

Action on Addiction

SROI Analysis

A Social Return on Investment Analysis
of the M-PACT (Moving Parents And
Children Together) Programme



April 2014



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Action on Addiction works to find ever more effective ways of disarming addiction in individuals, families, communities and society as a whole. In fulfilling its mission the Charity encompasses research, prevention, treatment and rehabilitation, professional education, families and children and advocacy.



Foreword

The development of the M-PACT programme has been of growing importance to the Charity in its mission to find ever more effective ways of disarming addiction in individuals, families, communities and society as a whole.

M-PACT is our response to the government’s Hidden Harm reports of 2003 and 2007 into the effects on children of living with parental substance misuse. We decided to focus on three of the 48 recommendations:

- Develop an effective intervention to respond to these children’s needs;
- Train as many practitioners as necessary to deliver it;
- Make it as widely available and accessible as possible.

From the beginning we knew that credible independent evaluation would play an important part not only in ensuring that we were on the right track but also in gathering support for the endeavour. This report is the latest stage in that process.

My thanks go to:

The For Families team who work so hard on developing and delivering the programme as well as training our licenced partners;

To our licenced partners and especially those who took part in this evaluation;

To Lorna Templeton who has conducted so many evaluations of the programme’s effect;

To the Interface team and their exemplary professional approach to this project;

To my colleague Amanda Thomson for overseeing the production of the report in this form;

To all those who have supported the development of the M-PACT programme or commissioned its delivery.

Very special thanks go to Patrick Wilson who, in recognising the importance of the part that independent evaluation would play in the national roll out of M-PACT has funded this particular initiative.

Finally my thanks go to the families and particularly the children who have taken part in M-PACT across the country and from whom we learn so much that will help us as we go on to help others.

Nick Barton
Chief Executive

This SROI analysis and report has been independently prepared by Interface Enterprises, a national provider of specialist expertise, support and training to transform the lives of vulnerable families.



1 | Background: What is M-PACT?

Anywhere between 1.5 and 3 million children live in homes where their parents or other adults have problems with alcohol and/or drugs. These children live often chaotic and unsafe lives that place them at a disadvantage and are seven times more likely to develop problems themselves involving substance misuse, mental health problems, educational attainment and offending. They deserve our help.

M-PACT, which stands for Moving Parents And Children Together, is a programme developed by Action on Addiction, delivered by a range of partner agencies under licence. M-PACT supports children/young people aged 8-17 who are experiencing the effects of parental substance misuse within the family. The programme offers a 'Whole Family Approach', working with parents and children from up to eight families at any one time in different group combinations.

The programme is comprised of 10 sessions. An individual family assessment is followed by eight consecutive weekly core sessions that last 2.5 hours, a family review session and a reunion held three months after the end of the programme for all families. The programme is run by experienced professionals who work with the young people and parents to reduce the harmful impact that parental substance misuse and addiction has on family life and focuses on strengths on which to build.

About the research

The purpose of the research is to undertake an economic assessment of M-PACT to provide robust and defensible estimates of the costs and benefits of the programme. The methodology

chosen to undertake this assessment is Social Return on Investment (SROI).

Action on Addiction commissioned Interface to undertake this research over the period August to October 2013.

The research was undertaken between August and October 2013 across five areas in England and the Channel Islands that are delivering the programme:

- Bournemouth
- Essex
- Guernsey
- London Borough, Tower Hamlets
- Wiltshire

This report presents the findings of the research through the following chapters:

- Section 2 sets out the SROI methodology employed by Interface
- In section 3 we detail the change map that underpinned the research
- Section 4 describes the costs considered and how these were measured
- Section 5 describes the benefits and outcomes realised and how these were valued
- Section 6 synthesises the costs and benefits and the conclusions of the research.



M-PACT (Moving Parents And Children Together) is a programme developed by Action on Addiction which supports children/young people aged 8-17 who are experiencing the effects of parental substance misuse within the family.

2 | SROI: A Robust and Defensible Methodology

Background

Social Return on Investment (SROI) was developed in the United States as a means of synthesising the costs and benefits of programmes where routine economic analysis of financial data is insufficient to properly understand its economic impact.

Type of SROI

There are two types of SROI – forecast and evaluative. Forecast SROI looks at the return that might be achieved by a programme. Evaluative SROI estimates the return that has been achieved from an assessment of outcomes.

The SROI undertaken here was an evaluative SROI.

The Seven Principles of SROI

The Cabinet Office has published a guide to SROI¹. This guide sets out seven principles to be followed in undertaking an SROI analysis:

- **Involve stakeholders.** Stakeholders should inform what gets measured and how this is measured and valued.
- **Understand what changes.** Articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended and unintended.
- **Value the things that matter.** Use financial proxies in order that the value of the outcomes can be recognised.

- **Only include what is material.** Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact.
- **Do not over claim.** Organisations should only claim the value that they are responsible for creating.
- **Be transparent.** Demonstrate the basis on which the analysis may be considered accurate and honest and show that it will be reported to and discussed with stakeholders.
- **Verify the result.** Ensure appropriate independent verification of the account.

These principles underpin the methodology employed by SROI practitioners at Interface.



