Value of Substance

A Social Return on Investment evaluation of Turning Point's Substance Misuse Services in Wakefield

July 2014

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TURNING POINT
turning lives around

Assurance Statement

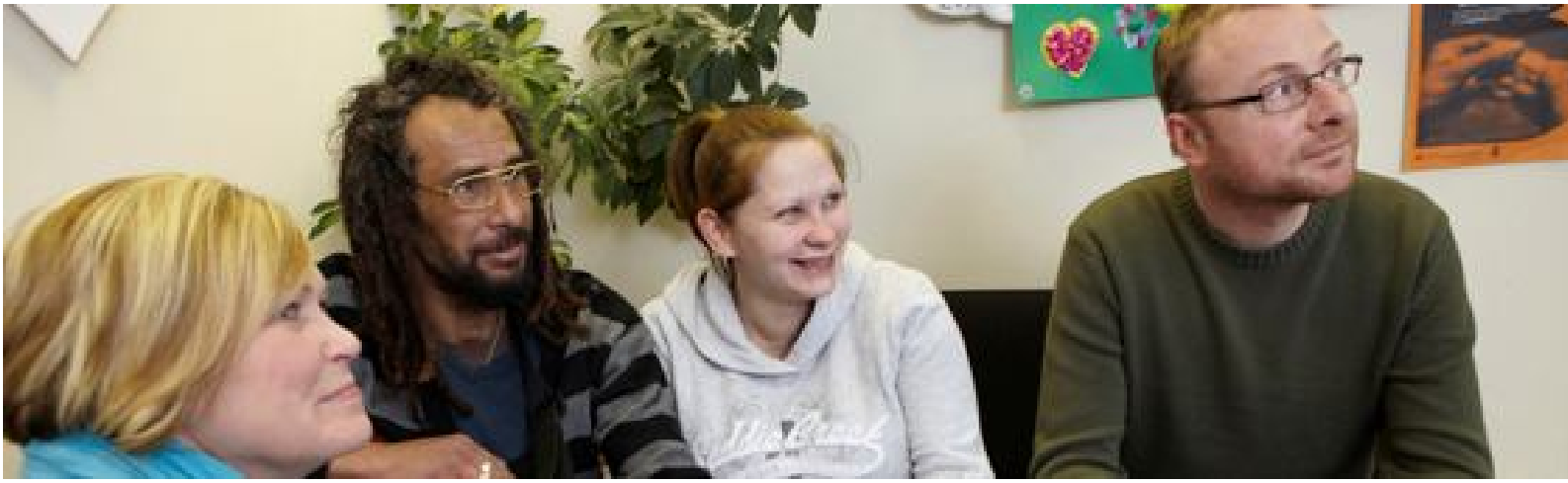
This report has been submitted to an independent assurance assessment carried out by The SROI Network.

The assessment concluded that **the report shows a good understanding of the SROI process and complies with SROI principles. Assurance here does not include verification of stakeholder engagement, data and calculations. It is a principles-based assessment of the final report.**

Acknowledgments

The analysis was led by Tim Goodspeed, **more than outputs**. The primary research was undertaken by Tim and members of Turning Point Wakefield staff. The impact map and report were developed and written by Tim.

Contents



1. Summary

Measuring the immeasurable

Turning Point aim to make a difference to Service Users' lives. The difference the service makes to Service Users is largely captured by the data currently collected. However, data on unintended and negative outcomes is not collected. Impact on Service Users' children, Partners, Parents, Siblings, Friends and Employers is also not captured.

There is a risk, then, that the activities can become skewed towards increasing the numbers of the things we do count (positive outcomes for Service Users) and are not as effective, or do not create as much value as they can.

One of the reasons we don't collect data on all of these things is that they are more subjective (softer) than, say, offending and so considered harder to measure. (Although, offending behaviour is notoriously difficult to measure as well!).

Another reason is perhaps that we value them less.

Either way, we must be careful not to spend too much resource on measuring and counting things as this reduces the resource we have left for delivery and so we sometimes focus on measuring things that feel easier to measure and the things that reduce fiscal spend.

SROI is an approach that can help us include other (softer) outcomes, tell the wider story about the difference that the service has made, and also consider which outcomes are most important by looking at how long change lasts for, how valuable it is, and how much of the change is down to the service. Understanding the relative importance, or value, of outcomes can also help us manage activities better and target resource to the most important areas.

SROI requires judgements to be made about things for which there is no absolute or objective truth, but *it is better to be vaguely right than precisely wrong* (John Maynard Keynes).

I was homeless for four years, moving between hostels, refuges, night shelters and on the street. Things needed to change. I was running from one nightmare to the next. Once an addict always an addict.

But with a lot of honesty and control, I stayed clean and could see a future beyond addiction. I discovered you have to love yourself so people can love you too. In short, getting help has changed my life.

Alex

Whilst there is no precise answer to the questions considered in this report, and we must be careful about how much weight we put on the numbers derived, we have found out some things that otherwise we would not have and can see the bigger picture and understand not only the difference the service makes to Service Users, but also to others and HOW MUCH difference it makes.

Furthermore, our results are good enough to act on in terms of knowing how to create more social value and monitor it in the future.

Results

This report summarises a Social Return on Investment (SROI) evaluation of 1 year's service delivery of Turning Point Wakefield (1 Apr 2013 – 31 Mar 2014).

The impact map for Turning Point, shows a return of between 7 and 9 in 2013. For every pound of treatment costs, there was between 7 and 9 times as much value created for Service Users and Society. Treatment for 1136 individuals cost £3.4m and created value of between £24m and £30m.

This figure includes reduced demand on criminal justice, health and social care systems and value for Service Users and others who are affected.

Figure 1

Total cost	£3,368,809
Value to Service Users*	£9,899,361
Value to others affected*	£10,409,430
Value to criminal justice system*	£8,039,587
Value to health and social care systems*	£1,577,021
Total value	£29,925,400
Social Return on Investment	Between 7 and 9
Net Return	Between 6 and 8

(* PV Values)

2. Introduction

About SROI

Every day our actions and activities create and destroy value; they change the world around us.

Although the value we create goes far beyond what can be captured in financial terms, this is, for the most part, the only type of value that is measured and accounted for. As a result, things with financial value take on a greater significance and many important things get left out. Decisions made like this may not be as good as they could be as they are based on incomplete information about full impacts.

Social Return on Investment (SROI) is a framework for measuring and accounting for change and this much broader concept of value. Turning Point Wakefield have used SROI to understand the impacts of their activities and show how they understand the value created, manage it and can prove it.

SROI is about value, rather than money. Money is simply a common unit and as such is a useful and widely accepted way of conveying value. In the same way that a business plan contains much more information than the financial projections, SROI is much more than just a number. It is a story about change, on which to base decisions, that includes case studies and qualitative, quantitative and financial information.

SROI measures change in ways that are relevant to the people or organisations that experience or contribute to it. It tells the story of how change is being created by measuring social, environmental and economic outcomes and uses monetary values to represent them. This enables a ratio of benefits to costs to be calculated.

SROI is a principles based methodology. This report does not contain an explanation of the principles or every step of the SROI process. Principles and steps have been summarised where appropriate. For details of the principles and process and why they are important and a worked example, the Cabinet Office sponsored Guide to SROI (The SROI Network, 2009) should be referred to.

This analysis followed the 6 stages of an SROI.

Terminology

Throughout this report, SROI terms are used. They are introduced where appropriate and defined in blue boxes.

