual had contributed to the programme as a volunteer as well as receiving some payment and all other professionals were undertaking the work as part of a paid role. For some this work was core to their role and for others it had value as it was offering a chance to develop new skills:

'It is so different from the work that I do that it was really satisfying to do something so innovative and so different to our usual work'.

The value of professional time given to Mojo

The time that professional contributed to the programme has been valued and included in the SROI. Each of the 12 people contacted were asked to add together the unpaid time spent in meetings, with the group or individuals from the group, as well as including any travel or preparation time. Interviewees

provided information on themselves or their colleagues.

The average time in hours that an organisation contributed was 46 hours. If this is multiplied by the 20 organisations involved, an estimate of time contributed is 920 hours, which translates to just over 23 working weeks[36] of donated time, or almost six months.

To calculate the value of this time an average hourly rate was required. Professionals were also asked to provide a reasonable approximation of their hourly rate, or this was calculated from gross salary figures. The average gross hourly rate was €45.

Therefore, the overall input costs from other partner organisations was €41,400.

[36] *Based on a 39 hour week with lunch breaks included.*

Professionals were asked if the outcomes for them of their service were worth the time they committed to the programme, 83% responded that it very clearly was worth their time, two interviewees felt the time the had given was not sustainable in the long term.

The theory of change

Professionals were asked whether as an individual or as an organisation received any benefits as a result of being involved in the programme. There were three agreed benefits to being part of the Mojo partnership, these were:

- The organisation had an opportunity to let other services across Tallaght know in detail about their services and what an appropriate referral to their service would be.
- Professionals gained a better awareness of local services, making their client work more time efficient and of better quality.
- Professionals benefited from training as well working with other skilled professionals, which resulted in an increase in workplace skills or better capacity to take on a lead in relation to new projects within their own work

The value of promotion

58% of professionals stated, on behalf of their organisation, that as they engaged with Mojo they had to do less work in promoting their service. If that is applied to the total number of services involved, this equates to 11 services that would have experienced this outcome. The value of promotion came

through the multi-agency Advisory Group, which had a focus on sharing information between services and promoting a better understanding of the strengths of each service:

'I was totally taken back from the number of services in Tallaght, I had been working in the area for about five years and learned so much more through Mojo'.

For those who experienced this change, the average value was estimated at €522. Each professional calculated this differently. The common means were calculated using the value of hours that would have been spent on agency visits, or estimating the costs of brochures or holding a large interagency meeting.

It was anticipated that some of this promotion would have occurred anyway if agencies had not engaged in Mojo, as the time spent on Mojo could have been spent on other activities. As such a deadweight figure of 50% has been estimated.

The length of time for this value was generally considered to be two years, with a 50% drop off to account for changes in service information and the need to update this over time.

The value of being able to make better referrals

An improved knowledge of services, which could be passed to staff teams, resulted in a reduction in the time spent researching information to support appropriate referrals.

'We gained a better knowledge of local services, I have been in the post for nine years, and this was very valuable. This resulted in the ability to make more appropriate referrals; it makes for a better working relationship if you understand each other's roles'.

'We learnt about other services in Tallaght. Previously we had read about them from a book, but you don't really know about them until you or your colleagues have an experience with the service of staff'. This knowledge helps our client work'.

This change was experienced by 66% of organisations. From this we can estimate that this change would have benefited 13 organisations that were connected to the Mojo Project. The value of this benefit was calculated in slightly different ways by each agency, in general the equivalent value of staff time through researching and making calls was provided. The average saving in

staff time across the organisation for the 13 months was €417. This has been estimated to last for two years with a 50% drop off to account for changing service information. 20% deadweight has been estimated as services spoke of having a significant increase of in knowledge of services despite working in the area for a number of years.

The value of an increase in skills and work place capabilities

41% of organisations experienced an increase in their workplace skill base due to their engagement with Mojo. The estimate of organisations experiencing this value is therefore seven. For some this was as a result of working with new processes and models, for some this was as a result of applying the learning from training, and for others it was a result of experiencing a well-run project from the managerial perspective.

'I did develop my skills; I have a lot of scope for developing things in my role. It gave me more confidence to take risks and develop things. I will take this learning in other area.'

A good proxy for the value this change was considered to be the cost of a two day seminar (€400) or for some the costs of a small piece of research (€1,000). The average value of these proxy activities is €700. The value of this was considered to last for two years, with a 25% drop off.

The deadweight for this change was considered to be 40%. If staff were not doing Mojo, they were likely to have engaged in other projects providing learning.

The Value of an Increase in Additional Workload (a negative outcome)

As with all interviewees, professionals were asked if there were any negative outcomes as a result of engaging in the programme. One negative outcome that was identified by professional stakeholders involved in the steering group was an increase in workload as a result of being involved.

'There was a lot of input required, which was quite difficult. This was outside normal day-to-day work, we just juggled things around. Now that there are Mojo Staff members this is quite different. Work has reduced by a factor of about three, as there is no care-planning group. There is just the Advisory Group, and one educational session per cycle. Any additional stress was negated by the value of the work and its perceived value'.

'There is a slight addition of workload, but we balanced this out against the outcomes for the men, with this in mind it was worth it'.

When discussing this negative outcome the vast majority of interviewees indicated this value should be significantly lower than the value of the benefits accrued to them.

The value of this additional workplace stress has been calculated at a cost of half the value of the hours spent on Mojo. The half value was estimated with consideration for the consistent views of the stakeholders that the additional stress was insignificant.

The proxy valuation for this workplace stress €1,010, which is half of the value of all hours worked on Mojo by professionals in other organisations over the course of the year that the programme ran.

A 50% deadweight has been estimated; a common theme within the professional interviews was that if they had not been involved they would have been likely to have engaged in another project.

Interviewees also noted that when another part time worker was introduced to assist with link working this made engagement much more sustainable. These comments have influenced recommendations as to limitations to the role of professionals contributing voluntary time in any future role out.

Summary

Overall professional contributed more than they received. The total number of hours contributed to the project to be valued at €41,400.

Those that gave substantially more in hours experienced a much more negative balance in relation to benefits accrued compared to the hours given to the project. Those that gave in the vicinity of 20 – 30 hours saw the project as being a good investment of the time. The balance of outcomes to input reduced for professionals who gave over 40 hours. These professionals generally received approximately the same personal or professional outcomes as those who gave less time. This analysis has informed

some of the recommendations in relation to sustainability and replicabilty of the Advisory Group structure.

However, the majority of professionals considered that it was worth the time they contributed to the project and were proud of their engagement in Mojo.

11. The value to The National Office of Suicide Prevention (NOSP)

Theory of change

NOSP received additional funding in 2011 to respond to specific and emerging issues. This included the needs of men, with a particular focus on men who had been affected by the economic downturn and had lost jobs or businesses and were at risk of Suicide.

Prior to funding Mojo and a small number of other community led projects, NOSP's focus was on funding national programmes[37]. The outcomes of funding Mojo within the period under assessment were;

Mojo's professionalism and success has contributed to a greater knowledge as to the potential for successful programmes to originate at community level, and the potential for national strategy to support this.

The interagency model used by Mojo has provided additional knowledge and awareness as to the potential for, and value of, cross sector working.

