

National Specialist Family Service (Phoenix Futures) SROI Forecast

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'Where parents are addicted to drugs and alcohol, family breakdown may be the unfortunate consequence. Parents need support to help them overcome their substance addiction, but taking the child away permanently may stir up problems for the future, for the child because of the difficulties they face within the child care system; for the adult because of the removal of a major motivation for recovery, keeping their family together; and for the public purse because of the costs involved. Phoenix Futures National Specialist Family Service (NSFS) is very successful at helping parents overcome their drug use in a safe environment for all, teaching them to become adequate parents, and discharging successful families. Longitudinal studies show that the families stay together. This SROI report uses feedback from stakeholders, audits and published literature, that demonstrate the benefits to individuals and to society, and the significant cost effectiveness of NSFS.'

Executive Summary

Purpose

For some families, unfortunately, breakdown happens. It can be for a whole host of reasons, and society is responsible to make sure that children are safe, and that their development isn't delayed.

The Phoenix Futures National Specialist Family Service (NSFS), run by Phoenix Futures and based in Collegiate Terrace in Sheffield, take one group of parents at risk of family breakdown – problem drug users (including problem drink users) (**PDU**) – and help them to overcome their dependence on drugs so they can be good parents to their children. Parents and children stay in the family units in Collegiate Terrace, and get the support they need to prepare them to live as families without the spectre of addiction hanging over them.

This document is a forecast of the Social Return on Investment (SROI) of the NSFS. It reports on the safety and outcomes for children, the outcomes for parents who are recovering problem drug users (PDU), and the balance of cost benefit for local authority services which pay for NSFS.

Audience

This executive summary should be accessible to policymakers, local authority chief executives and commissioners, social workers and key workers, and to interested members of the public. If any areas are unclear, please feel free to ask the author for clarification. The main report is more detailed and relevant to policymakers, commissioners and social workers, and similar family rehabilitation services.

Methods

This SROI forecast complies with the principles, and follows the process for preparing an SROI report[1]. We used semi structured interview techniques (face-to-face and by phone) to speak to people and organisations affected by the service. We collected audits to measure success both from NSFS statutory reporting database and social care. And we obtained audits on families discharged successfully from NSFS, to find out if they stayed together.

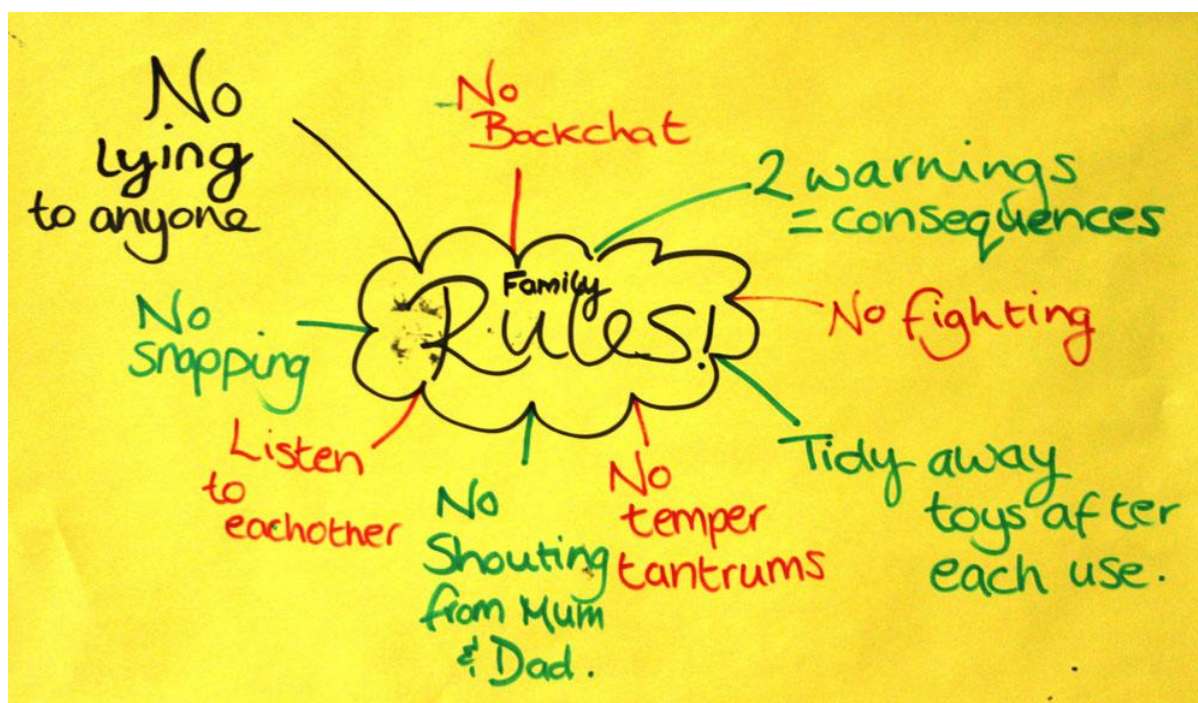
In all, the scope of this report covers the outcomes for 41 adults and 42 children, representing 33 families. Children's ages ranged from birth (referred directly from hospital maternity unit) to 13, and families up to 3 children.