SROI Process

1. Establishing scope & identifying key stakeholders
2. Mapping outcomes
3. Evidencing outcomes and giving them a value
4. Establishing impact
5. Calculating the SROI
6. Reporting, using and embedding

SROI Principles

1. Involve stakeholders
2. Understand what changes
3. Value what matters
4. Include only what is material
5. Avoid over-claiming
6. Be transparent
7. Verify the result

Being Transparent

Turning Point Wakefield paid **more than outputs** to carry out this analysis. This analysis has been carried out to the standard approach to SROI as documented by the UK Government, Cabinet Office sponsored guide to SROI (The SROI Network, 2009). The analysis was undertaken by Tim Goodspeed, an SROI practitioner, accredited by the SROI Network, who has no links with or interests in Turning Point Wakefield outside of this piece of work.

Making Judgements

To account for chaotic and complex change, in a world beyond the confines of an activity, requires judgements to be made. SROI is a framework within which these judgements are made. Judgements in SROI are guided by the principles of SROI. To be clear on why this analysis is the way it is, this report attempts to set out as many of these judgments, estimations and assumptions as is practicable, and show what has been included and excluded in the analysis.

There is not room in this report to include everything that was considered and every judgement. In the main, examples for Service Users are used in this report to illustrate judgements.

None of the returns reported in this report or any of the reports referenced here or the impact map are absolute truth, and none of them are either right or wrong. They are all based on assumptions (or judgements) and what they tell us can only be understood in the context of the judgements made.

The best way to report returns based on judgements, is to test the judgements with a sensitivity analysis and find the range that the return could sit it, for example it might be between 3 and 5. This is shown in chapter 10.

For comparison, if cost benefit figures in the sector do not normally include the value of future years, then the social return of 1 year may be a better figure to use. Similarly, cost benefit figures are normally net, so the net return may be a better figure to use. All of these ways of presenting the return are used in this report.

Transparency **SROI Definition**: Each decision relating to stakeholders, outcomes, indicators and benchmarks; the sources and methods of information collection; the different scenarios considered and the communication of the results to stakeholders, should be explained and documented.

Using vaguely right information

This report is one of three.

A summary document will be produced, if this report is assured, for stakeholders.

A management report makes practical recommendations and considers:

- the outcomes that appear to be the most important ones and what we think we can do about this to focus on them and create the most value for no extra cost
- the unintended and negative outcomes and what we think we should do about them
- implications for collecting data - indicators and/or values that we may choose to adopt.

The management report also models the data further to make comparisons with standard cost benefit analysis for drug treatment

programmes (The Drug Treatment Outcomes Research study (DTORS)) and to see what sort of difference a year of Turning Point Wakefield would make compared with available cluster performance data for drug treatment services.

Recommendation: Turning Point Wakefield should consider what it means to use information that is 'vaguely right'. Resources for analysis should be proportionate. Decision makers should be open about weaknesses and limitations in the data and discuss judgements. Understanding social value should focus on outcomes, not achievement of objectives. Negative and unintended outcomes should be included.

3. Scope

Scope **SROI Definition**: The activities, timescale, boundaries and type of SROI analysis

This analysis is an evaluation of 1 year's service delivery of Turning Point Wakefield (1 Apr 2013 – 31 Mar 2014).

Turning Point

Turning Point is a social enterprise, focused on improving lives and communities. Any surplus profit is used to provide the best services in the right locations for those that need most, across mental health, learning disability, substance misuse and employment.

Turning Point is a leading health and social care organisation that works with and supports people with complex needs to turn lives around. By listening, understanding and working with individuals, communities and commissioners, Turning Point create and deliver innovative, world-class models of care that offer choice, create independence and help people build a better life.

AJ was using heroin from the age of fifteen and poly drug use from sixteen with a very chaotic lifestyle. He felt he *had reached rock bottom*, but with help from Turning Point he says *I feel like I'm not drowning anymore*

Turning Point provide services in more than 200 locations across England and Wales in the areas of substance misuse, mental health, primary care, learning disabilities and specialised employment support. Turning Point expertise covers a broad spectrum of areas and spans nearly 50 years, enabling them to provide services directly to people and communities who have health and social care issues. Turning Point work has led them to develop approaches that tackle an individual's holistic needs, addressing the wider issues of social disadvantage, whilst working with people to make living in the community valued and sustainable.

Turning Point's aims mean they are committed to assisting and promoting the protection of health of those at risk from mental health issues, alcohol, drug or other problems leading to dependency, and the treatment, care, recovery, training and education of people with mental health problems, substance misuse issues, a learning disability and other complex needs.

Turning Point's ethos is embedded in working with Service Users and commissioners to turn more lives around and build better lives for those we support. Through a combination of continual improvement in our service provision, and wide evidence base and rich history, we will continue to develop services that make a difference to those they support which reflect local needs and deliver innovative outcome based approaches that will better support the hardest to reach.

Turning Point Wakefield Substance Misuse Services provide a wide range of drug and alcohol services, helping people recover from addiction and gain control of their lives. They know that successful treatment starts with being there at the right time – providing support when people are ready to take the next step.

Crucially, they understand the many roots of addiction and always look at the whole person, supporting individuals with key factors associated with addiction and recovery, such as education and employment, housing, social support and family networks, health and psychological well being and resilience. There are many paths to an addiction free life – Turning Point have the knowledge and experience to find the one that's right for a person. That is why clients turn to Turning Point for help, and why they've been successful time and again.

Turning Point provide a wide range of services and access points across the district, including; outreach services, psychological therapies, prescribing, group work, criminal justice interventions, mutual aid and peer support, education and employment and harm reduction services. They also provide tailored programmes for individuals in contact with the criminal justice services.

In April 2014 – 331 Service Users reported an increase in their overall quality of life, that's over a third of our Service Users.

In 2013/2014, there were 250 drug free/occasional user exits from the Turning Point drug services in Wakefield; this was 51% of all exits.

Turning Point's Accord Recovery Centre (ARC) saw 659 activity starts during 2013/14, with a 55% successful completion rate leading to 13 Service Users achieving employment.

If it wasn't for my worker with Turning Point and ARC staff I wouldn't be where I am today. I am staying off drugs and getting more out of life than ever.

SB

Outputs **SROI Definition:** A way of describing the activity in relation to each stakeholder's inputs in quantitative terms

Activities

The service is commissioned to provide community and acute based treatment and support services to adults affected by substance misuse including carers. The services provided meets the requirements set out in Models of Care (NTA 2002, 2006). Objectives for the district service include reducing the harm drug misuse causes individuals, families and communities. The service consists of:

- Community Drug Teams (CDT)
- Criminal Justice Services (CJS)
- Alcohol Treatment Services (ATS)
- Accord Recover Centre (ARC)

Service Users describe the service and activities in terms of things that help them including: talking about their issues and feelings, being listened to, not feeling judged and keeping diaries.

Objectives

The purpose of this analysis was to better understand the value the service created as a whole. This would be used to inform commissioning, payment by results pilots, and service improvement.

Given the scale of the activities under analysis, and the resources available, conclusions can only be drawn about the service as a whole and the analysis was limited in terms of detail and breakdown of service elements or stakeholder groups.

It would have been more difficult to understand the impact of each element of the service separately as there was overlap and Service Users access multiple elements according to need. Therefore, the whole service was considered and all activities included. This was appropriate for the purposes of reaching conclusions about the whole service. (If conclusions about the value created by each element of service are required, then separate analysis will be required).

Service Users

Turning Point Wakefield collect a vast amount of data about Service Users and their treatment. It is possible to see variations in drug of choice according to personality type, service use according to demographics, and other variables. However, it has not been possible to bring these variables in to the scope of this analysis and still achieve the objectives of understanding the service as a whole within the time and resources available.