The value of the scheme was also considered in relation to its ability to create a replicable model. The Mojo project is currently creating a manual, which is occurring outside of the period under review, as such this value has not been included in the SROI assessment.

The inputs

NOSP funded the project €69,500 in 2012, with €16,000 set aside for evaluation costs. In 2013, the project received €73,500, with €19,740 set aside for development of the Men's shed.

The costs of the evaluation and Men's Shed have been excluded from the input as the two pieces of work are outside of the scope of the SROI. The total contribution over this period of time is therefore €58,153[38].

[37] *Approximately 30 national programmes are funded through NOSP.*

[38] *2012 - €69,500 - €16,000 = €53,500/12= €4,458 x 4 months = €17,833 + 2013 –*

The costs of NOSP processing funding were not included as these would have been in existence if the funding was provided to another service and is therefore considered immaterial to this SROI.

Increased knowledge regards the value of community led approaches

An increased awareness of the value and potential of community grassroots programmes has been an important addition to the strategic thinking of the NOSP. This awareness could have an important influence on the development of future strategy within NOSP.

NOSP staff commented that research may have been successful in achieving these same aims. A small research piece on the grassroots development of successful suicide initiatives internationally can be valued conservatively at €10,000 but this would not contain an "Irish context" which this project clearly offers.

The attribution of other entities to this outcome has been estimated at 70%. This estimation considers two factors; one is that at the time another community led initiative was funded which was also considered as being responsible for this increase in knowledge, this service also had a 30% attribution to the final outcome. The other consideration is that awareness has been supported by general increases in knowledge of staff through attending conferences and reading research, this has been estimated at 40%.

It is also estimated that a portion of this change would have occurred anyway through other community projects that have been funded by NOSP. To account for this deadweight has been estimated at 50%.

Awareness of cross sector and partnership approaches

Mojo's success can be viewed as partly a result of its well managed partnership approach. Mojo has contributed to a growing awareness in NOSP of the potential for cross sector and partnership approaches regarding the delivery of suicide programmes and interventions at a departmental level and community level.

The value of this awareness and knowledge was agreed as participation of three staff members at an international

€73,500 -€19,740 = €53760/12 = 4,480 x 9 = €40,320. Total = €58,153

conference on suicide programmes. This has been valued at €1,800.

The attribution provided to Mojo is 50%, which gives consideration to the other information coming in to the NOSP staff team. It was calculated that 50% of this change might have occurred anyway in relation to the other community programmes funded through NOSP, therefore deadweight has been estimated at 50%.

The value of Mojo's contribution to this learning is expected to have impact for the next two years as the new national strategy is being developed.

This outcome was not included in the final SROI as the value of the outcome did not meet the materiality threshold of €1500.

Summary

NOSP benefited directly from investment in Mojo. These benefits were in relation to awareness and knowledge of how partnership working and community development can contribute to the national suicide strategy within Ireland.

The programme is considered by NOSP to provide a successful template, as stated by NOSP staff:

'We asked them to present at a conference in October 2013 as a model of good practice. The reason for this was that they were innovative and the intervention targeted a specific group who need solutions that work. The level of professionalism in relation to planning and the way that partnerships were managed also considered highlight good practice'.

13. The value of change for referral agents

The theory of change

Seven referral agencies were interviewed as part of the research, which is approximately 60-70% of the total. The feedback on the course was extremely positive, with interviewees noting in particular the fact that the project was well run, the purpose of the programme was clear and well explained.

'Every time they recruit I put the posters up. It has a good reputation as a well-run programme'.

Most importantly they endorsed the findings elsewhere in the report that where they had ongoing contact with the participants, they observed significant positive change.

A common sentiment was also that Mojo filled an important gap in the service provision landscape. When asked who they would have referred to prior to Mojo, there were a number of answers including HSE mental services and community and voluntary services. But the general conclusion was that for this client group, prior to Mojo, there were not appropriate services targeted at the needs of unemployed men in the area. When asked if they had experienced any outcomes as a result of making the referral to Mojo, one outcome was identified by a number of referrers. This was a reduction in the time they needed to spend on follow up.

Some referrers also highlighted the fact that community-based peer services were more appropriate for some people than mental health services, and that it was important for the population to have access to both:

'A lot of men are alienated from their own parenting roles, partially its cultural and part leaning. That's where men groups play an important role – helping men understand their role and competencies as men and understanding responsibilities to self family and society... Not everyone needs psychotherapy; some need a more community-based service that addresses these issues'.

Two referrers have noted the potential long-term change and cost saving. Figures within this report are based on direct reported change by referrers.

Table 5: Referral Agents[39]

Referral Agent	Mojo 1	Mojo 2	Mojo 3
Self-Referral (or professional referral outside of area	5	5	5
Flexible Training Unit			3
Mental Health / HSE or Medical Services	1	6	1
Probation and Welfare Services			1
Department of Social Protection			1
Fettercairn Health Project			1
South Dublin County Council		1	1
Community Development Project		1	
Headway	1		
Village Counseling	1		
Total	10	13	13

[39] *Adapted from a table from the process evaluation report (1).*

The value of a reduction in follow-up time

For two thirds (66%, n=4) of referrers due to the referred client attending Mojo and the perceived quality of the intervention, or in some cases that the individual no longer required such intensive supports, professionals were able to reduce the time they spent with clients.

Example one: A doctor referred two clients to Mojo. In the case of one individual at the end of the Mojo programme due to a significant improvement in Mental Health, the GP and individual agreed to stop his anti-depressant medication. Visits to the GP reduced from approximately every month to approximately every two to three months. Phone calls between visits also reduced significantly.

Example two: A professional within a mental health service that made a referral to Mojo considered that the saving in staff hours through reduced follow-up and support sessions would be, over a year, approximately 20 hours valued at €60 per hour.

Table 6: time saved by referrer and clients

Time saved per client by referrer	Total saving	No. of clients
0	-	1
25 sessions @ €60 per hour = €1,500	€3,000	2/2
One hour 15 minutes @ €50 an hour = €62.50	€62.50	1/2
0	-	2

Six sessions @ €60 = €360	€720	2/2
20 hours of staff time @ €50 = €1000	€3,000	3/3
0	-	6
Total clients referred to in interviews	€2,062	18

It should be noted that for three organisations there were no cost savings identified. In one case this was due to the fact that the time they had to support the men was limited, and following the closure of their engagement with the men they would not generally undertake follow up, therefore there were no savings.

In other cases such as in relation to some mental health services, follow-up was still considered necessary as part of the client's treatment plans, even through the benefit of Mojo was noted. This benefit did not translate to a saving in service provision.

Time saving for health and support services were considered applicable in eight of the 18 referrals (44%). The average saving for these eight referrals was €2,062. From this data we can therefore estimate the cost savings across the 36 Mojo referrals to be €32,992 (16 x €2,062).

This value was estimated by stakeholders to last on average two years. If mental health gains are not maintained, then research points to the likelihood (7) of re-referral to mental health and medical services. Given potential for relapse and the need for further supports a drop off of 30% has been estimated. This drop off is based on feedback from the men and the current rates of maintenance of mental health benefits.

Summary

The feedback from referrers was extremely positive.

