

The Social Return on Investment of Drug and Alcohol Family Support Services: Assessing Adfam's contribution

Introduction

The impact of an individual's drug and alcohol misuse, both on their own health and well-being and on wider society, has been the subject of much research and commentary. However, the impact on family and friends of having a problematic drug or alcohol user in the family is still not widely recognised or understood in the UK, and yet it is overwhelming and all encompassing for those who are affected. This impact is documented in detail in a number of studies including *We Count Too, 2009*, and *Orford et al, 2005*.ⁱⁱ

Whilst the needs of families have for some years been highlighted in UK government drugs strategies, funding has been difficult to obtain for specialist services providing support to families and friends affected by someone else's drug or alcohol misuse, and the resources that have been accessed are often precarious and not integrated into mainstream commissioning.

Adfam, the national charity in this field, campaigns vigorously to get the voices and needs of family members heard by policy makers and funders, alongside developing and disseminating good practice across front line services through the provision of information, high quality publications, training and a number of specific projects.

In September 2011, Adfam commissioned Emma Rattenbury Associates, working with Envoy Partnership, to conduct an evaluation of work in the field of drug and alcohol family support. The evaluation had two specific components:

1. An SROI evaluation of a sample family support service, analysing the impact of the family support on family members, users of drugs and alcohol, and government services, and the *value* created by the service
2. An analysis of Adfam's contribution to the family support sector, and an estimation of the impact and social value that Adfam can take credit for

The aims of this project were to:

- Enhance understanding of the outcomes achieved by providing support services for families and friends affected by someone else's drug and/or alcohol misuse.
- Estimate the social value created by such services for both family members themselves and other key stakeholders.
- Develop an SROI model which has relevance to the wider field of drug and alcohol family support services, using a single service as a case study.
- Help the case study, and the wider field, to improve their measurement of outcomes.
- Extrapolate the specific contribution that Adfam makes to achieving the outcomes and social value created by drug and alcohol family support services in England.

The sample service

The service identified by Adfam for the SROI was the Solihull Integrated Addictions Service (SIAS) Family and Friends service. This service consists of a single worker and one volunteer, with input from a service manager, located within Welcome which is the lead voluntary sector drug treatment agency in the SIAS partnership. This type of service is increasingly common around the UK, as the number of stand alone drug and alcohol family support services reduces, in response to contracting resources, but also the growing recognition of family support's contribution to successful treatment outcomes and recovery for drug and alcohol users themselves.

The fieldwork for the SROI was undertaken between October and December 2011, with a final report being presented to the SIAS Partnership Board in January 2012. The SROI methodology is summarised in the appendix 1.

This report summarises the approach taken to and key findings of the SIAS Family and Friends SROI, before going on to describe the process used to estimate Adfam's contribution to outcomes in this field and the findings from this phase. The full SIAS Family and Friends SROI report is available from Adfam.

Scope and Stakeholders for the sample service

The SROI study focused specifically on the work and outcomes of the dedicated Family and Friends worker at Welcome, taking account of the contribution of other SIAS partners in the final model. The SROI examines the returns from *one year's* investment. The Family and Friends service only works with adult family members and friends affected, so the study does not look at work with children affected.

In SROI, the term *material stakeholders* is used to describe those who are affected by the intervention in a way that is both important and significant (rather than those who contribute towards the work). In this SROI, the material stakeholders are:

- Family members and friends themselves, who receive a service.
- Drug (and alcohol) users in treatment whose family members are receiving support from the Family and Friends service.
- The NHS and Criminal Justice System, which benefit from reduced costs as a result of positive outcomes for both of the above groups.

For the purpose of this analysis we grouped clients into three categories as follows:

1. Those who receive structured support. For these clients we have measured outcomes directly.
2. Those who don't receive structured support but have contacted Welcome more than once. For these clients we have forecasted the impact of the support, as that they receive on average 20% of the benefit of those who receive structured support.
3. Those who only engage with Welcome once. While there is likely to be some benefit to them, we are unable to meaningfully estimate the impact and they are not included in the calculations.