The Interface SROI methodology

Having undertaken SROI analyses for six years, practitioners at Interface have developed a methodology that sticks to the principles outlined above. Whilst each SROI is unique, we have developed a broad methodology placing emphasis on those areas that really matter for the decision makers who are the audience for these analyses. Our focus is on producing a methodology that can be accused of being overly cautious but with results that can stand up to scrutiny, particularly around the benefits that are claimed and the monetary values placed on them.

In addition we have tried to make the methodology interesting and useful for those involved in the research.

Our methodology is underpinned by a theory of change exercise where we involve as many interested stakeholders as possible to attend to produce a change map of what is trying to be achieved. We find this is more powerful and useful than a simple logic model linking inputs and outputs as it challenges what is trying to be changed and whether what is being done can realistically achieve those changes. It also provides a robust way of identifying all potential costs and benefits involved in a project.

We undertook a theory of change workshop in July 2013 with stakeholders from Essex, Tower Hamlets in London and Wiltshire to produce a change map. This is discussed in section 3. Following on from this we collected information on costs and benefits from these three areas plus Guernsey and Bournemouth to produce



a more complete picture of what the costs and effectiveness from the project look like nationally.

Our methodology for estimating the costs and valuing benefits is to make sure all costs are captured and to focus on monetising benefits that represent a real resource impact to an individual or organisation. Details of the costing and benefits methodology are covered in sections 4 and 5 of this report respectively.

¹ See <http://www.thesroinetwork.org/sroi-analysis/the-sroi-guide>

3 | The Change Map

Theory of Change

The Theory of Change is a process to understand the changes required for a project to achieve its objectives. It looks to challenge a project on whether the changes required for the project to meet its objectives are sufficient and likely to happen. It also specifies:

- Assumptions underlying why the changes are required and what they are expected to achieve
- ‘Interventions’ required to achieve a change and the resources required for interventions. Interventions in this case mean an activity to enact a change. So this can be part of a programme or a programme itself.²
- Indicators to show whether and to what level the changes have occurred

The Theory of Change is itself a useful evaluation tool, allowing success criteria for a project to be identified and synthesising available evidence to understand why or why not a project has been successful and how much of any success can be attributed to the project. For a SROI analysis, it provides a basis to fully understand the resources deployed in a project with the direct and indirect benefits and how these will be measured and captured.

² For example, training of staff to deliver a programme may be an intervention. A component of that training may be a separate intervention.

The first stage of a theory of change exercise is to produce a visual ‘change map’ of what M-PACT is trying to achieve and what needs to change for it to work successfully. This was completed at a workshop held with M-PACT practitioners in July 2013 and is shown in figures 1 to 3 below. Although there is in practice only one change map, the changes have been grouped into those changes that M-PACT is hoping to make in parents with substance misuse issues, changes in the children and young people in families affected by parental substance misuse and the changes needed for successful implementation of the programme.