'If Mojo was not there I would feel less confident, reassured and prepared in my client work, it's good to have services for all eventualities and there was a very specific gap that Mojo filled'.

Mojo reduced the need for some professionals to provide follow up sessions, which has a saving for the state or NGO service providers involved in delivery of these services.

Alternatively, this saving can be understood as a freeing up of

additional hours so that services can be provided to another person on the waiting list. Mojo therefore facilitates a re-distribution of overtaxed services to meet needs that are not being met.

14. The Value of Change for The Hosting Agency (SDCP)

The theory of change

South Dublin County Partnership (SDCP – Dodder Valley Partnership at the time of establishment of Mojo) played an important role in the establishment of Mojo. Two key senior staff within the SDCP were interviewed and approved the final values and summary within this section of the report.

SDCP led the early interagency discussions and processes, which in turn led to the employment of the Coordinator and the subsequent establishment of Mojo. SDCP staff also gave time to the project through inclusion on the Advisory Group as well as taking on the role of Chair of the committee. The reason the SDCP undertook this work was that it aligned with their mission to develop and provide services to the community, which are currently not available. Mojo was considered to meet an important need that was unfilled by other services in the area.

The benefits of Mojo directly to the SDCP were an increase in knowledge of other services as well as increasing the profile of the work of SDCP. Of course these direct outcomes to the SDCP were in addition to the main reason for supporting Mojo, to provide much needed mental health supports to unemployed men within the area. It was noted by SDCP staff that it would be a requirement in relation to any future potential replication of Mojo to host the project with an organisation with appropriate social infrastructure and credibility, if the programme is to be successful. SDCP was able to provide appropriate levels of credibility and existing relationships with key internal and external stakeholders, without which it would have been difficult to access professionals at the appropriate levels in relevant partner organisations. As stated within the report this interagency feature was one of the key drivers of success of the programme.

Value of inputs into Mojo

As part of the SROI, the costs of all in-kind contributions have been given an equivalent monetary value. The following list outlines the contributions of SDCP to Mojo in the 13 months under review:

- Recruitment costs: eight of staff time hours x €50 per hour = €400
- Supervision: four hours a month for 13 months x €50 per hour = €2,600
- Administration support: two hours a month x €15 per hour = €360
- Provision of appropriate 'male-focused' training space and kitchen: 34 weeks x €100 per week (2 half days at €50 a day) = €3,400

In addition to this, it is estimated that 75 hours were spent on being part of the Advisory Group over this time; this contribution has been included in section six, which looks at the in-kind contribution of professionals to the Advisory Group.

The total value of the in-kind contribution is therefore €6,760.

Value of increased networking

Senior staff in SDCP recognised that engaging with Mojo provided them with additional value in terms of networking. SDCP started from a strong position in relation to having long-term relationships with a number of services. However, Mojo supported the development of better working relationships with services that SDCP had not worked with as closely before, most particularly mental health services and certain services within the County Council. Enhancing these relationships was considered of value to the overall work of SDCP, as stated by one interviewee:

'The work broadened the base of our engagement with organizations we were working with, as well as with different departments within organisation we had worked with. It also engaged us more in health services, which is important to our clients, and has not always been a core aspect of our work'.

The value of this networking was based on an estimation of the equivalent time spent organising meetings or agency visits. This was estimated at four hour per month, as well as a seminar to bring the agencies together, estimated to take 16 hours of staff time. This equals a total value of 62 hours, which valued at €50 results in a proxy value of €3,100 to the benefit of the SDCP. This was considered to

last for two years, and the benefits to be 100% attributable to Mojo. 50% is estimated for deadweight as some change would have occurred anyway.

Value of an increase promotion and awareness

While Mojo was noted by SDCP as being successful at gaining media presence and in profiling the work at national conferences, much of the value of this profiling was seen to support the brand of Mojo rather than that of SDCP. However SDCP did accrue some benefits, particularly in relation to the perceptions of core funders. Key staff stated that:

'It raised our profile with our core funder, and highlighted that we were able to develop and manage successful projects with a health focus'.

This was considered to have a value equivalent to 12 hours staff time, which if Mojo did not exist would need to be spent on building relationships and showcasing the work and capacity of the service in order to achieve these same results. The value of promotion has an estimated value of €600, and would last for two years with a 50% drop off.

However, this benefit was not included in the final SROI calculation as it did not meet the requirement for materiality, which was capped at an impact value of €1,500.

Summary

SDCP established and supported Mojo as part of its objectives to develop services to meet local needs. The project was seen as very successful in meeting its goals, and this was in part related to support, access to relationships and credibility offered by the hosting agency; a learning which may influence any future roll out. The provision of an 'appropriate male-oriented' training space played a further part in the success of the programme. As well as providing significant benefit to the men attending the programme, Mojo assisted the hosting agency to raise its profile with important funding agencies and to develop better working relationships with local service providers.

15. The value of change to the HSE health care services

The theory of change

This section reviews whether the outcomes of the Mojo programme for the individual men will result in savings to HSE general health care services. Research from large-scale studies has been used to provide this information. This research indicates that while a reduction in self-harm and problematic substance use results in savings to the state in relation to medical service use, an improvement in physical wellbeing and fitness does not result in savings to medical services in the short to medium term.

Note that the value of reduced follow up time for mental health services has been recorded in the referrers' section of the report.

The value of reduced demand for health services due to a reduction in self-harm

Data from Ireland shows that self-harm is a widespread issue. 'According to the National Para Suicide Registry, over 11,000 cases of deliberate self-harm are seen in the accident and emergency departments of our hospitals annually and many more cases of deliberate self harm never come to the attention of the health services' (2). A pattern of repeated self-harm presentation is also relevant in Ireland, '21% of all self-harm presentations to hospital in Ireland were due to repeat acts' (2). While not all self-harm will result in presentation to hospital, as discussed below, some self-harm will require medical treatment. It can therefore be assumed that a reduction self-harm will also result in a reduction in costs to the HSE.

Irish research indicates that there are approximately 12,000 cases of medically treated self-harm in Ireland per year. It is also estimated that there, on average, 60,000 cases in total (44). Meaning that approximately 20% of cases are treated in hospital.

Figures are available for total direct costs of self-harm in 2012 in Ireland, which is estimated to be

€20,265,068 (2). This figure relates to 10,500 cases of hospitalized treatment (7). This results in a per-case cost of €1,930.

If only 20% of cases are estimated to present to hospital services then it can hypothesized that, according to national data, two of the ten men who had stopped self harming after attending Mojo would have otherwise used €1,930 of service each every year.

Given the direct causality of services costs to problematic drug use no attribution cost has been estimated. The deadweight, drop off and length of time for the outcome have all been estimated based on research into the reduction in self-harm section, respectively 25%, 40% and three years.

The value of reduced demand for health services due to an improvement in general health

A review of research indicates that an improvement in physical fitness and wellbeing does not lead to reductions in use of health services in the short to medium term. Two comparable studies indicate this. The first randomized control study was undertaken in 2013 in Wales (42). The research reviewed health use of 798 people following attendance in a 16 week exercise programme. The research found no direct reduction in medical costs. However, like the findings this research, the research confirmed wellbeing enhancement for individuals as a result of exercise. The second research undertaken with older people with mental health issues, also confirms that an increase in physical wellbeing as a result of excise improved mental health but did not reduce use of medical services (43). Therefore this outcome has not been valued in the SROI.