For the period under analysis, Service Users had been in the Service as follows (based on monthly reports for 9/12ths of the period).

Years in Service		
0-1	312	27%
1-2	155	14%
2-3	88	8%
3-4	99	9%
4-5	90	8%
5-6	89	8%
6+	303	27%
Total	**1136**	

Inputs **SROI Definition**: The contributions made by each stakeholder that are necessary for the activity to happen

Funding

For Turning Point Wakefield (1 Apr 2013 – 31 Mar 2014), the contract value (including payment by results payments) was £3,201,602.

Life before entering TP services was chaotic, I was heavily addicted from 16 onwards, nothing stuck with me, I didn't get support, there was no flexibility, no choice, I was just told. Now life is great. I have hobbies and fitness. I have more to show for it, i.e. money in my pocket instead of foil. I want more out of life

TB

4. Stakeholders

Stakeholders **SROI Definition**: People, organisations or entities that experience change as a result of the activity that is being analysed

Stakeholder Analysis

Potential stakeholders and their outcomes were identified in consultation with staff and Service Users. Decisions to include or exclude them from the analysis were based on their potential (or actual where known) outcomes. See Figure 2.

Figure 2

Potential Stakeholder	Potential Outcomes	Included or Excluded
Local Authority	(Funder)	Included
Service Users	(Service target group)	Included
Their Families (Parents, Partners, Carers and Siblings)	Improved relationships Improved mental health	Included
Their Children	Reduced risk of violence Improved relationships Improved mental health Improved life chances	Included
Communities/Society that they offended against	Less crime Safer	Included
Turning Point Wakefield staff	Job satisfaction Self-esteem	Included
Local PCT/Health System	Reduced demand	Included
Local employers	Reduced sick leave Increased productivity	Included
Police, Prisons, Criminal Justice System	Less crime less convictions Reduced demand	Included
Housing Providers	Increased demand	Included

Stakeholder Involvement

All the stakeholders, above, were involved in the analysis. Consultation with them is summarised in the following table.

The children of Service Users were very likely to be stakeholders. However, it was difficult to have direct contact with them to establish outcomes. In many cases the children of Service Users were vulnerable and social services were involved with the family, and in some cases the children were the subject of care orders. In this situation, appropriate direct consultation would require significant resource and appropriate controls.

However, we did not want to limit or bias the stakeholder group to only those children that we could easily have contact with. Instead, information about children came from Service Users (their Parents) not from the children themselves. There were also big risks of bias with this approach, and some outcomes are likely to have been missed. But the alternative was not to include the majority of Service Users' children and so, on balance,

outcomes for children, identified by their Parents were used and analysed.

Similarly, there were challenges with consulting employers. Firstly, Service Users were only likely to disclose their employer and consent to consultation if there were no negative outcomes and if the employer knew employee was a Turning Point Wakefield service user. Usually, neither of these are the case. Secondly, employers would be unable to disclose information about staff, and could not talk generally unless they employed several Turning Point Wakefield services users. Again, this was not a reason to exclude them, they were very likely to be stakeholders, instead national data on the effect of substance abuse and treatment on employers of users was used.

Recommendation: Turning Point Wakefield should consider ways of involving children and employers directly, or better ways of including their perspectives.

Partners and Carers of Service Users are an important part of their life, and so, play an important part in treatment. They also experience outcomes as a result of treatment, particularly when Service Users achieve positive outcomes.

Partners and Carers of Service Users are involved with the service through the Family Mindfulness groups across the District (where they makeup approximately 20% of group members), through appointments that some attend with Service Users, or indeed often as Service Users themselves.

There are not supported directly, however, as there is a separate service commissioned for them, run by a different organisation - GASPED (Greater Awareness and Support for people Encountering Drugs, www.gasped.org.uk).

Again, there are issues with disclosure to consult them and potential bias. Access to Partners and Carers, then, was through the Family Mindfulness Groups.

A stakeholder engagement plan was developed (see Figure 3) and aimed to contact as many stakeholders as practicable, across as representative range of individuals as possible, in the time available with the resources available. Targets were set for numbers to consult, but these were not all met or interviews were not usable for a variety of reasons.

Figure 3

Stakeholders	Size of group	Target no. to be involved	No. achieved	Method of involvement		Recording
				HOW?	WHO?	
Local Authority	1	1	1	Contract review	Staff	Questionnaires
Service Users	1,136	10%	56	Interviews	Staff	Interview notes/ questionnaires
				Family Mindfulness Groups	Consultant	Interview notes/ questionnaires
Their Families (Parents, Partners, Carers and Siblings)	1,136	10%	32	Interviews	Staff	Interview notes/ questionnaires
				Family Mindfulness Groups	Consultant	Interview notes/ questionnaires
				Value Game	Consultant	Notes, photos
Their Children	at least 219	10%	17	Via Service Users	Staff/Service Users	Interview notes/ questionnaires
Communities/Society that they offended against	1	1	1	National data	Consultant	Sourced national data
Turning Point Wakefield staff	85[1]	Random selection	11	Interviews	Consultant	Interview notes/ questionnaires
Local PCT/Health System	1	1	1	National data	Consultant	Sourced national data
Local employers	unknown			National data	Consultant	Sourced national data
Police, Prisons, Criminal Justice System (as a proxy for society)	1	1	1	National data	Consultant	Sourced national data
Housing Providers	12	2	2	Phone interview	Consultant	Interview notes

I can now look people in the eye and feel proud of myself

RP

[1] During the period staff numbers varied between 85-90

Representation of stakeholders involved in determining the outcomes is shown in Figure 3. The numbers involved were considered adequate for determining outcomes. Where stakeholders reported outcomes, saturation was tested. The numbers achieved were considered both representative of the variability within the group and large enough to base judgements on. Treasury Guidance (The Magenta Book, 2007) was used in testing saturation - saturation point was reached with the occurrence of unique and relevant outcomes minimised. For example, 56 Service Users identified 306 outcomes, but these boiled down to 8 (initial) unique outcomes (in chains of events). See figure 4.

If the number of unique outcomes (including immaterial outcomes) was nearer 56 than 8, then this would show that saturation had not been reached. The relatively lower number of unique outcomes was, to some degree, down to the nature of all positive outcomes being rooted in reduced substance use.

Service Users did not identify any material positive outcomes other than those that follow reduced substance use. The issues and needs faced by Service Users when they come to the Service results in this commonality and emphasis. When they achieve positive outcomes, they are fundamentally life changing, and so we should expect them to dominate Service Users views, to the exclusion of other possible outcomes. Equally, Service Users who do not reduce their substance use, do not identify other outcomes as they are focused on the issues and needs that brought them to Turning Point Wakefield, and they report these issues and needs are largely unchanged when answering the question 'what's changed for you as a result of Turning Point Wakefield?'.

This results in confidence that there are not any material outcomes missing.

A number of areas were explored with stakeholders through the methods shown above. Core questions were the same for all stakeholders. Interviewers also exercised discretion to ask follow up questions. The core questions explored through structured interviews were:

1. Thinking about the last year, from April 2013 to March 2014, what has changed for you as a result of Turning Point Wakefield? (If nothing has changed, just state 'nothing').
2. How much of a difference will each of these changes make to you?
3. Has all the change been positive? If not, can you tell me about any changes that were not positive.
4. Has anything changed that you weren't expecting? If so, can you tell me about the changes that you were not expecting.
5. How long do you think this change will last?
6. What could we show someone (for each change) that would prove that these changes have taken place?
7. Can you put these changes in priority order of how important they are to you? Which are worth most/least to you?
8. What other ways might you have achieved the same changes?
9. Was anyone else involved in making these changes happen? If so, who were they and how much would you say was down to them?
10. What would have happened if you hadn't worked for TP from Apr 2013 – Mar 2014?
11. Do you think anyone else has changed?
12. Is there anything else you'd like to tell us about?