Figure 1 – Parental changes

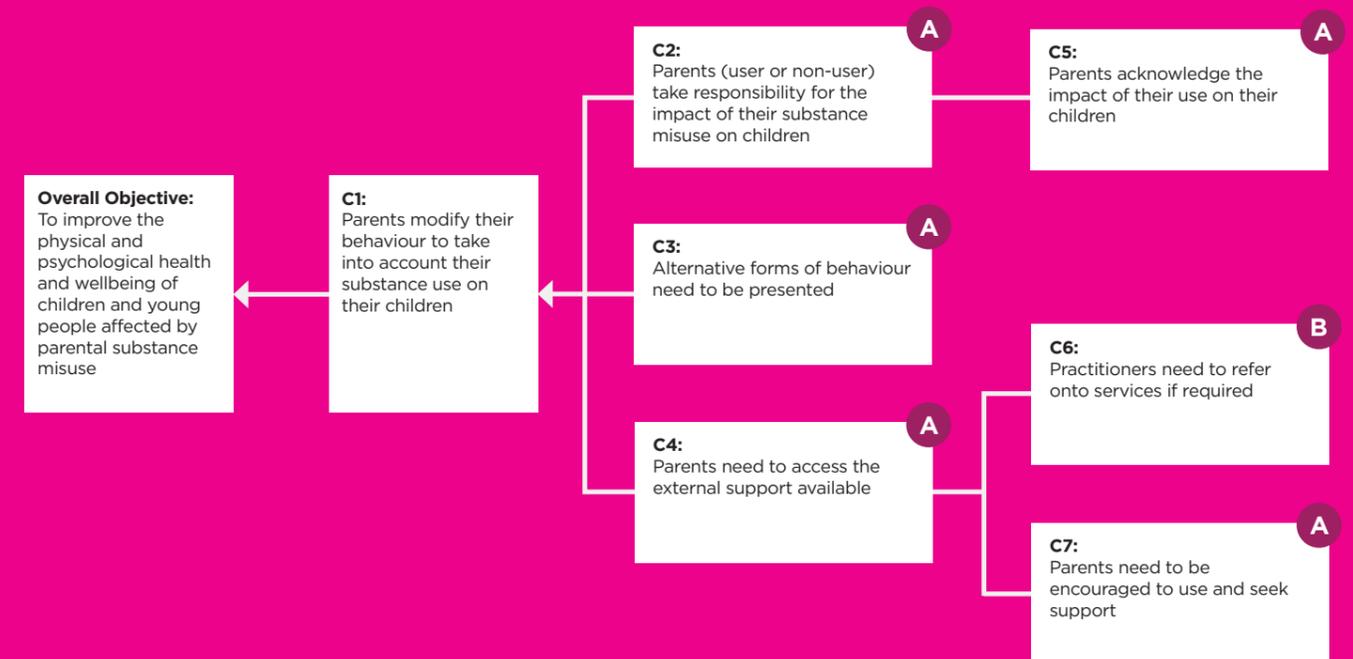
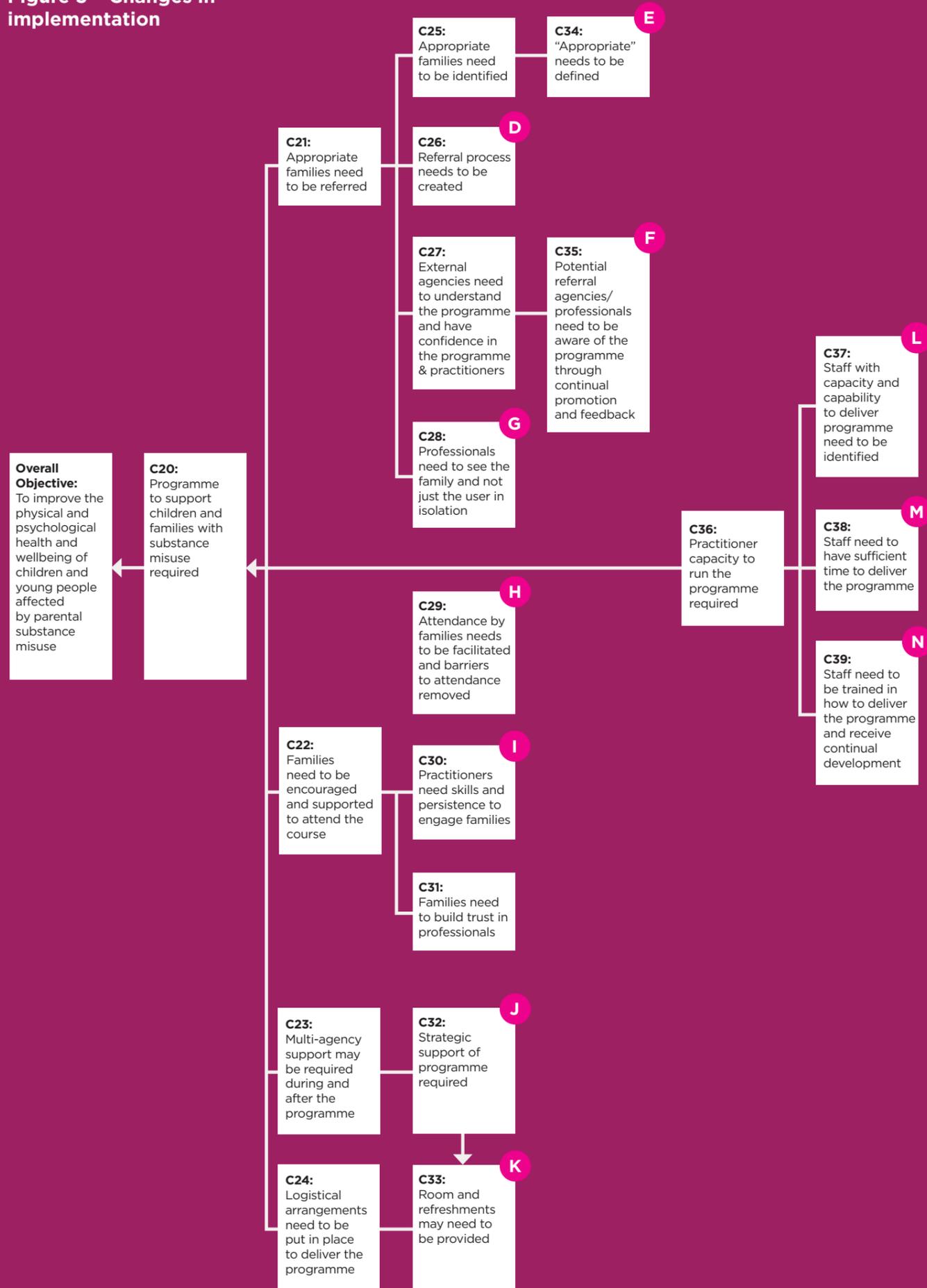


Figure 2 – Changes in children and young people



Figure 3 – Changes in implementation



3. The Change Map



The Change Narrative

Ultimate Outcome for the Project

To improve the physical and psychological health and wellbeing of children and young people affected by parental substance misuse.