The value of reduced demand for health services due to reduction in substance misuse

Another area that was researched to explore whether the outcomes of Mojo could lead to a change in health service use is the reduction of problematic drug and alcohol use. Research (11) published in the United States in 2001 shows the costs of problematic drinking in relation to health service expenditure to be estimated at $367 per person per year.
Research also shows that the use of health services by problematic

alcohol users is twice that of non-problematic users (12). This figure would translate to €360 in Euro figures in 2013[40].

In relation to drug use research, using a similar methodology (19) shows that use of health services (hospitalisation, outpatient and emergency room use) for drug using individuals exceeds what non drug using individuals use (12) by €1,000 per individual based on the American dollar in 1997, this translates to €1,655 in euro for 2013[41]. No similar studies were found in an Irish context.

40 In 2013, the relative value of $1,000.00 from 1997 ranges from $1,360.00 to $1,950.00(http://www.measuringworth.com). The average of these figures translated to Euro equals - €1655.
41 In 2013, the relative value of $367 from 2001 ranges is calculated at $483 (http://www.measuringworth.com) A currency conversion equals €360 in Euro.

Averaging the value of these two figures, it can be hypothesized that for every individual who stops problematic alcohol or drug use the savings to the state is €1007. This outcome has been calculated for the ten men that reduced problematic substance misuse and attributed this to Mojo.

Given the direct causality of costs to problematic drug use no attribution cost has been estimated. The deadweight (25%), drop off (50%) and length of time (three years) for the outcome have all been estimated based on research into the reduction in substance misuse section.

Summary

This research shows that it is reasonable to conclude based on large research findings and national data that a reduction in the outcomes experienced by men attending Mojo will result in savings to general health services as a result of a proportion of the men stopping problematic substance use and self-harm behaviours. Research also indicates that an increase in physical fitness does not result in a reduced health care use.

16. SROI calculation and the sensitivity analysis

Overview

This section discusses the final valuation that is provided by the SROI. To establish the sensitivity of the final valuation a variety of other scenarios have been tested. This provides a range of values for the final SROI valuation.

SROI is a precise methodology although the final valuations are based on a series of assumptions, and the final valuation is therefore likely to be more generally accurate than specifically accurate. This general accuracy is strength of the methodology if explored and critiqued in a transparent manner. Supporting transparency and critique are the aims of this chapter of the report. It is this discussion, which also encourages stakeholders to question for themselves how much certain outcomes are worth.

The discount rate

In this study all the financial values in year two and three have been calculated using a discount rate of 3.5%. This figure appears in the top left of the impact map. This is the standard rate recommended for the public sector by HM Treasury in the U.K (46).

Sensitivity testing

Sensitivity testing is a process that involves considering different valuations than those used within the impact map and described within this report. The purpose of the sensitivity test is to understand how vulnerable the final assessment is to changes in logic and different ways of assessing valuation. To do this a number of alternative scenarios or assumptions are tested within the impact map to ascertain the robustness of the final SROI value. Testing has been focused on areas of high value and in areas where data and evidence for the assumption are less robust, i.e. in some cases research was not available that related directly to issues in relation to deadweight or drop off and so these areas were reviewed in the sensitivity test.

Across all outcomes, upward revisions of 100% were made for estimations for deadweight and

drop off[42]. This means that if the SROI impact map outlined an assumption that 20% of people would have achieved this outcome without the intervention (deadweight) then the sensitivity analysis reviewed the affect on the final valuation of a situation where 40% of people would have achieved the outcome without the intervention.

Across all outcomes, with the exception of 'a significant change in mental health', all of these upward revisions had an affect on the final valuation within a band of €4.90 – €4.96.

Attribution was tested with a 50% increase. The sensitivity test for attribution used an upward revision of 50% rather than 100% as attribution figures were calculated based on information from stakeholder consultations and were therefore considered more robust than assumptions for drop off and deadweight. The increases in attribution, in all categories other than 'a significant increase in mental health' resulted in an SROI range of €4.85 – €4.96.

The sensitivity tests on drop-off, attribution and deadweight suggest that the SROI is stable to within approximately ten cents in financial terms.

The sensitivity tests revealed a larger variation within the category of 'a significant change in mental health'. The reason for this is that this outcome accounts for 56% of the overall impact of the programme. The results of the sensitivity test, in relation to this area were:

- By increasing the deadweight by 100% (to 30%) this reduced the final SROI figure to €4.44
- A fifty percent increase in drop off (final figure of 60%) resulted in a final valuation of €4.38
- A 50% increase in attribution (38%) resulted in a final SROI figure of €4.26

Taking these tests into consideration the final SROI figure has a range of €4.26 to €4.96.

Alternate upward valuations not used in the SROI

This section of the report briefly outlines some of the valuations that were not used within the SROI. The information is provided to give context and to highlight alternative

[42] *When drop off was 50% or above, the sensitivity test was run at a 50%, and a 100% increase would reduce all value in year two or three.*

ways of viewing the value of the programme.

An alternate valuation for the benefit of 'a significant increase in mental health' is provided by the Wellbeing Valuation work of Daniel Fujiwara[43]. To derive the value for the absence of mental distress or depression, Fujiwara and colleagues used large data sets to calculate how many points were related to an increase in wellbeing if a certain factor occurred, such as absence of depression. They then looked at how much an increase in income related to an increase in wellbeing, and providing points for this. By analysing these pieces of data together, a proxy valuation is developed. This method values alleviation of depression at £36,766. Using an online calculator this figure translates to €46,477 as of July 2014. As part of the valuation process SROI requires that conservative estimates be undertaken where possible. The point to be highlighted is the notion that if suicide is reduced then this has a very significant value to the communities, the state and the families affected. When the QALY valuations (€12,159) were contrasted, a decision was made to use the smaller of these in order to ensure that this outcome was not overvalued. Had the wellbeing valuation been used the final SROI figure for the return on investment would have been €13.29.

Another value that was not used within the SROI, and which is worth considering in relation to the wider context of the value of the project, was the value of a programme if it prevented a suicide. The reason that this was not included was that while a number of the men attending Mojo stated that the programme had saved them from completing suicide, this could not be proven, and so has therefore been managed judiciously and left out of the SROI calculation. It is however worthwhile to consider this in a hypothetical sense. If Mojo prevented one suicide across the 36 men, then, using Irish costs of suicide data (2), highlighted previously within this report, and

[43] *Wellbeing valuation (WV) is recognised by the UK HM Treasury Green Book guidance on policy evaluation (15). In essence, the WV approach derives monetary values for different goods and services, like health, housing and social relationships, by estimating the amount of money required to keep individuals just as happy or satisfied with life in the absence of the good. The process uses large national data sets, and so avoids potential respondent bias that may be present in other methodologies such as stated preference, i.e. asking people the value of a non-market good.*

excluding the proportion of this value that includes loss of productivity, it can be estimated that for every €1 invested in the Mojo the social return would be worth over €300. While this figure has not been calculated in the

The SROI calculation

To calculate the social return on investment of the Mojo Project the total cost of outcomes over time (less deadweight, attribution, displacement and drop off) is divided by the total cost of inputs[44].