Where interviews were carried out by staff, training and guidance was provided before the consultations took place. Where questionnaires were used, the same questions (above) were used with training.

As outcomes were identified, stakeholder groups were reviewed to see if there were significant differences within any groups that warranted them being split in to sub-groups.

Turning Point Wakefield have existing data on demographics of Service Users, cohorts, target groups, and treatment (including duration), and the outcomes they currently report are analysed monthly against these data (see Turning Point Wakefield Data below). Areas of greatest variation within stakeholder groups during the period analysed are shown below.

- Geography – 66% of Service Users are from Wakefield CDT and Castleford CDT, but they account for 74% of drug free exits.
- Gender – 75% of Service Users are male.
- opiate/crack use (OCU) – 93% of Service Users use opiates/crack
- dose types – there is an increase in those reducing their doses in Wakefield and South Kirby during the period

However, for each of these possible variations and changes during the period, there is representation in the outcomes data and outcomes are reported similarly with no evidence of their value being materially different.

if I couldn't have used the service I think my kids wouldn't be doing so well at school as they would have suffered from my drug use

CW

Additionally, service user data was analysed by:

- the elements of the service that they accessed to see if outcomes differed; and
- in terms of extent of substance use reduction: reduced/ free (with meds)/ free (without meds)

Although there is much complexity, detail and variation that could be analysed, no sub-groups were identified with materially different outcomes.

This may be partly because of the scope of this analysis and the amount of new outcomes and stakeholders identified. But it is also likely to be down to the fundamental nature of positive outcomes that dominated Service Users views, and which was consistent across potential sub-groups.

Families of Service Users were also a big group where Partners and Carers, for example, could have distinct outcomes from Parents, or important extremes of value could be lost in an average across the group. Again, no sub-groups were identified with materially different outcomes within this scope.

Potential sub-groups were also reviewed at the end of the analysis to see if any other data or judgements (e.g. duration or value) would be significantly different for different groups. But again, no sub-groups were identified with significantly different data or judgements in the context of this scope.

For Partners and Carers, specifically, values expressed during the value game exercise with one of the Family Mindfulness Groups were not distinct from those of Parents and Siblings.

Recommendation: If further analysis is required, particularly to understand the different elements of the service as opposed to the service as a whole, sub-groups by extent of substance use reduction should be explored as this grouping appeared likely to create some variation. Similarly, outcomes for Partners and Carers of Service Users should be reviewed to ensure they are not distinct from Parents and Siblings.

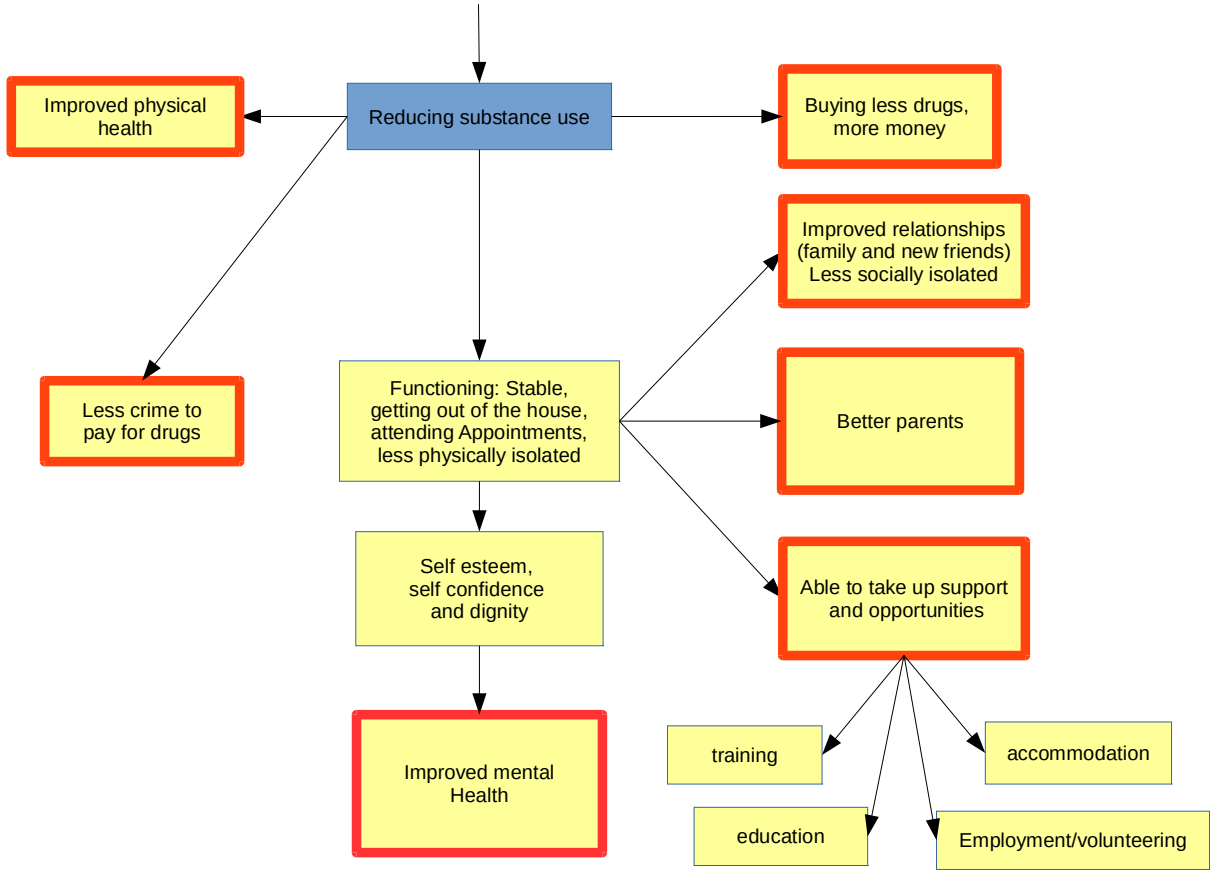
Where appropriate, stakeholders' views are illustrated throughout this report in yellow boxes.

5. Understanding outcomes

The data from stakeholder interviews shows that Turning Point Wakefield provides a service that leads to reduced substance use. This, in turn, leads to a chain of events of outcomes in Service Users' lives.

Outcome **SROI Definition**: The changes resulting from an activity. The main types of change from the perspective of stakeholders are unintended (unexpected) and intended (expected), positive and negative change

Figure 4



Without a reduction in substance use, there were few (no material) outcomes. Much of this analysis hinges on data and outcomes for reduced substance use.

The magnitude of the life changing nature of the positive outcomes from reduced substance use, compared with any other outcomes, seemed to be the only thing stakeholders associated with Turning Point Wakefield. Other outcomes were not identified by stakeholders, or not valued by them if suggested to them (where other evidence existed).

For example, although stakeholders made friends, established peer support networks and gained support without reducing their substance use, they did not value this, and did not report it as an outcome unless it contributed to reducing their substance use.

Similarly, for the 912 Service Users who did not achieve positive outcomes from reducing substance use, there were a range of possible outcomes.