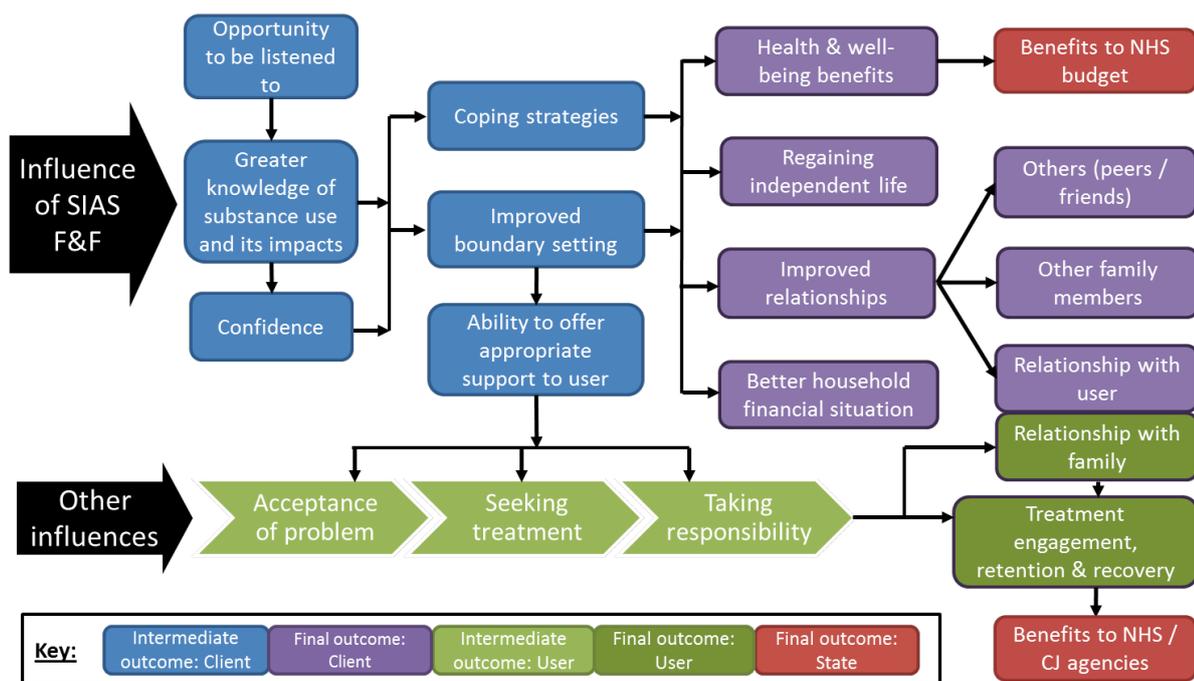
Theory of Change and Impact Map for the sample service

The fieldwork was used to identify the outcomes for the material stakeholders identified. From this research, and based on the consultants' existing knowledge of the field, an impact map was created. (Figure 1 below).

The impact map shows how change comes about (the *theory of change*) for Family and Friends clients (the family member of the substance user), and the substance user themselves. Blue and purple boxes show outcomes for clients, while green boxes show outcomes for the user. Red boxes show outcomes for government services (referred to as the state).

Starting on the left hand-side, it shows how SIAS Family and Friends, and other influences, lead to intermediate and final changes or outcomes. The "final outcomes" are those that are considered as *valuable in their own right*, (rather than valuable because of what they lead on to), and these are given a monetary value later in the process.