The final calculation is that for every €1 of investment in Mojo this returns between €4.26 and €4.96 in social value.

This SROI shows that men had significant benefits from the study, the value they attained accounted for 80% of the entire value of the programme[45]. Of note is also the fact that 70% of the value of the programme to men was related to a significant increase in mental health for the 21 men that experienced this change.

Conclusion

According to the National Suicide Strategy 'There is no single intervention or approach that will, in itself, adequately challenge the problem of suicide in Ireland' (2). A broad range of responses is required that meets the needs of both specific and general target groups. This SROI evaluation shows that Mojo has potential to be a core element of the response to older or unemployed Men, particularly those who are experiencing social isolation and mental distress following unemployment or loss of a business.

The strategy also highlights the need for coordinated action across different disciplines. As the information provided by NOSP highlights Mojo has provided a practical example of how this co-ordination and interdisciplinary service provision can translate to client-centered services at the frontline.

The value that is created from the programme is predominately that of the Men who attended Mojo. Within this it is of note that those men who had been unemployed for six months or longer or who were

[44] It also of note that monetary values for future figures have been calculated using a discount rate of 3.5% - which is the basic rate recommended for the public sector by HM Treasury (2003, 2008).

[45] €1,038,306.98 of the value is related to outcomes experienced by the Men attending the programme.

suffering the most distress as a result of employment benefited the most.

The area that accounts for the most value with in the SROI, at 82%, was the value of a reduction in mental health distress. For many of the men interviewed this considered was considered priceless. For the 13 of the 22 men within the interviews who experienced this transition – moving from a sense of unshakeable depression and hopelessness to a feeling of being able to apply coping skills and utilise support networks to manage these feelings, in many cases progressing onto enjoying life and family relationship again, these supports were; in their own words – life changing.

This final SROI figure is comparatively high in relation to general SROI terms. As discussed one reason for this is the effectiveness of the programme in creating change, the other reason is the low cost model on which the service is based. While this can be viewed as a positive, as the following chapters discuss, any future roll out the programme should consider the funding model used to ensure that this is built on a sustainable model that positively utilises interagency supports, but does not rely on these at the cost of programme sustainability.

The following chapters provide recommendations for further development of the pilot and for potential replication of the programme.

The success of the programme as outlined within this SROI attests to the value of considering Mojo as model that can fill a significant gap within existing service provision targeted at men. Mojo complements existing services that exist for the whole community and could lead to further valuable outcomes for individuals, families and communities across the country.

17. Stakeholder feedback on the process and programme

The views of participants

The participants were unanimous in their appreciation of the course. While there were some suggestions as to how the course could be improved, the positive feedback was consistent.

This feedback had one significant key theme, which was, that the respect and trust that was shown to the men by the tutors was key to the programme's success.

Most particularly, the men commented on their tutor's skills in making people feel comfortable sharing and talking about personal and sensitive issues. For many of the men interviewed they were surprised by their ability to discuss their feelings and experiences and all put this down to the skills of the group tutors in creating a positive peer environment.

This sentiment is captured by the following quotes:

'We all threw our stuff on the table, the staff were the gravy that bought it all together'.

'I never really spoke until Mojo, after a couple of weeks I felt comfortable with the tutors and I started talking, they put you at ease, often we just sat in a circle talking… my only critique is it could have been longer'.

'We were listened to and treated like adults'.

The men also provided some feedback on things that could be done to improve the programme (the number of men making each suggest is referenced in brackets):

- The programme should be extended in either length of weeks, numbers of days in the week or number of hours in the session (n=5) or that the tutors (information sessions) sometimes felt a little rushed and their time could be extended (n=3).

'The guys wanted to let out their feelings and an extra hour would have been good. Time to discuss the topic, make sure that we had got it all right'.

- The venue felt a little squashed and a place with more room may be a better fit (n=2).
- It would be good to have more support in relation to accessing employment (n=1).

- More handouts would be useful so people could refer back to things they had learnt (n=1).

When asked if the men would refer a friend who was unemployed to the Mojo programme, 100% of the men stated they would, with a number providing examples of when they had encouraged others that they knew to attend.

The views of stakeholders

The current programme

Mojo was well regarded by Advisory Group members and referring agencies alike.

The majority of the stakeholders interviewed saw the programme as very professionally run and well organised. This high level of professionalism was considered one of the main reasons for the success for the programme and as a key contributor to the good levels of referral.

'Leadership was extremely impressive, it had a strong vision and it felt worthwhile. Without the leadership I think we could have drop off. Support and encouragement is necessary, and there is also a need for a supportive management structure'.

Professionals frequently referred to the high levels of confidence they had in the programme and its tutors:

'Mojo was very effective, and it was easy to refer to. Knowing the contacts made it easier. I had a lot of confidence in the staff and the model'.

Interagency collaborative working was key to the success of the programme. The interagency approach was considered a unique strength to the programme:

'We became more like a team than a group of individuals, I think its because we were all singing from the same hymn sheet and we were all informed about what is was we were there to do. We were all really clear about the goals of the programme and focused on achieving these'.

This coordinated working meant that link working was as effective as possible, ensuring that clients received the services and supports most appropriate to them.

Professionals commented that there was potential to further develop this aspect of the programme into the future, by exploring a wider remit for the Advisory Group after year one, a theme which is discussed within the recommendations.

The feedback from the men on the programme was considered an important endorsement for the material and method used within

the programme, as shown in the following comments:

'People in the local area could see the value to it and this was reflected in an increase in referrals to Mojo programme two. Mojo has shown a light on how to work effectively with men'.

'If they hadn't gone on to Mojo what would have happened – homelessness, suicide, a life on psychotropic medication, or a lifetime of depression, You really can't put a price on these changes for individuals and this also contributes to a cultural change'.

Another theme that emerged from referrers was that Mojo was clear in what it sought to do, who it was for and the referral procedures. This clarity was seen as contributing to the high number of referrals and was in many cases attributed to the good work of the Coordinator and Advisory Group in promoting the service.

'The whole atmosphere / personality of the Mojo project is very positive'.

The focus on review and change was also highlighted by two number of professionals interviewed:

'Another plus is the constant review, i.e. the age group has been increased, the review and adaptability is a real positive, the fact that it's accepting people from a wider catchment area and is a positive'.

Two referrers spoken to from outside the Tallaght area were keen to have a Mojo established in their area and had made efforts to engage NOSP or other structures in agreeing or proposing this.

The openness and community based setting was also considered a positive:

The mainstream approach and non-stigmatised approach is very accessible, i.e. its not connected to mental health services and is set in a community center. This is especially useful for young people'.

There were also a number of challenges regarding recommendations for the future development of the programme raised by professionals:

- Housing issues were an issue for many of the men due to few resources for housing. This was particularly challenging when link workers were considered by the men to have access to housing resource. It was noted that the care planning group was very supportive in this situation and that care needed to be taken in managing the men's expectations and therefore potential for frustration.