Turning Point Wakefield believe that the Service Users who do not reduce their substance abuse during the year (and/or may drop out of the service), but engage with a treatment service, begin an important journey. They are aware of what treatment would involve and what will be required for them to change. This can be fundamental to their chances of success if they re-enter the service. However, this was not identified by Service Users and Turning Point Wakefield do not collect any data that can evidence this at present.

It is equally possible that the reverse is true. That Service Users come to the Service (or perhaps particularly if they are referred to the service and have less choice) not expecting to have to change themselves, but to have treatment that will change their substance use behaviour for them, and so when they do not achieve positive outcomes are hardened to the chances of success in the future.

LH is a 56 year old male who has been injecting amphetamine for 30 years and heroin for 15 years. Has been homeless for a long time and suffered really low mood to point of suicidal ideation.

LH felt his life couldn't be any better at the minute. Stated he has stopped illicit drug use, has his own accommodation, his health as vastly improved and feels a sense of purpose again

However, while attempts were made to understand what happens to those who do not reduce their substance use, these Service Users did not identify any (material) outcomes. Again, the dominance of outcomes from reducing substance use in the minds of Service Users appears to reduce any other potential outcomes to little or no value to them. Rather they reported 'no change'.

Recommendation: further investigation should be made and data collected to monitor outcomes for Service Users who do not reduce their substance use to ensure there are no negative outcomes and to seek opportunities for producing positive value for these stakeholders.

The outcomes, in chains of events shown in figure 4, were discussed with some Service Users in the Family Mindfulness Groups who confirmed that the judgements made in establishing which outcomes were dependant on each other, reflected their experience.

Family Mindfulness Groups are available for Parents, Partners, Carers, Siblings and Service Users when they need and attendance is variable. The numbers of Service Users at any one Group meeting is not recorded and so the numbers of Service Users involved in verifying outcomes is not known.

Outcomes for all stakeholder groups were similarly analysed and included in the impact map. Unintended and negative outcomes were also identified and included.

Local housing providers were consulted but were unable to identify outcomes. They were unable to comment on individual cases due to data protection. Generally, they did not think that there was an increase in demand from

Turning Point Wakefield Service Users becoming eligible for housing as a result of being in treatment or reduction in use of substances.

National drug treatment outcomes research was examined to see if there was any generic impact on housing systems that should be included, but none was found in an initial search. Housing providers were removed from the final impact map.

Recommendation: it is likely that there were outcomes for housing providers despite none being indentified in this analysis. This should be reviewed in the future and may require further desk research and further local consultation.

Selecting outcomes

Criteria for which outcomes would be material were defined at the start of the analysis as:

- All negative outcomes
- Outcomes with high value, quantity, duration or causality

Not all outcomes were material.

Outcomes in red boxes in the chains of events (figure 4) were considered relevant outcomes.

Some outcomes were later removed from the impact map as there were not considered material (significant) according to these criteria. The outcomes shown in figure 5 were relevant, but not significant compared to others and were removed from the final impact map. It was judged that including these outcomes would not lead to any different decisions or conclusions about the activity.

There were no other outcomes for staff, so they too were removed from the final impact as a stakeholder too.

Service Users also identified that meeting other service users who are at different stages of treatment, in reception or outside while waiting for their appointment led to socialising with these other Service Users who were at different stages of treatment which for some led to a step backwards in their treatment and stopped them reducing substance use in the short term. This is not technically an outcome as it does not describe a change for Service Users. Rather it explains why some did not change. So it is an important issue that, if addressed, could lead to more positive outcomes from the Service, but it is not included as an outcome. However, it must be recognised that Service Users are likely to meet other users and old friends to some degree in their lives without Turning Point Wakefield.

Recommendation: Turning should seek to minimise this effect. This may be through preparing Service Users to deal with situations differently, or by physically changing how Service Users mix.

Materiality **SROI Definition**: Information is material if its omission has the potential to affect the readers' or stakeholders' decisions

Figure 5

Stakeholder	Outcome(s)	Materiality
Service User	• become more stable and function better → get out of the house more, attend appointments → are able to re-engage with support and opportunities available	Low value. Did not appear in stakeholders rankings at all.
Turning Point Wakefield staff	• Changes in work practises → More intensive working • Service user outcomes →Job satisfaction and self-esteem • Increased professional skills • No pay rise	Staff identified that if they did not work for Turning Point Wakefield, they would work for a similar organisation. All outcomes are likely to happen anyway to a similar value.
Wakefield Local Authority	• Contract awarded → less money in budget	The contract would have been awarded anyway to someone else if not Turning Point Wakefield

6. Developing an Impact Map

Impact Map **SROI Definition**: A table that captures how an activity makes a difference: that is, how it uses its resources to provide activities that then lead to particular outcomes for different stakeholders

For each material outcome, indicators were developed and then data collected or existing data used to quantify outcomes if it was appropriate.

Indicators

Indicators and quantities are shown in the impact map (Annex A).

Some Service Users identified displacement of physical health – they reduced substance use, but increased alcohol or nicotine use. To understand this better, this was added as a negative outcome rather than displacement of another outcome (see causality section).

However, there was no direct evidence for the health loss from stakeholders for 2 reasons. Firstly, they did not identify the loss of some health due to alcohol or nicotine use, as it was overshadowed for them by the health gain due to reduced substance use. Overall, they see these outcomes together as a positive physical health gain. Secondly, the outcome was identified (as an outcome rather than displacement) later in the analysis. The indicator, quantities (and indeed valuation) for this negative outcome, then, rely on firstly data from stakeholders about their alcohol and substance use, and then secondly, the assumption from established research (not specifically cited) that increased alcohol and/or nicotine use, reduces physical health.

Similarly, the indicator for employers productivity, does not measure productivity. It was not possible to consult employers directly (see above), so we have no direct evidence that their productivity is affected. However, employed Service Users identified, better performance at work, less sick days and an improved attitude to work.

For Service Users this means they can take up opportunities available to them (including employment, promotion, further training etc).

For employers this means improved productivity and not having to replace a member of staff.

NT was employed on a regular basis because his boss could now trust him to turn up and turn up fit for work.

Modelling quantities of outcomes

From the extensive data that Turning Point Wakefield monitors, it was possible to establish the quantities of most outcomes using actual data for all Service Users during the period.

The quantity of outcomes can also be estimated from stakeholder interviews, but the sample size was small and so less accurate.

Existing Turning Point Wakefield data was used as it was more accurate and represents actual changes. It was then cross checked to make sure it was in line with the estimates of quantity from the interviews.

Recommendation: Turning Point Wakefield collect lots of data and provide regular reports for funders. Data requirements can often change, or new data (e.g. for payment by results) be required. To make analysis proportionate but effective, Turning Point Wakefield must keep under review the fit between existing data and outcomes to make sure data reflects properly the outcomes reported by stakeholders, particularly where new, unintended or negative, outcomes are identified.

Turning Point Wakefield Data

Turning Point Wakefield use a monthly key highlights report for managers and the Caseload Management Tool (CMT) for first line managers and staff. This information is drawn from Client Information Management (CIM) – a data recording system and the Treatment Outcomes Profile system (TOPs) – The PHE (Public Health England) outcomes monitoring tool used throughout substance misuse reporting – so it links to the ongoing data input and the TOPs outcome reporting.

The monthly highlights tool gives a breakdown of the number of people in service within each element of the service, a breakdown by gender, Opiate and or Crack using (OCU) vs. non OCU. It includes the numbers of treatment exits and starts – broken down in terms of type of exit and Opiate vs. Non-opiate for the commencements Turning Point Wakefield also review the numbers referred to residential detox/rehab.