Figure 1: Impact Map for SIAS F&F Service



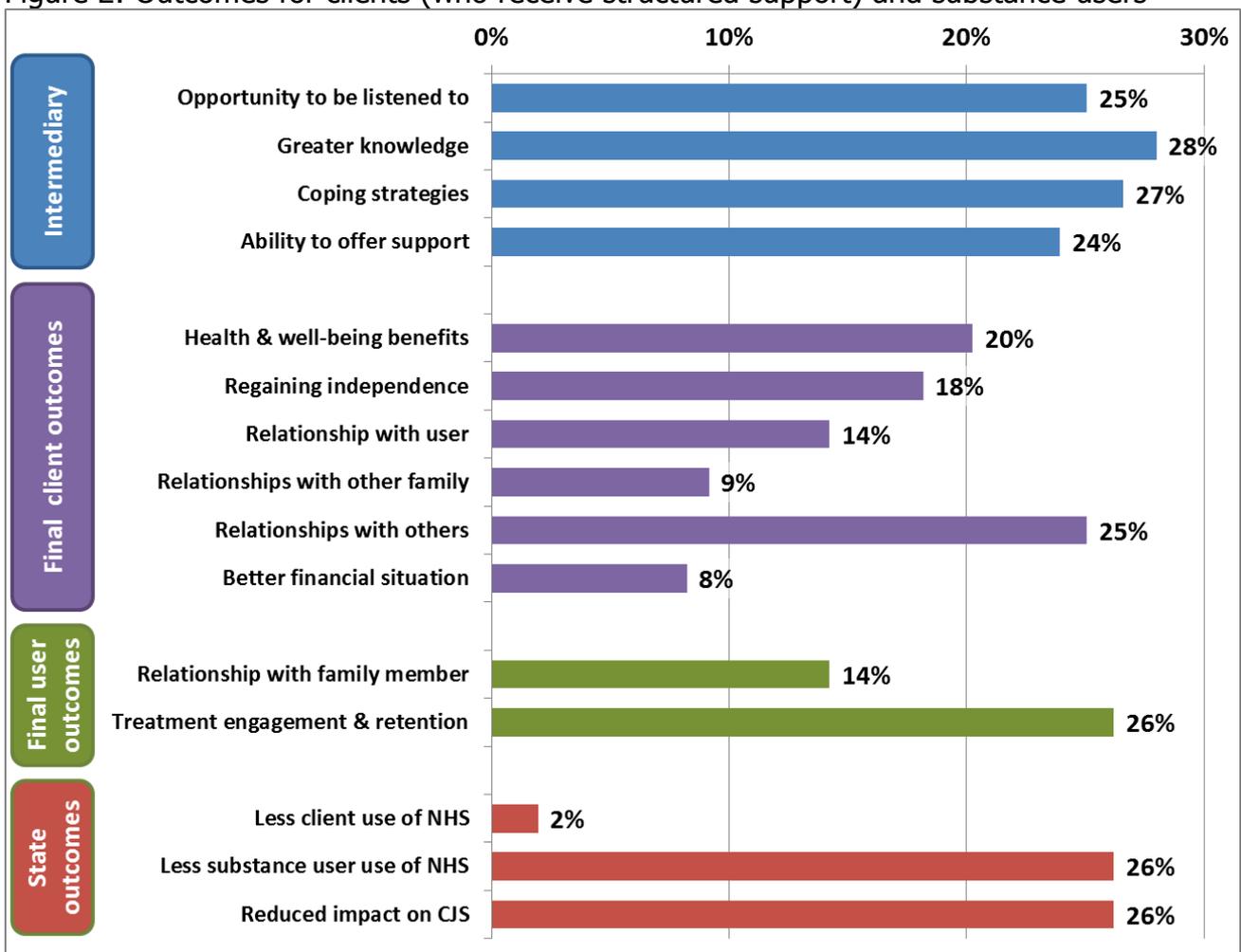
There was strong consistency across everyone spoken to about the key **outcomes for family members and friends**. This is supported by the findings in the secondary research, particularly in relation to reduced stress and anxiety and improved coping strategies, cf: Copello et al 2009(a) Velleman et al, 2011.ⁱⁱⁱ

Measuring outcomes for the sample service

Having developed a *theory of change* and identified the outcomes, quantitative research was used to identify the extent to which these outcomes were achieved for those receiving structured support. More detail on the way this data has been used, and steps taken to recognise the impact of other influences and the longevity of the change, is outlined in the full SROI report.

The results are shown in figure 2 below. For clients, there is greater movement in the intermediary outcomes (for example, knowledge of substance use and its effects) than in the final outcomes (for example, improved household financial situation). This is unsurprising as the intermediary outcomes are the things that Family and Friends can impact more directly, while the final outcomes are likely to come about over time, and are more dependent on the actions of others (i.e. the substance user).