- It was noted by two professionals that Mojo had a very strong brand and this meant that organisations that gave a lot in term of resources did not always receive equal promotion. This could be addressed in any replicated projects, by clarify in all promotion material the inputs from stakeholders, especially noting organisations who give over 30 hours of staff time within a year, or organisations who take on additional roles such as significant tutoring or hosting of the programme.
- One area for potential improvement that was noted by four professionals was the potential for Mojo to provide feedback on referrals. It was thought that this would maintain refer motivation to refer, and also assist in follow up decisions of referral organisations.
- It was recommended by two professionals that the Advisory Group could benefit from looking at a two-stage process, to maximize the potential of the group to contribute to wider policy issues once the group was established. If this was taken up, then it would be necessary to have a clear terms of reference for who was involved at what stage, the levels of commitment and the scope and objectives of the work. This two-stage structure would make it possible to have different professionals involved at each stage.

Part one – Project set up: networking between referral agents and information services

Part two – Project sustainability and advocacy: Focus more on referrals out and progressing any broader policy issues arising.

- There was a recommendation from three professionals that efforts should be made to engage more employment services or other services that can support good follow on service provision.
- One professional commented that there is potential to improve networking opportunities between services. An example was given of providing 15 minute networking sessions on the agenda of meetings to assist organisations develop working workshops outside of Mojo.

Potential replication of Mojo

In relation to potential replication of the programme there were three

main themes raised: 1) the need for a replication of leadership, 2) a need to be clear and potentially reduce the time required of external agencies, and 3) the need to have sufficient time to plan and engage agencies in the idea of coordinated care for the men. These points are discussed in reverse order:

'Take the time before starting any service delivery to identify local needs and plan local partnership arrangements; identify relevant players and get them together to develop referral practices etc. Also, make sure there is space to respond to changing needs'.

The need to reduce the potential time that agencies inputted into the group was raised by three members, as highlighted in this quote:

'Sustainability I think is the biggest challenge, in the future the programme may need to be much more measured in relation in relation to the requirements of other agencies'.

It was highlighted that the introduction of another support worker to the programme reduced the time given by other organisations and made the programme more sustainable.

Overall one of the biggest challenges to the replication of the programme, relates to the programmes most significant strength, that is the need to replicate the quality of leadership that has defined the Mojo pilot. This leadership was seen as being exemplified by the host agency, the Advisory Group, but was notably referenced in relation to the role of the Coordinator.

18. Recommendations

Part one: Recommentations related to the Existing Mojo Programme

Collect outcome measures as an integral aspect of the programme

To date Mojo has used the Outcome Star to assist with supporting link working and the recording of outcomes. The professional and participant interviews highlighted that the Outcome Star was very useful and engaging in relation to the individual link working. However, this tool is less useful for outcomes as it does not provide a clear assessment of what has changed. Academic review suggests that Outcome Star is very useful as a work process tool but less so as an outcome measure (40). It is recommended that a new outcome assessment tool or series of validated measures is developed which assesses pre and post change in relation to: suicidal ideation / mental health or wellbeing / depression, self-harm, isolation, problematic alcohol and drug use, engagement in training and workplace supports and general wellbeing. It is recommended that the Outcome Star continue to be used as a key working tool, however this should be reviewed for cost-effectiveness.

Develop a system for providing referrers with feedback

Four referrers commented that it would be beneficial to their client work, and their connection to the programme and ongoing motivation to refer to the programme, if they received an update on their client's engagement and progress. It was noted that this would need to be done in-line with data protection and with client consent to share information. It is recommend that a small working group is developed with representative referrals agents to agree the best way of achieving this in manner which supports client empowerment, which is core to Mojo.

Follow-on phone call as standard practice

It is recommended that three to four months post Mojo a phone call is made to all participants to explore two things: whether they

have appropriate on-going supports, and what outcomes they have experienced after engaging with the project. This will both support outcome measurement and allow the impact of investment to be calculated. It will also ensure service users are adequately supported post programme.

Referral options identified for clients who are unemployed but not experiencing mental health distress

Three participants who were long term unemployed did not complete the programme. They considered the programme to be suitable for people with more serious mental health needs than they themselves experienced. In two cases, it was suggested that while they experienced some small benefit they felt that they might have taken the place of an individual with more need for the programme.

It is acknowledged that due to the stigmatisation of mental health issues, assessing prospective participants' need for the programme is not always straightforward. To assist in this it is recommended that an alternative programme is identified which is suitable for people in need of employment supports but not mental health supports and referred clients are encouraged to understand both options and to select the one most suitable to them.

Trial methods to engage Traveller men

In initial planning documents from the Mojo process the idea of attracting Traveller men, a particularly at-risk group was highlighted. This has not come to pass and it is recommended that a small working group be established at local or national level to look at how the Mojo experience could be extended to Traveller men. This discussion will need to consider the particularly stigmatized nature of mental health with the Traveller community and identify how the programme may be made accessible to Traveller men.

Provide guidance for guest speakers on how to manage time effectively

One of the few critiques of the programme by participants was that the service information session could feel a little rushed and that speakers need more time. It is recommended that if the time for presenters cannot be increased, then there is space made for the

Coordinator to assist future speakers to plan a session, which can be covered in the provided time. A presenters tip sheet on how to avoid seeming rushed or short of time, may also be of use to assist in ensuring that participants leave the information sessions feeling that they received the full benefit of the speaker or session and that all the important material was covered.

The future development of the advisory group

It is recommended that the Advisory Group review its purpose and membership to develop a revised group with a two-year programme of work. This will allow stakeholders to leave or re-commit to the schedule of work, thereby maintaining high levels of motivation. A number of members highlighted potential of the group to further develop its terms of reference to include a wider advocacy role in relation to Men's Health. This should be discussed in light of the resources available and, if agreed between the group, a new terms of reference which details exactly how this will happen in practice should be developed.

Extend the membership of the group to include services that can provide post Mojo supports

Membership of the group should be extended to other local services that have a role in providing employment and enterprise supports within the area.

Part Two: Recommendations in relation to replication

Provide leadership supports for future coordinators

The leadership of Mojo was seen as core to its success. This was highlighted by the vast majority of professionals contacted through the evaluation. To ensure that programme leadership is replicable, it is recommended that leadership training and a support pack is provided to any new coordinators who are employed to develop a Mojo programme. Training on leadership for new Mojo coordinators should focus on how to promote interagency partnership and successful project management, in order to repeat

the success of the original Tallaght Mojo[46].

Training could also be developed for each new Advisory Group. This training could assist the group in connecting to the vision of Mojo as well as making the vision their own and applicable to their local area. Alternatively, this same outcome could be achieved through a support pack, which outlines a step-by-step process to support interagency buy-in to a common vision. This could include standard presentations and information brochures.

Guidance on how to run efficient and meaningful meetings in order to support continued attendance by members may also be a useful addition to any Mojo information pack. The well run, brief and focused meetings were considered strength of the Mojo Pilot.

It is also recommended that the role of a national coordinator be considered to support and ensure the efficient roll out of any replication or transferability of the Mojo Model.

Time for establishing project buy-in and support is factored into any roll-out process and funding is provided accordingly

Time allotted for the engagement of partners was regarded as vital in order to establish an effective Advisory Group and knowledge of the programme across the community. It is recommended that a Mojo Start up pack be developed with guidance of how this can be achieved.