As well as interviews directly with service users in NSFS, we used previously recorded videos of children's responses, and some additional interviews through key workers. We interviewed social workers at the NSFS facility and people who had referred families to the service (children's workers, adult services and substance misuse workers). We included the managers of children's services, of adult services and substance misuse programmes in local authorities, safeguarding in the local authority, other agencies and similar services, solicitors acting on behalf of parents, and experts from Ministry of Justice and Department for Education. We were confounded by the number of social workers who refused to be interviewed, presumably because they feared we were journalists 'dishing the dirt', and are very grateful to the 38 people who gave a total of 61 valuable interviews, in addition to the video reviews

We cross-referenced the feedback from interviews with the statutory minimum data set and additional information held by NSFS for the period, and published literature on drug use,

schools and truancy, the criminal justice system, and rehabilitation. We calculated costs using actual figures, estimates, and published information, adjusted for changes in the consumer price index (CPI). We used an estimate based on QALY* to calculate the advantages or disadvantages to adults and children, who do not spend real money or gain real money. We looked at possible cause of variation, for example uncertainty in our estimates, or different ways of calculating a total, and their impact on the return on investment and social return on investment.

In the course of the research, we identified that key stakeholders proved difficult to contact directly. “Successful graduates” – people who had already been discharged from NSFS clean of drugs and with their children, could not be contacted during the time period given. We do have data from a sample of these showing how many families are still together up to 4 years after graduation. We also did not obtain interviews from people who self discharge from NSFS, and were not able to find out what had actually become of them. These are recommendations for a full evaluation to follow. We felt that the interviews with social workers (both adult and children) were limited in scope for reasons already given, and some stakeholders excluded on the grounds of materiality (schools, doctors) could have been



interviewed to either confirm or contradict this materiality assumption and to round out the information obtained from other interviewees.

The information was shared with 18 stakeholders in the form of a first draft of the report, and recommendations were made to change the emphasis even though all agreed that the fundamental information was correct. The second draft was shared with a 9 stakeholders before being submitted for SROI assurance. The SROI assurance process identified some gaps and the stakeholder interviews which filled these gaps confirmed many of the existing conclusions, although provided a much more solid evidence base to support this.

All calculations are compliant with the agreed SROI methodology and have been verified by the stakeholders concerned. We calculated the potential impact over a five-year period

* QALY – Quality Adjusted Life Years – for this publication we use the average of the range in publications, £15,000-£30,000 in 2004, or a range in 2012 prices of £18,800 – £37,600

following discharge, and used a discount rate of 3.5% to give a Net Present Value (NPV) for each outcome.

What we found

Interviews with many people, representing different interests, identified the core outcomes.

Quantitative results

Some outcomes apply to all substance misuse rehabilitation services, for example the one-time cost (residential rehabilitation) is expected to reduce the ongoing costs of providing support for drug users in the community, managing the cost of crime, and health needs. Although they apply to all substance misuse rehabilitation services, NSFS has a particularly high successful graduation which made a difference to the value for money. Social workers and commissioners highlighted the quality of the progress and discharge reports in comparison to other services, and the audits showed 80% successful discharge and 70% of graduates still drug free after up to 4 years.

Some outcomes could be applied to any service designed to reunite a child with their parent, such as a saving on the high cost of placing a child in foster care or care homes, or arranging adoption for a child in need. Once again, NSFS stands out as having an exceptionally high success rate of 80% of families united following placement, and 70% of families still together after up to 4 years (79% of children). In financial terms, this tips the equation considerably.