Figure 2: Outcomes for clients (who receive structured support) and substance users



Nonetheless, the changes in final outcomes for clients are significant, particularly around health and well-being, and relationships with others (primarily support through people they meet at Welcome). Relationships with other family members and improved financial situation show less change, partly because for some clients these were less of an issue in the first place.

Users' engagement with treatment and retention in treatment increases by 26%. Secondary research is then used to project the improvement on their own health and well-being as a result. Likewise for the state, the reduction in the substance user's use of the NHS, and the reduced impact on the criminal justice system, are projected from the improved treatment engagement and retention.

There is only a very small level of change for clients' reduced usage of the NHS. This is mainly because most didn't receive much support (such as anti-depressants) in the first place.

These outcome figures were then adjusted to take account of what would have happened anyway (deadweight), attribution due to other influences, and the longevity of the outcomes (or drop off). They were then converted into a monetary figure through the use of a *financial proxy* to show the value to the stakeholder. The appendix to the full SROI report provides more details on deadweight, attribution, drop off and financial proxies.

Results of the sample service SROI

Table 1 below shows the total present value^{iv} created, by stakeholder and by support type.

Overall, the value created is over £240,000. The total investment in the service is £52,000, giving an SROI ratio of 4.7:1. This means that every pound invested in the service leads to the creation of £4.70 of social value.

Most of the value (60%) is created for clients of the service. However, the return to the state alone is higher than the investment in the service, suggesting that the investment is good value for money for the government even before the health and well-being benefits of clients and substance users are taken into account. Further research into the benefits of family support on substance users would help to verify this.

Table 1: Present value created (to the nearest £1,000)

Stakeholder	Value created through structured support work	Value created through informal support work (forecast)	Total value created
Clients	£129,000	£16,000	£145,000
Users	£25,000	£3,000	£29,000
The State	£61,000	£7,000	£69,000
All	£216,000	£26,000	£242,000

Phase two – Adfam’s contribution

The second and final phase of the project was to estimate Adfam’s contribution to the outcomes achieved and the social value created by family support services more widely.

This was done through Adfam’s annual Supporters’ Survey. The survey was adjusted to enable us to identify:

- Which of Adfam’s supporters work for services which provide direct support to adult family members affected by someone else’s drug and/or alcohol use
- The approximate number of service users that these supporters work with
- The amount of attribution, or credit, that those supporters give to Adfam for the outcomes that they achieve

These questions are shown in Appendix 2.

Attribution is a difficult concept to evaluate, particularly in an online survey. Effort was taken to word the attribution question carefully, so as to enable respondents to make as accurate an estimate as possible. However, it is evident that the concept was difficult for some respondents. Two respondents gave unrealistically high figures, which have been discounted from the summary figures.

The average figures are shown below in table 2. While 72 people took the survey, not all of them provided direct support services, so the number of responses for the key attribution questions is lower.

Table 2: Survey responses

Question	Number respondents	Average response
No. service users	30	218
No. service users receiving structured support	30	86
No. service users receiving informal support who are seen more than twice	28	58
Attribution given to Adfam	28	19%

On average, respondents delivered structured support to 86 clients, and gave Adfam an average attribution rate of 19%. This would mean that, on average, Adfam can take credit for the impact on 16 clients per service.

Extrapolating from the SIAS Family & Friends service, an average of £3,400 of value is created per client who receives structured support. This would mean that, for the 30 organisations who gave responses, Adfam can take credit for the creation of approximately £1.6 million of social and economic value per year.

In total, Adfam has 117 supporter services who provide structured support to adult family members.. It is therefore possible to extrapolate these results further and estimate the impact on all 117 supporters. However, it is likely that those supporters who took the survey are more positive overall towards Adfam than those who did not, and we cannot assume that other supporters would have given the same amount of credit to Adfam. It would be wise therefore to assume that those supporters who did not take the survey would have allocated a lower amount of attribution to Adfam. We have assumed that they would only allocate half as much attribution (9.5%). On this basis, Adfam can take credit for the creation of approximately £4 million of social and economic value per year.