For those in treatment Turning Point Wakefield look at 7 classifications across each team for length of time in treatment – given numbers in treatment for 0-1,1-2,2-3,3-4,4-5,5-6, 6+ years. Turning Point Wakefield also review for each team the breakdown of presenting substances.

Turning Point Wakefield review also the dose types, expressing in percentages for each team how many of those in treatment are on reduction vs. constant doses. They then look a little closer at the numbers to see for each team, the levels of methadone and buprenorphine prescribing – giving again dosage ranges and establishing how many Service Users are prescribed for each range and whether those are reducing doses.

Turning Point Wakefield then look at each team to see what the percentage of the caseload is receiving a supervised dose.

They then review re-presentations to the service – looking at numbers and reasons. They then review the TOPs data – this is aggregated into teams – For each outcome Quality Of Life (QOL), Physical Health, Psychological health, they look at the percentages for No change, Improved, Reduced – these are all reported on against the Likert scale.

Turning Point Wakefield then look at the TOPs reported drug use for each team – looking at changes since the previous month – testing to determine if there are identifiable trends. They also review injecting behaviour feedback noting changes.

Turning Point Wakefield then review for each team percentages for TOPs QOL over 14 and percentages reporting zero drug use against each category.

They then have a feedback on the numbers of each group work session delivered, attended and Did Not Attend (DNA). Similarly they have the same information (numbers) for each type one to one session matched against the teams. – Giving us an attended vs. DNA rate.

Turning Point Wakefield then have a last attended intervention table for the Community Drug Team(CDT) team, – this tells us how many people last attended within the last month, 3 months , not in the last 3 month and for whom there are no interventions recorded.

They then look at the Hep (Hepatitis) B data -

- Acquired immunity
- Assessed as not appropriate to offer
- Immunised already
- Not offered
- Offered and accepted
- Offered and refused

And the Hep C data -

- Assessed as not appropriate to offer
- Not offered
- Offered and accepted
- Offered and refused

This is the manager level report.

At first line-manger and worker level Turning Point Wakefield use the CMT. This allows the caseload for each team and each individual worker to be selected for this they can see:

- Total number on the caseload.
- Total number of safeguarding cases – this breaks down into 6 categories
- Medication: Number of cases Reducing/ No of cases constant/ No of cases on Supervised Consumption
- Attendance: No seen in last month, No seen in last 3 month, No not seen in last 3 months
- Activities: No of appointments, No of activities recorded, No of activities DNA'd, No of client cancelled activities
- Last seen GP (General Practitioner): No who saw GP within last month, No who last saw GP within last 3 months, No who have not seen GP in the last month

Exit data:

- Transferred - in custody
- Transferred - not in custody
- Treatment completed - drug-free
- Treatment completed - occasional user (not opiates or crack)
- Incomplete - dropped out

- Incomplete - Treatment withdrawn by provider
- Incomplete - client died

Tops:

- TOPs Overdue
- TOPs due in next 3 weeks
- TOPs due in 3 - 6 weeks

Injecting and opiate use:

- Injected on Last TOP
- Using Opiates on Last TOP

Healthcare data:

- Hep B - Offered & Accepted
- Hep B - Offered & Refused
- Hep C - Offered & Accepted
- Hep C - Offered & Refused
- Healthcare Assessment Date missing

These documents are used to review the numbers as a management team also with individual staff members. Feedback informs practice and the CMT is used by staff to plan their diaries-anomalies can been linked directly to the generating cases. The data serves to monitor activities, compliance with procedures, outputs and outcomes, the value lies in the regular process of analysis whereby they establish any changes, whether they are significant and if they can identify trend. The data also allows us to understand differences between the presenting cohorts within the different teams and to tailor service delivery in response.

Data is regularly audited.

Data is also produced outside of Turning Point Wakefield to monitor the 2013/14 cohort for a Payment by Results (PBR) pilot.

Data on Offending Behaviour

Crime reduction, against a baseline of expected offences, for a cohort of current Turning Point Wakefield Service Users was recorded for payment by results payments. For the period of 2013 this was estimated at 45 fewer offences based on all the available data to date.

However, data on offending behaviour is notoriously variable and difficult to collect (Estimating the crime reduction benefits of drug treatment and recovery, 2012). The data collected for crime reduction for a cohort of current Turning Point Wakefield Service Users shows a
large standard deviation, which means the data was very variable and inconsistent. This is not unusual for data on offending behaviour and this effect is found in national studies (The Drug Treatment Outcomes Research study (DTORS)). So we must assume that the 45 fewer offences do not include a significant number of unrecorded offences that would have been committed. It was not, then, the actual number of crimes avoided and likely to underestimate the effect of crime.

45 was, therefore, used for the number of Service Users who avoid prison, loss of freedom and stigma as this relates to detected crimes.

However, the costs of crime to others and the state, should include all crimes likely to have been committed by Service Users. For this, a mean was used from a further Home Office

I felt quite solitary, I dealt with things my own way, I didn't feel like a normal person with a normal life. The input of turning point was invaluable. The world no longer has to be a lonely place.

Mother of service user for 20yrs

study (The Drug Treatment Outcomes Research study (DTORS)) which gathered anonymous self-reporting evidence on the type of crimes committed by a sample of 1545 individuals in a range of drug treatment programmes. This mean averages out those who were involved in serious crime, minor crime and those who are not involved in any crime. It averages out all the reductions in use of substance for the sample too – from those who have not changed their substance abuse habits, to those who have stopped all together. It was an average for the whole sample of individuals in the treatment. It was a better method for quantifying crime reduction.

The national study found that 41% of people in structured drug treatment were offending. So it is judged that 41% of Service Users who reduce their substance use have also reduced their offending (91 Service Users).

To include the value of crime reduction to victims of crime, we must try and estimate the number of crimes and victims. But as data on offending behaviour is notoriously variable and difficult to collect, we have taken a simple, prudent estimation that the estimated 91 service users reducing their drug related criminal activity, have offended against 2 fewer victims each. This is likely to underestimate the quantity, but as it is nigh on impossible to be accurate with this figure, the priority is more to represent and include victims at this stage and explore how to understand this difficult, but high value, area in future.

Quantities of outcomes for the State

For 3 outcomes (reduced crime, improved physical health and improved mental health) where the DTORS average costs are used, the values are an average for all Service Users (not just those that reduce their substance abuse). For these outcomes, then, the quantities of the outcomes were all the Service Users in treatment during the period in order to use these values. It would have been possible to calculate the value for those that reduce their substance abuse, and show the quantity of the outcome here, but then the value would not be as transparent to its source, and so this quantification to use the values from the DTORS reports was preferred.

Recommendation: The outcomes and value for the state in this analysis follow the DTORS cost benefit model. There is a wealth of other useful information in the DTORS research. Turning Point Wakefield should make themselves familiar with the research and the judgements made. It may also be beneficial to make formal links, rather than just viewing the DTORS output that is in the public domain.

Duration **SROI Definition**: How long (usually in years) an outcome lasts after the intervention, such as length of time a participant remains in a new job

Duration

Data on duration of outcomes was available from interviews from stakeholders, but was varied and sometimes non-specific.

This was checked against national findings (The Drug Treatment Outcomes Research study (DTORS)) where available. National data on duration was available for some, but not all, of the outcomes.

Many services users hope that changes in their life last forever. However, there was currently no longitudinal data to explore how long term outcomes do last.

Duration of all outcomes has, therefore, been limited to 1 year after Service Users exit the service.