Clarity for partnership agencies on commitment to the process and the benefits to their organisation

The vast majority of professionals involved in the advisory group commented on the high levels of engagement and commitment required. However, in the majority of cases this was considered to be

46 It is worth noting that the leadership of the programme, as perceived by stakeholders meet many of the evidence based steps in well known leadership theory such as Kotter's 'Change Management' (1996) and Kouzer and Posners 'The Leadership Challenge' (1995). Such as; establishing urgency for change or action, developing a leadership group with appropriate skills and authority to bring about change/action, creating a communal vision for change, communicating that vision effectively, creating small wins, constantly improving the process and supporting ongoing engagement in the process. These texts may provide a framework to any training or resources in relation to Leadership of the programme.

offset by the benefits to workers or their organisation. These benefits included:

- Better knowledge of other services resulting in more efficient client work,
- Other services having a better knowledge of their service, resulting in less time needing to be spent on promotion and agency visits.
- An increase in professional skills, which came from the training provided and the experience of working closely with other skilled professionals.

These values have all been included in the SROI. It was however noted that benefits were not proportionate to the time spent, and for professionals spending over 30 hours in the year, engagement was less sustainable.

It is recommended that the level of commitment to the programmes be kept as lean as possible within the Mojo model

It is also recommended that the benefits to the organisation are clearly outlined to all prospective agency partners. Additional clarity may also be required in relation to how partner agencies are named within any media, publications and publicity to ensure clear understanding at the beginning of the process.

Inclusion of funding for link working in any future roll out

It is recommended that the Link Working role is included as a paid role within the programme model, and is not reliant on partner organisations providing staff hours for this key role. Organisations hours would then be restricted to information session provision and membership on the Advisory Group.

It is recommended that there is occasional audit of Link working to ensure that the consistency and quality of work, and that if workers need supports in relation to this that it is provided.

To encourage fidelity to the programme a quality standard is considered

If it is intended that there will be large scale roll out of the programme, it is recommended that the value of having a quality standard or approval process every one or two years is recommended. This will support programme fidelity and provide a quality assurance to funders. To support ongoing improvements in quality, establishment of a network of

providers would also be recommended.

The Men's Shed becomes an integral part of the Mojo package

A third of the men interviewed commented that the one thing that could be changed about the programme is that it could be extended in terms of: days in the week, hours in the sessions, or weeks in the course or time given to speakers. An increase in programme length should be considered based on this feedback. However, if resources mean this is not possible, the Men's Shed model that has developed throughout the programme could be considered an integral aspect of the model in any future roll out.

The benefits of the men's shed are that it provides a longer-term support for men who require this, in effect extending the length of the programme. The peer leadership model is positive it itself, as well as being a cost effective model for aftercare provision. To ensure that the Men's Sheds are accessible and welcoming to men from all Mojo projects, support should be provided to the men to explore ways in which they will create and maintain an environment that is welcoming and inclusive to men from a range of Mojo programmes. It may be of use for this to be monitored by Mojo staff to ensure that the Men's Shed is able to fulfill its role of providing aftercare support for men from different programmes over time.

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20. Appendix: supplementary information on materiality

This table outlines how decisions on materiality were made in relation to outcomes and stakeholder groups.

Stakeholder	**Outcome**	**Relevance**. The outcomes are related to the objectives and scope of the intervention or what happened to stakeholders as a result of the intervention.	**Significance.** The outcomes are of a scale that will have some influence on the final outcome of the SROI. The threshold for materiality in the SROI was €1,500, values under this changed the SROI by only 1 or 2 cents, which was considered immaterial when considering the overall valuation band.	Point at which the stakeholder or outcome was excluded from the SROI and rationale.
NOSP (National Office of Suicide Prevention)	Increased knowledge of value of community lead approaches.	✔.	✔.	n/a
SCDP (South County Dublin Partnership)	Increased awareness of inter-sectoral partnerships	✔.	**X** The value of these outcomes were considered too small for inclusion within the review	Excluded after the first SROI calculations were undertaken as the final value did not meet the threshold for materiality
	Value of improved networks	✔.	✔.	n/a

	Value of increased promotion	✔.	**X** The value of these outcomes were considered too small for inclusion within the review	Excluded after the first SROI calculations were undertaken as the final value did not meet the threshold for materiality.
Mojo Participants	Improvement in mental health and wellbeing - minor	✔.	**X** The value of these outcomes were considered too small for inclusion within the review	Excluded after the first SROI calculations were undertaken as the final value did not meet the threshold for materiality.
	Improvement in mental health and wellbeing - moderate	✔.	✔.	n/a
	Improvement in mental health and wellbeing - significant.	✔.	✔.	n/a
	Men going onto employment after the programme	**X** According to interviews, four men had gone onto full or part time employment following or during Mojo. However this was not attributed to Mojo, but rather to a change in circumstances or good fortune. In each case the individual journey to employment was discussed and Mojo was not considered to be a contributing factor in any these journeys. It would have been possible to include the cost benefits of an individual taking up employment, however given that the attribution was assessed as being 100% attributable to	n/a	Excluded at the data analysis phase based on feedback that confirmed it was unattribtable to Mojo.

		other factors there would be no change in the SROI figures. As such the move to employment was not considered material and has not been included in the SROI.		
	Increase in coping skills: an outcome experienced by the majority of men within Mojo and on which data was collected.	**X** Data was initially obtained on how many men had developed coping skills through Mojo. However, this was later excluded as it was considered a precursor to the mental health wellbeing changes.	n/a	Excluded at the data analysis phase based on the logic that this outcome was a precursor to final outcomes included in the SROI.
	Increase in self esteem / confidence: an outcome experienced by the majority of men within Mojo and on which data was collected.	**X** Data was initially obtained on how many men had developed increased self esteem through Mojo. However, this was later excluded as it was considered a precursor to the mental health wellbeing changes.	n/a	Excluded at the data analysis phase based on the logic that this outcome was a precursor to final outcomes included in the SROI.
	Increase in engagement with employment or training services	✔.	✔.	n/a
	Decrease in self harming behaviour	✔.	✔.	
	Decrease in isolation	✔.	✔.	
	Reduction in substance misuse (alcohol and drugs)	✔.	✔.	

	Increase in physical fitness and health	✔.	✔.	
Family members / Friends	Improvement in spousal / close friend relation	✔.	✔.	
	Improvement in parental engagement	✔.	**X** The value of these outcomes were considered too small for inclusion within the review	Excluded after the first SROI calculations were undertaken as the final value did not meet the threshold for materiality. Also a significant synthesis of research indicated no definite causal relationship between parental focused mental health programmes and child outcomes.
The state (health services)	Reduction demand for health services due to a reduction in self harm	✔.	✔.	n/a
	Reduction demand for health services due to a reduction in self harm	✔.	✔.	
	Reduction demand for health services due to improvements in fitness and health	**X** According to research there are not evidenced short to medium reduction in health service expenditure as a result of improvements in heath and wellbeing.	**n/a**	This was excluded at the data and analysis stage.