Some outcomes of the NSFS service were unique. Both parents and key workers gave us evidence that NSFS's programme to equip parents to return to independent living is particularly good, and this is reflected in the latest post discharge audit of families. They particularly highlighted the training to manage family budgets, thought to be even more important with changes to Universal Benefit payments.

Children's safety

Perhaps more important than the success rate in pure financial terms, we found evidence that children placed with NSFS are safe from potential harm – perhaps more so than they would be in any other environment.

NSFS is a supervised and monitored environment, where children are in a structured community living a family life and bonding with their own parents. They are placed in local schools and registered with local doctors.

Parents learn parenting skills, budgeting and household management skills, at the same time as

*“Children blossom – they grow visibly in Phoenix Futures”
Mandy Craig, Head of Safeguarding, Sheffield City Council*

overcoming their substance misuse addiction. Children appreciate this time spent with their birth parents, even if they are later placed with someone else (and the success rate of reuniting families at NSFS is excellent – and they stay together). In the opinion of some, NSFS represents a safer and more nurturing environment than that experienced by many children in stable families – a view supported as developmentally delayed children catch up with the norms for their age.

Families generally stay together, and safeguarding workers have not reported any issues on their visits, apart from occasions when they removed the children which represent the 30% of families which don't stay together.

Inevitably, some parents can't stay clean of drugs, and either self discharge or are discharged by NSFS, and their children are placed with carers. In these cases, we used a

counterfactual hypothesis that there is an additional risk of despair and suicide attempt for adults who may feel that they have failed at their last chance to keep their children. For the children, delays placing the child with their permanent carer might cause problems of attachment and bonding and the stability of placements – the children may end up in care homes because they won't settle with foster or adoptive parents. This counterfactual assumption is contradicted by more recent studies that indicate that children need to bond with their birth parents, after which they will form normal relationships.

These counterfactual negative impacts have been included when calculating the cost effectiveness of the service, using internationally researched estimates for the cost of suicide attempt, and an assumption about the additional difficulty of placing children after a delay.

The calculations

This is a forecast calculated using audits and reviews based on a three year period, for projection forwards. Total costs over the 3 year period within scope were £2,044,586. This included how much the Local Authorities spend for the placement of adults and children at NSFS (both the amount billed to the Local Authority and the amount retained from Benefits payments – for all people resident during the period in scope); a value assigned on the basis of how much the parents are willing to give up in order to attend NSFS (the amount they were spending on drugs and other addictive substances) – “expressed preference”, and inputs from other stakeholders.

The sum total of the positive outcomes, ie those outcomes that were favourable to the stakeholders, was £8,676,093 (over a maximum 5 year timeframe – the actual duration depended on the outcome. This calculation also includes discounting for Net Present Value using a discount rate of 3.5%). This included reduced need for expenditure by:

- Local authority Adult Services – saving money because the adults have kicked the habit and are now clean, which reduces cost of short-term housing and failed tenancies.
- LA Adult Services – can save on the cost of providing ongoing community rehabilitation since these adults are now clean
- LA Children & Families services – can reduce resources providing care for children who instead live with their birth parents.
- Criminal Justice System is able to reduce court and custody because clean ex-users no longer commit crimes

It also has an effect on quality of life:

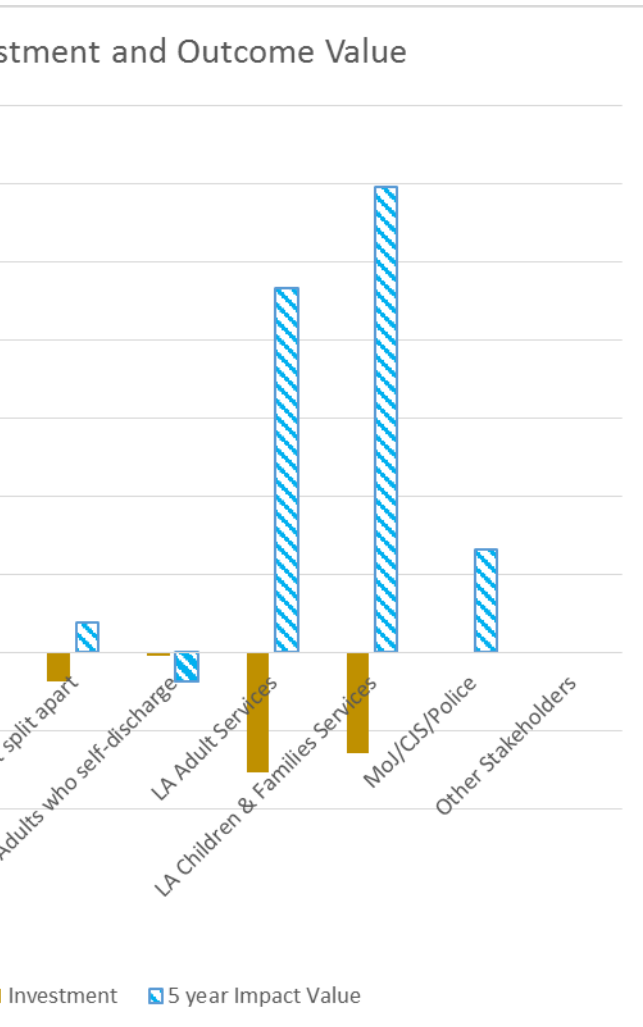
- LA Adult Services – take into account the Quality of Life improvement when making decisions, so this has been factored in
- Adults and children living as families are willing to give up income and make greater expenditure (expressed preferences) in order to live as families
- Adults willing to give up income (expressed preference) to be able to live a community life free from substance addictions.

The sum total of negative outcomes, ie those outcomes which were more costly as a result of NSFS, was £590,059 over a similar 5 year timeframe. This included

- additional costs to provide safeguarding services for the newly reunited families.
- counterfactual possibility that adults who failed to control their addictions would be more depressed.

- counterfactual possibility that children placed in NSFS who then went on to carers because their parents weren't able to look after them would be unable to form normal adult bonds.

These are based on the most likely outcome – a sensitivity analysis is performed to examine other possibilities.



Most likely values

This leaves us with a net balance of £8,083,033 (the value of all of the outcomes added together). In line with standard methods for SROI calculation, the ratio is based on the sum total of outcomes divided by the total costs. This gives an SROI ratio of 3.95 – for every £1000 invested in placing adults and children as families in NSFS, the net benefit to local authorities and society is £3,950.

Looking more specifically at the return on investment to individual stakeholders:

- Families who managed to graduate successfully (get clean of drugs and drink, learn and embed parenting skills) who then went on to live as a family and stay together invested £430,000 (drug spend they committed to giving up during their time at NSFS), and gained a five year value of over £2.1 million from the joy of being parents, the effect of children living with parents, and being able to work and contribute to the community. This represents a ratio for this stakeholder alone of 4.92:1

- Local Authority Adult Services Department/DIP invested a little over £764,800 on placements of adults, and could be expected to avoid spend and release resources of £2,331,862 by reducing demand on homelessness and community drug rehabilitation services when adults have come clean of drugs and drink. This represents a Return On Investment of 3:1 directly to Adult Services (over up to 5 year period following successful rehabilitation) relating to their spend on outcomes.
- Local Authority Children & Families department invested £64,500 in placement of children, and avoided spend and released resources of £2,977,485 by reducing the costs of placing children in care. This total included the extra costs borne by this department for extra safeguarding visits to families newly settled
- other beneficiaries include the children, the criminal justice system, the national economy, the NHS, and social care, although in this forecast some stakeholders were not asked to value their impacts so values could not be ascribed.

The SROI Ratio

This gives an SROI ratio of 3.95 with a minimum ratio of -0.74 and a maximum of 4.75. This means that for every £1 invested, including both the actual financial investment by the Local Authority Adult and Children's services, and the expressed preference (willingness to pay) investment by adults in controlling their addiction and giving up drugs and substitutes in order to be in NSFS, they get a value back of £3.95. This value back includes costs avoided, quality of life improvements, and happiness which itself is measured by what other families are willing to pay in order to get the same results (living with their children and parents, living in the community and able to get a job).

The minimum SROI ratio

The minimum SROI ratio is driven by assigning greater prominence to the counterfactual negative impacts. When adults self-discharge, we wondered if they might be more depressed because of repeated failure, and if this assumption is made then it gives a substantial negative impact. We also followed through a (now repudiated) theory that children who are placed with their parents but the placement doesn't work will react to the disruption in their early lives by being unable to bond with adults. If true, this would mean that they could not settle with foster parents and would not place in adoption circumstances, and as a result they would need to be cared for in care homes which are hugely expensive. However this is a counterfactual argument since the more recent evidence indicates that even a short time of placement with birth parents in a safe environment (such as NSFS) helps the child to bond with adults more than if they don't have time with their birth parents, even if the family is then broken up and the child is placed for adoption or with foster parents.