Recommendation: better data on duration of outcomes is very likely to increase the total value created by the service. Attempts should be made to track a sample of Service Users and their outcomes.

I felt a sense of freedom from not having to watch over my shoulder waiting for them to come knocking on my door checking up on me. I reduced on my substitute prescribing, stayed well away from drugs, and got my health and pride back. I felt reassured that these changes were permanent this time as I started to love my new life

DR

7. Valuing Outcomes

Value to Service Users

Practice of Social Return on Investment analysis includes the value of outcomes to beneficiaries.

This is not always practiced in cost benefit analysis. However, government guidance recommends that this is done. The Social Value Act (Public Services (Social Value) Act 2012), requires consideration of social value. HM Treasury guidance on cost benefit analysis also recommends that this is done (The Green Book).

Values derived from a contemporary valuation technique – wellbeing valuation (Valuation Techniques for Social Cost-Benefit Analysis) - have been used in this analysis. Data from the office for national statistics (British Household Panel Survey) have been used to derive the value to an individual of relief from drugs and health benefits.

This significantly redresses the balance of value for Service Users from historic attempts to include value for them in terms of quality adjusted life years (QALYs).

Values of outcomes derived using the Wellbeing Valuation (WV) technique can produce higher values for outcomes than have traditionally been found. It is important to check that they are applied correctly. Specifically, some Wellbeing Values that are derived for high level outcomes can sometimes reflect multiple outcomes in an analysis of an individual activity or smaller scope where more detail is required.

For example, it is clear that the WV value for relief from drug problems includes physical health. This is established from a table of relationships within the database used to source these values (HACT social value bank).

This table shows that WV value for relief from drug problems can be applied together with WV values for:

- Financial comfort
- Never arrested (although only available for youth)
- Feels belonging to neighbourhood and /or Talks to neighbours regularly
- 12 different employment and training values
- Feel in control of my life
- Relief from depression/anxiety

While these values don't provide a perfect match to all the other outcomes claimed and valued for Service Users, they do give a strong indication of areas of potential outcomes that are NOT included in the value of relief from drugs. The only value in the database that cannot be applied with relief from drug problems is good overall health.

Value to criminal justice system

Costs of crime have been taken from a Home Office report (The Learning Challenge, 2010), which shows the average costs of a range of crimes. (It does not include costs of begging, prostitution, buying and selling of stolen goods and drug dealing, as these offences are considered 'victimless' and low cost in comparison to those included. It therefore only partially represents the value of the crime to society).

As discussed, a mean has been used from a further Home Office study (The Drug Treatment Outcomes Research study (DTORS)) which gathered anonymous self-reporting evidence on the type of crimes committed by a sample of 1545 individuals in a range of drug treatment programmes. It was then possible to establish the costs of

these crimes committed by individuals in treatment. The average cost of crimes for each individual in treatment was annually £12,208.

This mean averages out those who are involved in serious crime, minor crime and those who are not involved in any crime. It averages out all the reductions in use of substance for the sample too – from those who have not changed their substance abuse habits, to those who have stopped all together. It was an average for the whole sample of individuals in the treatment. The value of the crime reduction, as a result of Turning Point Wakefield in 2013 can then be estimated using this for the 1136 services users in 2013.

Figure 6

ave cost of offences committed by individuals in treatment	£39,967
ave cost of offences committed by individuals not in treatment	£52,175
ave value of crime reduction	£12,208
Turning Point Wakefield Service Users (2013)	1136
gross value of crime reduction in the year	£13,868,288

Value to health and social care system

Health and social care costs have been estimated in the same way with data from DTORS (The Drug Treatment Outcomes Research study (DTORS)).

It has not been possible to isolate the value of child safeguarding in this figure as they are combined as they are considerably less than the value of crime reduction.

Financial Proxies

A range of valuation techniques was used. Outcomes have been tested for sensitivity (see chapter 10). Alternative financial proxies were explored for the most sensitive values (see Annex B).

Stakeholders were also asked to put outcomes in relative order, and the selection of financial proxies and their values was informed by the order of priority that stakeholders put outcomes in.

Financial Proxy **SROI Definition**: An approximation of value where an exact financial measure is impossible to obtain

8. Causality

Stakeholders were asked about both deadweight and attribution. However, a significant social preference bias was anticipated in their answers. For deadweight for Service Users, counterfactuals from national research (The Drug Treatment Outcomes Research study (DTORS)) were also considered.

Much of this analysis hinges on one point of the theory of change – Service Users reduce substance abuse. Each outcome was considered to see if it was likely to have any different causal effects aside from the service user reducing substance abuse. There was little evidence of this: Service users confirmed that other outcomes are dependent on this link in the chains of events. The causality of many outcomes, therefore, was considered to go back to reduced substance abuse, and have similar causality for these outcomes dependant on it.

An exception (in terms of deadweight) was Parents and Partners worrying less, which some identified could have been achieved by prescription medication to some degree, but not to the same degree by any means.

The National research counterfactual (The Drug Treatment Outcomes Research study (DTORS)) shows the expected costs and outcomes for a comparison group who did not receive treatment. In this study, in the absence of entering structured drug treatment, individuals' social care use, offending and health status would have remained unchanged for the follow-up period of 51 weeks. In other words, there was no deadweight or displacement.

Impact **SROI Definition**: The difference between the outcomes for participants, taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last

Deadweight **SROI Definition**: A measure of the amount of outcome that would have happened even if the activity had not taken place

This rings true with accounts form Service Users who have been using drugs for many years and tried different things to reduce their substance use, but have not achieved any outcomes until they came to Turning Point Wakefield.

There was also an argument for negative deadweight. Few people who abuse substances do so in a consistent managed fashion, rather, they tend to increase their habit and drug taking behaviour over time becoming ever more chaotic. Therefore, without treatment things would worsen, rather stay maintained. This was assessed in Estimating the crime reduction benefits of drug treatment and recovery (National Treatment Agency for Substance Misuse, 2012), p.17) as a counterfactual of -25.7%.

However, a few Service Users and some Parents did suggest that they might have found 'a way out' eventually without Turning Point Wakefield, 'but it would probably take a lot longer'. To account for this, 10% deadweight has been added to all outcomes

dependant on reduced substance abuse. This was judged to be more credible.

Crime is steadily falling in the UK (the Crime Survey for England and Wales). During the period of the activities analysed here, it is estimated to have fallen by 15%. This is, therefore, added to the deadweight for crime outcomes.

For attribution, sources of potential attribution have been identified by stakeholders. However, a significant social preference bias is expected in answers from stakeholders about how much of the outcome is attributable to these sources. Instead, estimations were made for each source (informed by stakeholders where answers were given). It has not been possible within the resources of this analysis to consult with sources of potential attribution.

The most significant attribution is to GASPED, who are commissioned to support Families of Service Users through a separate contract. However, outcomes for Families as a result of Service Users reducing their drug use, are largely down to Turning Point Wakefield.

Stakeholders identified displacement of physical health outcomes. Many reported smoking and drinking more when they reduced their drug taking. Rather than showing this as some displacement of the health outcome, increased smoking and drinking was added as an outcome as it appeared material as a negative outcome.

Most of the outcomes describe net positive changes that it is difficult to see how any amount of the outcome could be displaced. Exceptions are where there are knock on effects to demand on public systems as a result of changes in Service users' lives. The potential risk is, then, that this reduced demand is simply displaced to either another part of the same system or to another system and not a net reduction. This can often be the case if the analysis includes outcomes that are as a result of other more fundamental changes, but does not include the fundamental changes.