Underlying Assumptions

To achieve the overall objective, the M-PACT programme is designed to see changes in two broad areas³:

- Parents modify their behaviour to take into account the effect of their substance misuse on their children^{C1}
- The impact of parental substance misuse on children needs to be reduced^{C8}

In addition, changes are required locally to be able to deliver the M-PACT programme^{C20}

Parents modify their behaviour

The objective of the programme is to improve outcomes for children and families. The focus of the programme is not to directly reduce the level of substance misuse but for parents to reduce the impact of their use on the children and young people for whom they have caring responsibilities.

M-PACT (Intervention A) tries to do this by addressing change in three areas.

Parents (both the user and non-user) need to take responsibility for the impact of their substance misuse on the children and young people in their care^{C2}. For this to happen parents

must first acknowledge the impact of their substance misuse on their children^{C5}. Alternative forms and patterns of behaviour that will impact positively on children and young people need to be presented to parents^{C3}.

Finally, whilst the overall aim is not on reducing substance use, parents need to be able to access external support that is available^{C4} with parents being encouraged to use and seek support from drug and alcohol treatment providers^{C7}. Where possible and appropriate, practitioners need to be able to refer parents to support services^{C6} and onward referral processes may need to be developed (Intervention B).

Reducing the impact of parental substance misuse

M-PACT is focused on children and young people affected by parental substance misuse and so many of the changes the programme is designed to achieve are directly for children and young people.

Communication is seen as a key element in families affected by parental substance misuse that needs to be addressed to improve outcomes; particularly children being able to communicate their feelings within their family^{C9}. The family needs to practice 'healthy' communication for this to happen^{C16} and M-PACT is designed to help show them what healthy communication looks like^{C17}.

³ Changes on the map are referenced in the narrative using superscript Ci where i is the change number in the map.

In addition the programme looks to achieve the following changes for children and young people:

- Understand that they are not responsible for their parent’s substance misuse^{C10}
- Able to take responsibility for their own personal safety^{C11}
- Have aspirations for their own lives^{C12}
- Be equipped with positive coping strategies^{C13}
- Not feel stigma from their parent’s substance misuse^{C14}
- Should not feel isolated from their peers, community and wider family^{C15}

To achieve the last of these changes, children are enabled to meet with both peers who are in a similar situation and those who are not through joint activities such as encouraging their participation with youth clubs (Intervention C).

Delivering the programme

Delivery of the programme requires changes to ensure

- Sufficient resource is dedicated to the programme^{C30, C24}
- Appropriate families are referred^{C21}
- Families need to be encouraged to attend^{C22}
- Multi-agency support is provided during and after the programme where required^{C23}



Children’s art therapy from M-PACT sessions

Sufficient resource

Resource to deliver the programme needs to be both practitioners who are trained with the time and capabilities to deliver the programme^{C37-39} and the logistical support in terms of rooms and refreshments^{C33} (Intervention K).

Time needs to be taken to recruit and identify suitable practitioners for the programme (Intervention L) and then receive initial and ongoing training (Intervention N). The practitioners then need the time to actually deliver the programme once trained (Intervention M).

Appropriate families are referred

For appropriate families to be referred all potential referring agencies or individuals need to be able to identify potential families for the programme^{C25}. For this to happen a clear understanding is required of what an appropriate family is for M-PACT in the area it is being delivered^{C34} (Intervention E) with a clear referral process developed^{C26} (Intervention D).

For agencies to have the confidence to refer and refer appropriately they need to fully understand the programme^{C27} and this needs to be done through a process of continual feedback and promotion of the benefits of the service^{C35} (Intervention F).

Finally, work needs to be undertaken with professionals in agencies to see the whole family and not just the substance user in isolation^{C27} (Intervention G).

Multi-agency support provided during and after the programme is required

To achieve the goals of the programme it may be that families require some support from other agencies in the area and for this to happen successfully it is likely that strategic support will be required for the programme at a management level^{C32}. This will require time by those committed to the programme to convince others of its worth at a senior level (Intervention J). Action on Addiction help provide support to achieve this and so meet some of this cost.

“It taught the kids you don’t have deal with your parents’ problems; you just have to cope with them. It is not your fault and it is not your responsibility.”

- M-PACT participant

The multi-agency support itself can be seen as leveraged resource by the programme and should be captured as part of the SROI evaluation.

Families need to be encouraged to attend the course

For families to attend the M-PACT course they may at times need to be encouraged and supported. The M-PACT practitioners need the skills and persistence to engage with families that in part is provided through the M-PACT training^{C30} (Intervention I). Families also need to have trust in the professionals they work with and where barriers to attendance exist, such as in transportation, these need to be removed (Intervention H).

4 Costing the Programme

The Interventions

Following the change mapping workshop, the direct costs associated in delivering each intervention were identified with a potential source. These are detailed in Table 1 below. Normally we would like to measure indirect

costs also – such as staff time delivering the project. However, we were assured by practitioners and management that costs were well contained, well recorded and any indirect costs would be negligible.