The maximum SROI ratio

For the maximum SROI ratio, we assumed a best case scenario. In the absence of an estimate for the Quality of Life value that LA Children's Services assign to improvement in children's lives, this is still excluded which accounts for the relatively small uplift from the Most Likely ratio. In most cases, only small changes to each outcome were apparent, and the amount of these changes should be explored in a full evaluation..

This study has also made a comparison with alternative schemes including:

- Breaking the Cycle (Addaction)
- Family Drug & Alcohol Courts (FDAC – Camden Islington & Westminster)
- Family Intervention Projects (FIPs)

- Hidden Harm (Compass in Lambeth)
- M-PACT (Action on Addiction)
- Motivational Interviewing
- Option 2
- Parents under Pressure
- Trevi house, Plymouth
- The Virtual Community (Wired-In)
- parenting assessment units

Conclusions and Recommendations

NSFS represents a safe and structured environment where suitable parents can safely learn to become parents and manage their substance addiction, and where children are protected and can go up with normal activities within a loving family. NSFS teaches parenting skills alongside coping mechanisms to overcome substance addiction, and the children grow and blossom, and catch up their development norms, although many showed delayed development at the point of referral.

The Family Justice Review, and the Children and Families Bill passing through Parliament at the moment both recommend that rehabilitation and reconciliation of children with parents should be carried out before court proceedings start, and should include detailed assessment during the process to ensure that information is available to the court at the start of proceedings. The Ministry of Justice confirms that NSFS and rehabilitation / reconciliation in Phoenix House will provide an excellent basis for evidence in the event that reunification is unsuccessful and court proceedings are needed.

At present court proceedings (55-56 weeks average) become the focus for reunification attempts leading to rushed decisions, and in many cases the timescales between hearings mean a decision is taken not to attempt reunification. NSFS represents a safe environment for attempted reconciliation, and a gold standard assessment for evidence and appropriate expert reports for submission to the court proceedings.

Recommendations to NSFS

The report highlights a number of aspects of NSFS work which the stakeholders find valuable, and which the service itself was not aware that they were doing differently from other providers.

- 1) The quality and detail of reports, whilst expensive to produce, is considered valuable by stakeholders including the Commissioner, and the family themselves to review progress
- 2) Placing the families in a residential situation, often some way from the environment in which they offended, enables them to break old habits. Children and parents both benefit from the structured environment and round-the-clock focus on overcoming substance addiction combined with parenting skills
- 3) NSFS empowerment programmes are considered excellent. The rate of successful discharge both clean of drugs and as a family, and the rate of families staying intact (perhaps with Social Services involvement) is generally higher than the average for other rehabilitation services
- 4) The most commonly requested improvement is a 'step down' solution, a post-discharge support service for when people are settling into the community outside of Phoenix house. This would be a progressive programme including active and proactive education/activities, monitoring, and access to professionals. This may

cause more people to take up residence near to Phoenix house in Sheffield, and contractual arrangements for Sheffield City Council should be sought. For people referred from London boroughs, NSFS should set up roundtable discussions with representatives from all Children's Services in London with the aim of setting up post-discharge support to cover referrals from London, settling back in London.

Recommendations to local authority Children's Services

- 5) The first priority of every service is to ensure the safety and appropriate development of the child. Placing the child with their birth parent, particularly during the first three years of life, is likely to impact their ability to form attachments for the rest of their life.



The NSFS provides a safe and supervised environment for this attachment to develop, which provides benefits for children and for their subsequent care, even if the family reunification is unsuccessful

- 6) NSFS has shown that reunification and long-term stability is possible and even likely, given the right conditions.

Recommendations to local authority Adult Services

- 7) NSFS is cost-effective in a direct and immediate way for the commissioning authorities. The direct return on investment (the amount saved through reducing the demand for homeless programs and community drug rehabilitation services, and placing children with their birth parents instead of the care system) is greater than five times the investment within five years of the client being placed

- 8) Expert opinion amongst key workers and management in local authorities is that the service has a high rate of success in rehabilitating adults whilst safeguarding children from harm, and provides an excellent and sustainable course of treatment

Recommendations for national policy

- 9) the Family Justice Review is widely misunderstood, and many local authorities and judges are removing children from parents prematurely in order to meet a 26 week target for placement with permanent carer. The guidance needs to be clarified, even before it is passed through Parliament; emphasis should be placed on the benefits to parents and children, to local authorities and the public purse, and to the evidence needed for family Justice proceedings, from using services such as NSFS

Recommendations for a full evaluation

This report was based on limited access to stakeholders because of the nature of the study, and the returns listed are only those from stakeholders we interviewed.