Adfam's investment in this type of support is estimated to be £813,000. This consists of Adfam's total budget, except for the part allocated to Adfam's prison work which is direct service delivery. It might be that this is a slight overestimate as Adfam runs some other activities, such as advocacy, where the benefits are felt by other beneficiaries, such as service providers who are not actual Adfam supporters. However, it is better to overestimate to avoid over claiming the final results.

Comparing the total value created with the total investment allows the calculation of an SROI ratio.

- If only the organisations that took the survey are considered, the SROI ratio is 2:1, meaning that Adfam creates £2 of social and economic value for every £1 invested.
- If all supporters are considered, then the SROI ratio is 5:1, meaning that Adfam creates £5 of social and economic value for every £1 invested.

However, this relies on a number of assumptions. In particular, it assumes that the value created per client by the SIAS Family & Friends service is typical of the sector as a whole. There are a range of different types of service provider, and further research into the impact of other service providers would further strengthen the evidence.

Concluding remarks

The first phase report on the SIAS Family and Friends service demonstrates the high value for money which drug and alcohol family support services provide both in terms of benefits to family members themselves, to their drug and alcohol using loved ones, and to the state. The findings from the second phase show the significant contribution to achieving these benefits which their supporters ascribe to Adfam and the services that it provides.

The findings from the 30 survey returns have been extrapolated to the 117 Adfam supporters. However, there are a number of challenges with this approach:

- The SIAS Family and Friends service appears to be particularly high value for money. 63 structured interventions in one year delivered by one paid worker results in a significantly lower unit cost than that generated by larger, better funded services, and seems high for single worker services as well.

- It is likely that the 30 respondents to the survey represent Adfam's most positive and staunch supporters. The remaining 87 will include supporters who have very limited contact with Adfam, and a range in between that and the 30 who did respond. Therefore, attribution has been halved for those who did not take the survey.
- It is not usual to determine attribution for an SROI via an on line survey, and as attribution is a difficult concept to grasp, it seems likely that amongst the 30 respondents, there are a number who have given an unrealistically high figure. Therefore, it is possible that the 19% average is an over estimate. Interestingly, the SIAS Family and Friends response was lower than the average and they fully understand the concept because of their involvement in this project, at the same time as having a high regard for Adfam.

It may be, therefore, that the more conservative estimation of value created by just those organisations that undertook the survey is the most robust estimate to use.

Despite these cautions, this report, when combined with the SIAS Family and Friends SROI report, clearly demonstrates the social value that Adfam's services are creating. It is worth noting that newer and smaller services gave slightly higher attribution figures. Comments from some of the more well-established services indicated that Adfam's support and guidance had been invaluable to them during the early development of their services, and whilst this has inevitably diminished over time as they learnt to 'stand on their own feet', Adfam is still seen as important to their ongoing development.

The supporters' survey generated some interesting material about which of Adfam's services respondents felt were most important, accessible, familiar and effective. Analysing this data is beyond the scope of this particular consultancy, but it is suggested that it would be extremely useful for Adfam to look at these responses further when planning for the future and ensuring that limited resources are allocated to those areas which front line services value most.

In conclusion, the SIAS Family and Friends SROI represents an important step forward in the field of drug and alcohol family support, providing the first completed SROI on such a service, and strengthening the evidence base for the effectiveness of structured support for adult family members affected by someone else's drug and alcohol use. It provides a significant tool in the campaign to protect and expand provision for family members affected in this way, and Adfam needs to give consideration to how to promote and publicise the findings of this study, alongside the contribution that Adfam itself makes to front line services and their service users.

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March 2012***

Appendix 1: SROI explained

SROI is a stakeholder-informed cost-benefit analysis that uses a broader understanding of value for money. It assigns values to social and environmental outcomes as well as economic outcomes, and helps organisations make improved spending decisions^v. Its development in the UK has been driven by organisations such as the *new economics foundation* and the *SROI Network*, and has been funded by the UK Office for Civil Society and the Scottish Government (through the *SROI Project*).^{vi} It is increasingly used to measure value-for-money and is recommended by the National Audit Office.^{vii}

Its successful application to strategic decision-making across a wide range of funding and policy areas is evident among organisations in the UK and abroad, including various NHS Trusts, the NHS Institute for Innovation, national housing associations. It has also informed funding decisions for major development projects in heritage and town planning (including a £1.5billion development in Sydney, Australia).^{viii}