Table 1: Interventions to deliver the changes required

Intervention	Direct Costs (borne by the project)	Source
A – M-PACT programme	Licence fee, staff costs to deliver programme	Budget and expenditure information from finance, time spent on M-PACT by practitioners
B – Onward referral process for M-PACT staff to external agencies	Time of staff to establish referral process; Time of staff to undertake referrals	Estimation by staff developing process
C – Activities with children and young people outside of the M-PACT programme (e.g. Activities with groups of children affected by parental substance misuse)	Time of staff to establish and run activities; Facility costs	Budget and expenditure information from finance, estimation by staff on time taken
D – Referral process	Time to develop and promote referral process	Budget and expenditure information from finance, estimation by staff on time taken
E – Appropriate family identification and definition	Time spent by M-PACT staff establishing what a local appropriate family is	Budget and expenditure information from finance, estimation by staff on time taken
F – Feedback and promotion of service	Time spent by M-PACT staff promoting the service, developing marketing materials and providing feedback to agencies	Budget and expenditure information from finance, estimation by staff on time taken
G – Promotion of professionals looking at whole family not just parents	Time spent by M-PACT staff promoting a family way of working	Budget and expenditure information from finance, estimation by staff on time taken
H – Transportation costs	Costs of getting a family to an M-PACT programme	Budget and expenditure information from finance

Intervention	Direct Costs (borne by the project)	Source
I – Training of staff on how to engage with families	Costs of training including staff time	Budget and expenditure information from finance, estimation by staff on time taken
J – Promotion of service to senior management in agencies that can provide support	Staff time in generating strategic support of the programme	Budget and expenditure information from finance, estimation by staff on time taken
K – Rooms and refreshments	Costs of rooms and refreshments in which course is held	Budget and expenditure information from finance
L – Practitioner recruitment	Recruitment costs	Budget and expenditure information from finance, estimation by staff on time taken
M – Practitioner time to deliver the programme	Time spent by practitioners delivering the programme	Budget and expenditure information from finance, estimation by staff on time taken
N – Initial and ongoing training	Costs of training including staff time	Budget and expenditure information from finance, estimation by staff on time taken

There is a danger sometimes in SROI to go for spurious levels of accuracy in measuring costs. It is spurious because monetary values attached to benefits are proxies and some proxies will be more accurate than others. So having highly accurate estimates of costs when the estimates of benefits are not of the same accuracy can lead to dubious conclusions and be a waste of time. What is required is an approximation of cost that is at least as good as the approximation of the monetisation of the benefits with no important costs missed.

With this in mind, finance departments responsible for monitoring the funding going to M-PACT were asked to provide detail of costs in four categories that covered all costs above:

- Training and license fees
- Time spent by staff delivering the programme
- Management and administrative support
- Incidental expenses (hire of rooms, childcare, taxis etc.)

Data on costs were provided from four areas: Essex, Wiltshire, Tower Hamlets and Bournemouth. The cost per family of delivering the programme in these four categories is provided in Table 2 overleaf:

Table 2: Costs of delivering M-PACT per family

Area	Number of families	Training and license fees	Staff time delivering programme	Management & administrative support	Incidental expenses and travel	Total (including training and license fees)
Bournemouth	9	£1,333	£481	£71	£207	£759 (£2,092)
Essex	4	No training or license fee for this programme	£691*	£121	£1160	£1,992 (NA)
Tower Hamlets	10	£798	£111	£111	£584	£806 (£1,604)
Wiltshire	30	No training or license fees as run by Action on Addiction	£482	£98	£77	£656 (NA)
TOTAL	53	£1,050**	£428	£98	£276	£802 (£1,852)

*Time rather than cost provided. Assumed a cost of £10 an hour
 **Average from the two areas that this data was provided

Three of the four areas providing cost data had unit costs per family (excluding the licence and training fees) of between £656 and £806. Essex stands as an outlier at £1,992. This could be in part due to an overestimation of the hourly rate of staff but the real difference can be seen in incidental expenses and travel. This figure was significantly higher than other areas and may reflect greater costs in Essex associated with the geography and use of facilities to run M-PACT sessions. Alternatively, it could be simply due to only four families being enrolled in this period, and the programme taking time to ‘bed in’ logistically.

For the purposes of our base case analysis we used the average cost across all areas excluding staff training and licence fees. This provides an estimate of the ongoing or marginal SROI.

Three scenarios were explored to test the robustness of our analysis. A first scenario looked at the SROI including training and licence fees (“Full cost” scenarios). Then two separate scenarios looked at the impact of using the highest and lowest total costs reported in Table 2 (“Low cost” and “High cost” scenarios).



5 | Benefits

Identifying benefits

The Theory of Change highlighted the following potential benefits from M-PACT programme:

Improvements in children and young peoples'

- School behaviour
- School engagement
- School attendance
- Sleeping
- Dietary habits
- Relationships
- Self esteem
- Cessation of prescribed medication
- Physical hygiene
- Offending behaviour
- Anxiety levels

In addition the programme hopes to ensure that children and young people are appropriately on child protection plans. This could mean at the end of a programme a child is on a plan when they were not at the start (as a result of identifying previously hidden issues).