Attribution **SROI Definition**: An assessment of how much of the outcome was caused by the contribution of other organisations or people

For example, if reductions in crime are included as outcomes, without outcomes showing that the causes of the criminal behaviour, then there is a risk that the crime is simply displaced.

It is clear in this analysis that the knock-on effects to the public systems (health, crime, child protection etc) are BECAUSE of other outcomes which are claimed which are net positive changes. So, apart from the exceptions discussed above, there is considered to be no displacement. This is also in line with the DTORS counterfactual.

9. Future Value

Future value of outcomes was not included due to difficulties with duration and longitudinal data (see above).

Consequently, there was no drop-off to consider. If duration of outcomes was extended beyond the simple 1 yr after exit used here, then there was likely to be considerable drop-off in each subsequent year as sustainability of the outcomes depends on Service Users applying tools and coping strategies to respond to challenges and to remain abstinent, requiring discipline of the service user, and support networks (not requiring further input from Turning Point Wakefield).

Similarly, a discount rate of 3.5% was available for value in futures, but not required.

Heroin was my drug of choice. I got into it at about 18. . . . [Turning Point] gave me a voice to discuss things outside of drugs and I felt like a proper human for the first time in a long time. if I couldn't have used the service ... well, I have had quite a lot of drug-using friends over the years die from drugs so worse case could have been me, they weren't expecting to die, so I guess I could have also been amongst them.

CW

10. Sensitivity Analysis

The most sensitive outcomes were re-examined and judgements made in establishing their importance reviewed.

Outcome: Service Users deal with their feelings, face up to their situation, are motivated to change and so reduce their substance abuse and so they → **have improved physical health**
[sensitivity 12%]

Alternative financial proxies for this outcome are discussed in Annex B. The well being valuation used is high. There may be a risk here as this valuation technique is relatively new and may not have been applied properly here as it is not always clear how many effects (outcomes) are aggregated in WV values. However, the proxy was preferred as its high value reflects the order of outcomes that Service Users stated.

Data for this outcome is audited. It was likely that all 224 Service Users that reduce substance abuse will experience positive physical health outcomes, but yet only 173 satisfy this outcome. This gives us confidence in the quantity and use of the relatively high value for this outcome to represent a significant health improvement.

Deadweight and attribution are less robust for this outcome. If they were both 50%, the ratio would drop by 7%.

Outcome: become more stable and function better, achieve other outcomes → increase their self-esteem, self-confidence and dignity → **improved mental health and a sense of being a function member of society**
[Sensitivity 15%]

The same logic and arguments apply here as to the outcome above in terms of quantity and value.

Deadweight and attribution are less robust for this outcome. If they were both 50%, the ratio would drop by 10%.

Outcome: The families group gave Parents tools and some hope → which gave them coping strategies and the confidence to stand back → **they worry less and enjoy life more**
[Sensitivity 13%]

The quantity for this outcome has a number of variables in it – it was pro-rata from the 32 family members who attended the Parents support group, but only applied to an estimated 2 Parents and Siblings of each service user who reduce their substance abuse (448). It could have been applied to Parents and Siblings of all Service Users (2272).

However, given these variables, if the quantity was halved, the ratio would drop by 2%.

Outcome: Service Users reduce their substance abuse and so they → become more stable and function better → Parents feel trust is restored → **relationships improve with service user**
[Sensitivity 15%]

Alternative financial proxies for this outcome are discussed in Annex B. If anything, this outcome was likely to be undervalued.

Quantity of this outcome was similarly estimated to the outcome above. If the quantity was halved, the ratio would drop by 10%.

Outcome: Service Users offend less to pay for drugs and so there are **fewer drug related offences**
[Sensitivity 24%]

This was the most sensitive outcome in terms of value and in terms of the judgements required.

Alternative financial proxies for this outcome are discussed in Annex B.

As noted above, data on offending behaviour is notoriously variable and difficult to collect.

If the quantity of the outcome was halved the ratio would drop by 14%.

Confidence
If the 2 biggest variations above are applied together, as a representation of the variables in this analysis, the ratio would drop by 19% from £8.88 to £7.15.

The return in this analysis, then, should be considered in a range of between 7 and 9.

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Annex A Impact Map

(see separate excel document)

Annex B Financial proxies

Outcome		Financial proxy	Value	Sensitivity	Alternatives
Service Users deal with their feelings, face up to their situation, are motivated to change and so reduce their substance abuse and so they →	have improved physical health	wellbeing valuation derived from BHPS data for relief from drug problems [HACT social value bank] value includes health gains, but not mental health gains	£29,540	12%	Private rehab £1,000-£5,000 per week (http://www.rehab-treatment.co.uk/rehab-costs/). The Priory was reported to be £3,640 per week through the NHS. Multiple week visits and repeat visits would be required to represent similar health gains, but the outcome would not be guaranteed. The well being valuation was preferred for 2 reasons: it was based on real experience of people who have relief from drug problems; and its high value reflects the order of outcomes that Service Users stated.
	become more stable and function better, achieve other outcomes → increase their self-esteem, self-confidence and dignity → improved mental health and a sense of being a function member of society	wellbeing valuation derived from BHPS data for relief from depression and anxiety [HACT social value bank]	£36,827	15%	
The families group gave Parents tools and some hope → which gave them coping strategies and the confidence to stand back → they worry less and enjoy life more		user defined value derived from value game exercise. Worrying less about service using worth more than a bigger house (large garden, 1 extra bedroom, large conservatory/extension)	£22,500	13%	Unit costs to individuals and employers of stress related ill health (UK 2011): £13,000pa. Costs to Britain of workplace fatalities and self-reported injuries and ill health, 2010/11. http://www.hse.gov.uk/statistics/pdf/cost-to-britain.pdf Family spend (2013) on leisure activities (value not researched) http://www.ons.gov.uk/ons/rel/family-spending/family-spending/2013-edition/index.html These are possible alternatives for 'normal' amounts of worrying less and enjoying life. They are unlikely to represent the amount of

					worry and anxiety a parent experiences about a child with a drug addiction. The value game results, which involved stakeholder directly, was preferred. The value game value could have been set higher, and some Parents argued for this. However, the value represents a large group, and it was likely that the Parents group has a positive bias, so the lower value was a better representation of a mean value for the stakeholder group.
Service Users reduce their substance abuse and so they →	become more stable and function better → Parents feel trust is restored → relationships improve with service user	value of supportive relationships [http://www.cdf.org.uk/wp-content/uploads/2011/12/SROI-Report-FINAL.pdf]	£15,500	15%	Value game data from stakeholders directly, restored relationship worth more than a bigger house (large garden, 1 extra bedroom, large conservatory/extension). £22,500 Lower alternative sought as multiple outcomes were identified at this value and a risk of valuation fatigue in the family group was possible. [NB. Worry less/enjoy life was the first outcome valued by the group]
Service Users offend less to pay for drugs and so there are fewer drug related offences		National average annual savings in reported offences from delivery of a structured drug treatment programme 2006/07 revised for 2013/14: Drug Treatment Outcomes Research Study (DTORS) (Home Office, 2009), p.14	£12,208	24%	Drugs misuse - average long-term fiscal savings to the criminal justice system and victim services from reduced drug-related offending following receipt of effective treatment, per person: £7,552 (today's prices). (Estimating the crime reduction benefits of drug treatment and recovery (National Treatment Agency for Substance Misuse, 2012), p.17) The figures in this report are taken from DTORS data. It was not clear, from either source, what was not included to result in the difference. The DTORS value was preferred as it was reported from nearer the source of the data and it was not clear how NTA figures have been arrived at.