Steps followed in the SROI study of SIAS Family and Friends service draw from the UK Cabinet Office guide and Scottish Government's SROI Project, which are as follows^{ix}:

1. Establishing scope and identifying key stakeholders
2. Mapping outcomes
3. Evidencing outcomes & giving them a value
4. Establishing impact (including counterfactual or 'deadweight' analysis)
5. Calculating the SROI (including data sensitivity analysis, discounting)
6. Reporting, using and embedding

An SROI requires both qualitative research (stage 2 above), and primary and secondary quantitative research (stages 3 and 4). The SIAS Family and Friends SROI model and findings are based on a broad range of both primary and secondary research data. Where possible, more than one source of data was used to increase validity of the findings.

New qualitative and quantitative research was conducted specifically for this SROI, with Family and Friends clients, their drug using relatives and with managers of partner services. Existing Family and Friends data was also used. Secondary sources were consulted to assist with identifying financial proxies and to support judgements made to inform the SROI calculations.

The more detailed SIAS Family and Friends Report and Appendix sets out the SROI methodology and calculations in more detail.

Appendix 2: Survey questions

1. Do you deliver support directly to adult friends and family members affected by someone else's drug or alcohol use? *[Yes/No]*
2. Please think about your service-users (friends and family members affected by someone else's drug or alcohol use). In the last year, approximately how many service-users did you support? *[Open]*
3. Of these, how many did you deliver structured support to in the last year (regular one-to-one work / support plan)? *[Open]*
4. Of those who did not receive structured support, how many attended support groups regularly or have seen you more than twice in the past year? *[Open]*
5. Adfam runs a number of different activities to help its supporters in their work with family members and friends of substance users. These activities include things like training, advice and policy briefings. We are seeking to understand how important these activities are in helping Adfam's supporters to make a difference to the lives of family members and friends of substance users.

Please think about the work that your organisation has done over the past couple of years and the difference it has made to people. In your opinion, what contribution has Adfam made to this work in percentage terms?

If you think your organisation would have been just as effective without Adfam, because Adfam has made no difference to your organisation and you never access any of its activities, then you would answer 0%.

If you think that your organisation would still have been effective without Adfam, but Adfam has helped a little, for example through training, then you might answer 5%. This would mean that you are giving 5% of the credit for the difference your organisation makes to Adfam, and the remaining 95% to other partners, staff, volunteers, clients etc. If you think that your organisation would not be able to function properly without Adfam, then you might give a much higher answer, because you are giving much more of the credit for the difference your organisation makes to Adfam.

We recognise that it is impossible to know for sure. However, we are just looking for your best estimate. *[Open]*

ⁱ *We Count Too: Good Practice Guide and Quality Standards for work with family members affected by some else's drug use*. Second edition. 2009, London: Adfam.

ⁱⁱ Orford, J., Natera, G., Copello, A., Arkinson, C., Tiburcio, M., Velleman, R., Crundall, I., Mora, J., Templeton, L. and Walley, G., 2005. *Coping with Alcohol and Drug problems: The experiences of family members in three contrasting cultures*. London: Taylor and Francis.

ⁱⁱⁱ Copello, A., Templeton, L., Orford, J., Velleman, R., Patel, A., Moore, L., MacLeod, J. and Godfrey, C. 2009a. *The relative efficacy of two levels of a primary care intervention for family members affected by the addiction problem of a close relative: a randomised trial*. *Addiction*, 104.

^{iv} A discount rate of 3.5% is applied, as recommended by HM Treasury. This means that

^v For more information see the SROI guide, published by the UK Cabinet Office, and available here: http://www.thesroinetwork.org/publications/doc_download/51-sroi-guide-2009-for-printing-out

^{vi} <http://www.socialimpactscotland.org.uk/about/-/sroi-project-.aspx>

^{vii} See: www.nao.org.uk/sectors/civil_society/successful_commissioning/successful_commissioning/general_principles/value_for_money/vfm_and_tsos.aspx

^{ix} For more details see www.thesroinetwork.org/sroi-analysis/the-sroi-guide