Wider benefits could also be seen to the family:

- Reduction in parental substance misuse (although not a direct aim of the programme one way a parent could reduce the impact of their substance misuse is to reduce the level of their use)
- Families engage with other services
- Improvements in family communication
- Reduction in feelings of isolation and loneliness in children

Capturing the data

In gathering data for the SROI analysis we wanted to ensure that the burden was kept as low as possible. As such we made use of the available data from the Family Profile tables that M-PACT practitioners are asked to complete after the reunion session. This table captures the following family outcomes:

- Child Protection Plan removed
- Child in Need status agreed
- Offending behaviour reduced
- Parent Accessing Treatment
- School behaviour improved
- School attendance improved
- General education improvement
- Accessing other local services
- Referred to Social Services
- Referred for parenting support
- Employment
- General Physical Health improved

The practitioner is asked to complete the profile recording where they have seen change against these outcomes from baseline that can be attributed to the programme. It is acknowledged from the outset that there is no counterfactual beyond the practitioner opinion as to the cause of the change.

Valuing the benefits

In placing a monetary value on benefits we have been cautious in our approach in line with Government guidance on undertaking an SROI analysis.

This cautious approach is underpinned by the following considerations:

Sources of proxy values

Direct estimation of cost avoidance is not normally possible which is why an SROI analysis is undertaken. SROI analysis relies on 'proxy' values for outcomes achieved by a programme. We have only valued outcomes where there is a reasonable proxy either from published sources or can be estimated from robust available data with a focus on savings to the public purse.

Sustainability

With no outcomes data past the last follow up it is not known whether outcomes seen are sustained and if so for how long. As such we have limited the monetary benefit of outcomes to 12 months. In some cases this will provide a severe underestimate of the true cost savings of outcomes seen for families following the programme.

A separate scenario analysis assumed that 50% of the benefit was still seen at 2 years ("2 year effectiveness" scenario).

Deadweight and attribution

It is important in any economic evaluation to consider whether an outcome would have been achieved anyway regardless of the intervention assessed (deadweight) or how much of the outcome seen is down to the intervention (attribution).

To make an assessment of deadweight and attribution some form of counterfactual is required. In many cases creating such a counterfactual is not only costly but can be flawed and where it involves withholding support from people potentially unethical.

"M-PACT allows children to talk about their feelings and experiences, with their parents, in a safe environment. This could be the first time a parent realises how deeply their children are effected by their behaviour."

- M-PACT practitioner

We did not use a counterfactual in this study for these reasons. However, we did discuss stakeholder views on deadweight to support our assumptions and analysis.

With no counterfactual we have assumed a deadweight and attribution reduction of 25% to all outcomes. This means that, for example, that if a member of a family is recorded in the profile as being helped back to work because of the programme only 75% of the financial benefit of this is included in the analysis. Scenario analysis explored no deadweight and 50% deadweight.

The full list of benefits considered for valuation, the monetary value for that benefit, its description and source are provided in table 3 overleaf:

Table 3: Benefits monetised in the analysis

Outcome	Description of savings considered	Additional savings not considered	Financial value (less 25% for deadweight and attribution)	Source
No longer on child protection plan	Administration costs and 12 months statutory costs	Care costs	£10,538	DCLG Cost Calculator
Improved school attendance	Average cost of stopping a truant	Lifetime benefits of school attendance including improved employment opportunities	£2,647	The Learning Challenge (2010). The Learning Challenge. Retrieved from www.total-learning.org.uk
Improved school behaviour	Cost of behavioural support in a school setting (per annum)	Costs of fixed term exclusion and placement in a pupil referral unit if permanently excluded	£1,275	Not present and not correct: Understanding and preventing school exclusions. Barnardo's, 2010
Parents accessing drug treatment	Avoidance of one week's inpatient detoxification	Drug and alcohol costs for parents	£772	PSSRU Unit Costs of Health and Social Care 2011
Improved health	One avoided A&E attendance and 4 avoided GP appointments (assumption)	Prolonged health benefits from reduction in chronic physical and mental ill health	£174	PSSRU Unit Costs of Health and Social Care 2011
Moved into employment	52 weeks of JSA as a couple (assumption)	Benefits to exchequer of tax receipts; Improved health from being in employment; Reductions in housing and other benefits	£4,389	DWP
Reduced offending behaviour	Average costs of police time, hearing costs and victim costs for a criminal offense	Costs of ASB orders; Housing costs of moving problem families; Prison and probation costs	£1,854	S Brand and R Price, 2000, The Economic and Social Costs of Crime (value increased by inflation)

Four areas provided data from completed Family profiles on the number of members of each family that achieved these outcomes. This is based on single programmes in each

area except for Wiltshire where the data is drawn from two programmes. This is shown in Table 4 below with the monetary savings per family shown in Table 5 overleaf:

Table 4: Number of individuals achieving outcomes

Outcome	Essex (Families=4)	Guernsey (Families=5)	Tower Hamlets (Families=10)	Wiltshire (Families=30)	Total (Families=49)
No longer on child protection plan	0	0	1	0	1
Improved school attendance	1	3	4	4	12
Improved school behaviour	1	3	2	6	12
Parents accessing drug treatment	5	5	4	8	22
Improved health	0	6	6	6	18
Moved into employment	3	1	0	3	7
Reduced offending behaviour	0	0	0	0	0