Organisations involved in the programme	Increased promotion	✔.	✔.	n/a
	Increase in being able to make better referrals	✔.	✔.	
	Increase in skills and workplace capabilities	✔.	✔.	
	Increase in additional workload (a negative outcome)	✔.	✔.	
State agencies / referrers	Reduction in follow up time	✔.	✔.	
Staff	**X** Paid staff on the programme were interviewed although the value of their inputs and outcomes was not included in the SROI, as it is assumed that if they were not doing this work there would be comparative value and input in another paid role.			Excluded at the initial stakeholder mapping stage
Neighbours	**X** It was viewed that over time the community would benefit from the MOJO programme, however it was agreed with the staff and men in the focus group that the direct benefits were not material to this review.			Excluded at the initial stakeholder mapping stage.

21. Appendix – interview schedules

Mojo focus group one: part one – schedule for client focus group / interviews (45 minutes)

Part one of the focus group consisted of a semi structured group discussion, which resulted in the development of an impact map or theory of change. The theory of change was developed based on input from the group participants.

1. Explain the SROI (why, what it is)
2. Explain confidentiality, the fact that people don't have to answer the questions and the aim of the session and how it will work.
3. Why did you attend MOJO?
4. What was going on for you before starting Mojo?
5. What happened over the first few sessions, and then the sessions after that?
6. What changed for you at the end of Mojo? This question formed the majority of the discussions that resulted in the development of the theory of change.
7. Were there any negative outcomes as a result of Mojo?
8. What other people were affected by Mojo (Where your family, neighbours affected?)

The following outcomes were identified by the group: increase in confidence, increased coping skills, increase in mental health and wellbeing, increase in engagement with employment or training services, decrease in self-harming behaviour, reduction in isolation, reduction in substance misuse (alcohol and drugs), improvement in physical health. These outcomes formed the structure of the phone interviews.

Mojo focus group one: part two / interviews (average 40 minutes)

The following questions formed both the structure of the second part of the focus group as well as the phone interviews.

1. Explain confidentiality, the fact that people don't have to answer the questions and the aim of the session and how it will work.
2. Why did you attend MOJO? Which Mojo did you attend?
3. Did you complete the programme, if not what were the reasons for not completing?
4. How long had you been unemployed?
5. Did you understand what Mojo was about before you started?
6. What was going on for you before starting Mojo (how long were any issues like depression an issue)?
7. What happened over the first few sessions?

8. In relation to each area of change the following questions were asked (mental health, confidence, coping skills, self-harm, physical health and fitness, isolation, self-harm, employment, access to training).
    a. In relation to this area what was your experience prior to Mojo?
    b. What changed as a result of Mojo? Scale the change from small, medium to large (using the indicators in the table below to assist participants with scaling.
    c. Have you maintained the change since Mojo, what has helped or hindered this, do you still apply the things you learnt in Mojo?
    d. Would this change have occurred anyway, what do you think would have happened without Mojo?
    e. Thinking about this change, what are all the factors that contributed to it and to what percent did Mojo to contribute to the change (prompts: friends/family, mental health services, health or other services)?
    f. What are the challenges in maintaining this change, how long do you estimate it will last for, why do you say this?

9. Were there any negative outcomes as a result of Mojo?
10. What other people were affected by Mojo (family, neighbours, others?)
11. How did you find the tutors and sessions, what did you like most about Mojo?
12. Was there anything that could improve Mojo, what could be changed?
13. Anything else to add?

Table showing the distance travelled outcome indicators

The following table outlines the indicators that were used within semi structured Mojo participant interviews to assist respondents and the researcher to define the change experienced as small, medium or large in relation to others on the programme. These indicators were developed following the first stakeholder theory of change workshop. Note that in all categories but mental health, only large change was recorded within the SROI.

Area	**Small change**	**Medium Change**	**Large Change**
Increase in mental health and wellbeing	A change in perspective for the positive or a feeling of general improved wellbeing.	A reduction in frequency or intensity of feelings of anxiety or related feelings..	Previously having frequent thoughts or actions in relation to suicide, changing to a situation where these are no longer present or are managed when they do arise OR. a reduction in frequency or intensity of feelings of depression.
Confidence (note this was not included in the final SROI)	Feeling better and more confident about self, although not	Feeling worthless most of the time changes to being able	Feeling worthless changed to being able to see owns own value.

	previously experiencing significant issues with this	to see one's own value OR making some improvement in being able to see one's own value.	
Coping skills (note this was not included in the final SROI)	none	Developing a medium number of new methods for self management in stressful times	Developing a significant number of new methods for self management in stressful times
Increase in engagement with employment or training services	Attended training / employment services prior to Mojo and experienced an increase in motivation to attend further training.	none	Previous to Mojo has not attended training for one to two years and had no confidence or motivation to attend training, post Mojo had attended training.
Decrease in self-harming behaviour	none	A reduction in self-harm frequency Or severity.	An elimination of self-harm behavior OR as above with managed lapse.
Reduction in isolation	Feel more able to connect with others / small increase in ability to communicate with family and friends / made new friends, although was not feeling significantly isolated prior to Mojo.	none	Previously being unable to leave the house or talk to people or equivalent and now being able to do these things AND/OR feeling connected to community family/friends when previously, in the year or so prior to Mojo, felt disconnected from family and friends.
Reduction in substance misuse (alcohol and drugs)	Reduction in social drinking / unproblematic drinking or drug taking	none	Went from problematic drug or alcohol use, as defined by having a serious negative effect on relationships, work-life or esteem, to social or occasional drinking or to abstinence
Improvement in physical health	Occasional exercise or dietary improvement, i.e. once a month.	none	Went from unhealthy diet (overeating or not eating) to regular healthy eating and/or from no exercise to at least twice monthly exercise for at least six months.

Professional stakeholder phone interviews

1. Explain purpose of SROI
2. Explain confidentiality and limits to this
3. Explain how agreement on final data and analysis will be sought (i.e. email agreement).
4. What was your relation to the project / how much did you input?
    a. Staff time
    b. Steering group
    c. Link / key working
    d. Info sessions
    e. Referrer
    f. Other
5. **Professional engaged in the programme** - Were there any positive outcomes from your engagement? Triggers were identified throughout the process as identified below, and were used to start discussions in relation to outcomes.
    a. Better networking with other services
    b. Up-skilling of staff
    c. Increase in referrals to own service
    d. other
6. **Referrer –** Were there any positive outcomes from your engagement? Triggers were identified throughout the process as identified below, and were used to start discussions in relation to outcomes.
    a. Saving in time for your organisation to follow-up or provide a direct service to referred clients
    b. Saving in time spent looking for information in relation to referrals for these clients
    c. Other
7. Ask questions in relation to value, attribution, deadweight in relation to any identified outcomes
8. Were there any other people or groups who you think may have been affected by Mojo?
9. Were there any negative outcomes to your organisation or any other people or organisation involved?
10. How long do you expect the benefits of Mojo to last clients? What would you base this on?

Phone interviews with family members

1. Explain purpose of SROI
2. Explain confidentiality and limits to this
3. Explain the principles of SROI and how agreement on final data an analysis will be sought
4. Did your family member attending MOJO affect you or other members of your family in any way?

5. Do you think these outcomes may have happened without Mojo?
6. Did anything else contribute to these outcomes?
7. Valuation questions for idenified outcomes (how much is it worth / what else could you have done to get the same outcome / how much could I pay you not to have this change)?
8. Were there any negative outcomes to you or your family member or any other people or organisations involved?