Table 5: Number of individuals achieving outcomes

Outcome	Essex (Families=4)	Guernsey (Families=5)	Tower Hamlets (Families=10)	Wiltshire (Families=30)	Total (Families=49)
No longer on child protection plan	£0	£0	£1,054	£0	£215
Improved school attendance	£662	£1,588	£1,059	£353	£648
Improved school behaviour	£319	£765	£255	£255	£312
Parents accessing drug treatment	£965	£772	£309	£206	£347
Improved health	£0	£209	£104	£35	£64
Moved into employment	£3,292	£878	£0	£439	£627
Reduced offending behaviour	£0	£0	£0	£0	£0
Total	£5,237	£4,211	£2,781	£1,287	£2,213

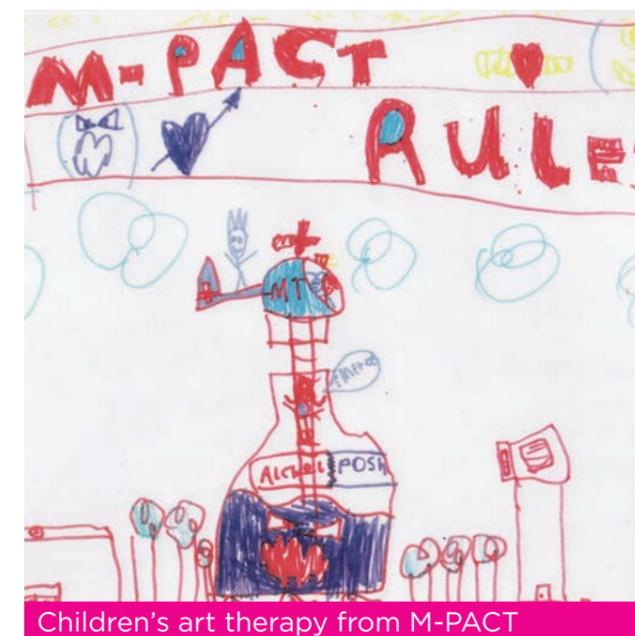
Other potential benefits were recorded in the profile, such as families accessing services and children having higher educational attainment. The latter of these could potentially be valued and was seen in 6 children in total across the 49 families. However we considered it too tenuous to apply a saving over the ensuing 12 months for an improvement in attainment, although the lifetime gains could be considerable. Again, this was opting for caution over optimism in the analysis to ensure robustness of findings.

As was the case with costs, there is some variance in the benefits per family seen across areas. This can be explained partly by different 'success' rates which may reflect the problems families had on the programme in different areas and also that some outcomes have much higher values – notably moving

“We’re all a lot more aware, things are calmer. Mum and Dad are getting the help they need, and me and (my sibling) are getting the help we need. Hopefully it will be just... us back together normally without addiction.”

- *M-PACT participant*

into employment and removal from a child protection plan – than others. If these outcomes were achieved even in a small number of cases it makes a substantial difference to the monetary benefits achieved. In the base case the total saving per family of £2,213 was used. The upper and lower values for each area were used in scenario analysis (“highest benefit” and “lowest benefit” scenarios).



Children’s art therapy from M-PACT

6 | SROI ratios

The Base Case

Under the base case the M-PACT programme generates a conservative £2,213 of savings per family at a cost of £802 per family. This generates an SROI ratio of 2.76 or for every £1 spent on M-PACT it generates £2.76 in savings.

Scenario analysis

Various scenarios were analysed to explore the robustness of findings. These are summarised in table 6 below:

Table 6: Summary of scenario analysis

Scenario	Family Unit Cost	Family Benefit	SROI ratio
Full cost	£1,852	£2,213	1.19
Low cost	£656	£2,213	3.37
High cost	£2,092	£2,213	1.06
2 year effectiveness	£802	£3,320	4.14
50% dead weight	£802	£1,475	1.84
0% dead weight	£802	£2,950	3.68
Highest benefit calculated	£802	£5,237	6.53
Lowest benefit calculated	£802	£1,287	1.60



As can be seen from table 6 the SROI ratio never falls below one regardless of the scenario considered. In a best case scenario where the benefit seen in Essex was seen at the average family unit cost the SROI may be as high as 6.53. The analysis holds up to a 'stress test' across a range of reasonable values for parameters and so the finding of cost effectiveness can be seen to be robust.

Conclusion

The evidence available suggests that the M-PACT programme saves £2.76 in the first year after a family engages with the programme for every £1 spent. Even under pessimistic scenarios the programme still saves money in the first year. The actual saving is likely to be much higher given the assumption of only 12 months benefit and the cautious proxies chosen.

In addition there are additional benefits that have not been monetised such as families engaging with services and children having higher educational attainment.

From a cost effectiveness perspective the M-PACT programme has been shown to provide substantial and real economic value.

Interface Enterprises

For further details of Interface Enterprises or to contact the authors of this report, James Mahon and Kerry Merrill, please visit: www.interfaceenterprises.co.uk



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Salisbury
Wiltshire
SP3 6BE
01747 830 733

For Families

Jill Cunningham House
East Knoyle
Salisbury
Wiltshire
SP3 6BE
01747 832 015

Centre for Addiction Treatment Studies

The Manor House
Ash Walk
Warminster
Wiltshire
BA12 8PY
01985 843 780

Community Recovery

9 Coggeshall Road
Braintree
Essex CM7 9DB
01376 349 237

London Office

1 Regent Terrace
Rita Road
London
SW8 1AW
020 7793 1011

Hope House

52 Rectory Grove
Clapham
London
SW4 0EB
020 7622 7833

Community Recovery

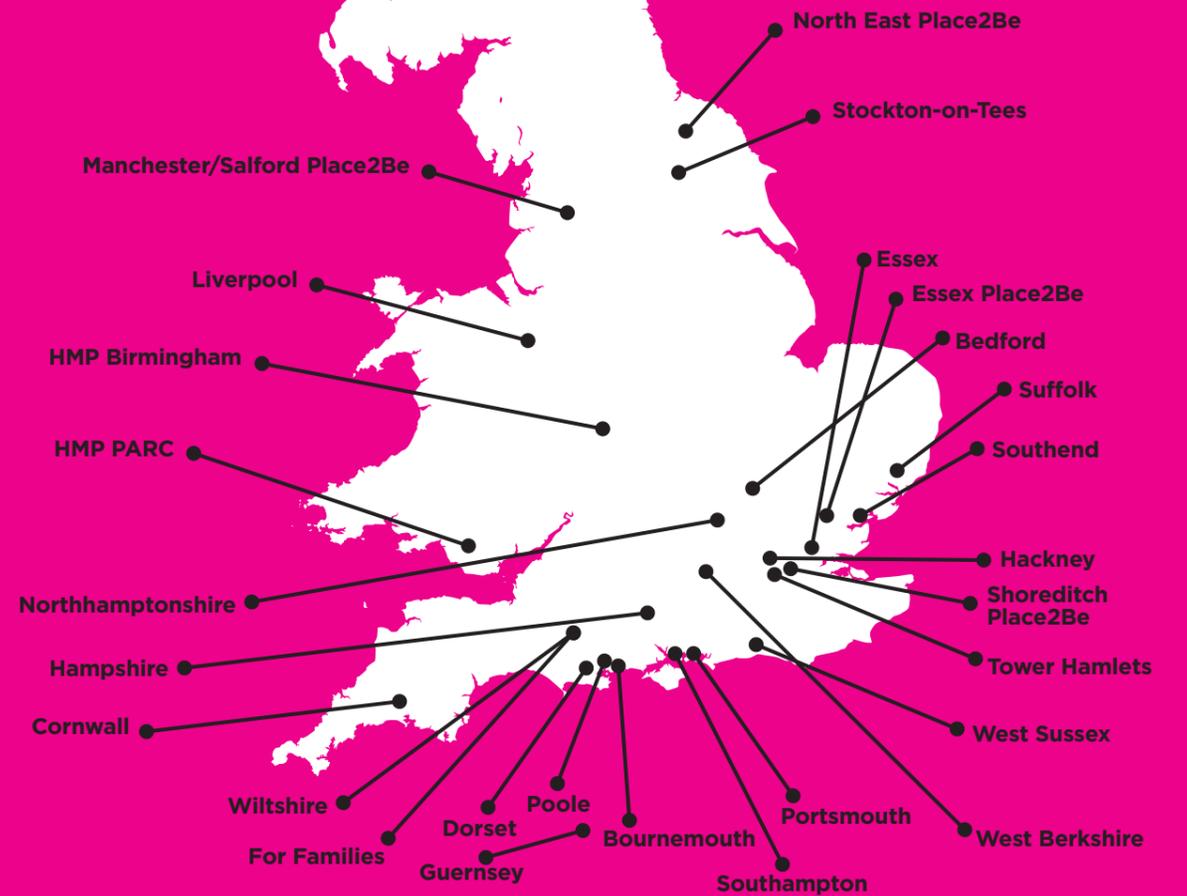
The Clouds Building
1a Station Approach
Ashley Rd
Boscombe
Bournemouth
BH1 4NB
01202 399 723

www.actiononaddiction.org.uk



MFACT
Moving Parents And Children Together

UK Licence Holder Sites



North East Place2Be

Stockton-on-Tees

Manchester/Salford Place2Be

Liverpool

HMP Birmingham

HMP PARC

Northhamptonshire

Hampshire

Cornwall

Wiltshire

For Families

Guernsey

Dorset

Poole

Bournemouth

Portsmouth

Southampton

West Berkshire

West Sussex

Tower Hamlets

Shoreditch Place2Be

Hackney

Southend

Suffolk

Bedford

Essex Place2Be

Essex

Action on Addiction takes action to disarm addiction. We do this through research, treatment, family support, advocacy, education and training.

Patron: HRH The Duchess of Cambridge

Contact us

For more information about any of our services:

Visit www.actiononaddiction.org.uk

Call us on 0300 330 0659

Email action@actiononaddiction.org.uk



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Registered Charity No. 1117988
Registered Company No. 05947481

The
**CHARITIES
FORUM**

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The Duke and Duchess of Cambridge
and Prince Harry