We believe that a more detailed study would give a clearer picture of the return on investment. Particular questions that need answering include the real impact of people who self-discharge having been unable to overcome their addiction, the impact of delay in placement on children's ability to bond with adults (or conversely, the positive effect that a few weeks or months with a birth parent in a safe environment has), and the possible impact on a wider range of stakeholders.

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4 Nov 2013

Table of Contents

Executive Summary	2
Purpose	2
Audience	2
Methods	2
What we found	4
The calculations	5
Conclusions and Recommendations	8
Table of Contents	11
Context	13
The Drug Problem	13
Who is Phoenix Futures?	14
What is the National Specialist Family Service?	14
What is SROI?	16
What happens when someone gets referred to Collegiate Terrace (the National Specialist Family Service)?	16
The Law and Changes to the Law / Policy / Best Practice	22
A forecast or an evaluation?	22
Scope of this Report	24
Broad Theory of Change	24
Numbers and dates	24
Alternative Family Support for Substance Misuse	26
Ashcroft House, Cardiff	26
Breaking the Cycle (AddAction)	26
Family Drug and Alcohol Court (FDAC – Camden, Islington & Westminster)	26
Family Intervention Projects (FIPs)	27
Hidden Harm (Compass, in Lambeth)	27
M-PACT (Action on Addiction)	27
Motivational interviewing (MI)	28
Option 2	28
The Parents under Pressure Programme (PUP)	28
Trevi House, Plymouth	28
The Virtual Community (Wired In)	28
Parenting Assessment Units	29
Identifying stakeholders	30
Those directly involved	30
Those materially affected by the service but not directly involved	32

Stakeholders interviewed but excluded from the analysis	33
Numbers of Stakeholders and Information Gathering process	35
What changes for stakeholders?	36
Families who graduate successfully and stay together	36
Stakeholder group – Families who graduate successfully but split apart later	45
Adults who self-discharge	47
Local Authority Adult Services including Substance Misuse Team (referrer)	49
Local Authority Children & Families Team (referrer)	56
Ministry of Justice, Courts (Criminal Justice System CJS) and Police	61
Review and Transparency	63
Embedding the results of this report and making changes to services	63
Inputs and Investment	65
The Impact Map	67
The SROI Ratio	68
Sensitivity Analysis	68
Conclusion and Recommendations	69
Recommendations for a full Evaluation SROI	72
Appendix I. Interview Format and Example	73
Questions Service User	73
Social Return on Investment	74
Questions Semi Structured Interview (Health or Social Care Commissioner):	75
Questions Semi Structured Interview (Health worker):	75
Interview Date(s)	77
Background	77
Investment	77
Return on Investment (impact on Child)	77
What else is going on?	80
Appendix II. Outcomes, parameters and impact calculations	81
Families who graduate successfully and stay together	81
Stakeholder group – Families who graduate successfully but split apart later	85
Adults who self-discharge	87
Local Authority Adult Services including Substance Misuse Team (referrer)	89
Local Authority Children & Families Team (referrer)	94
Ministry of Justice, Courts (Criminal Justice System CJS) and Police	97
Appendix III. Notes on the methodology and calculations	102
Appendix IV. References Used	104

Context

The Drug Problem

Drug misuse is a public health problem, a criminal justice problem and an economic problem. The social, economic, health and crime costs of class A drug use were estimated to be around £15.4bn in 2003/04, with problematic drug users (PDUs) accounting for 99 per cent of total costs. In turn, drug-related crime accounts for 90 per cent of costs associated with PDUs[2-4]. The average number of acquisitive crimes reported by drug-misusing offenders is almost six times higher than for non drug-users.

The most recent published estimate suggests that there were 327,466 PDUs in England in 2004/05, and around 330,000 in 2009[5]

The illicit drug market is estimated to be worth £4.6bn in England and Wales and £5.3bn in the UK as a whole. This is roughly 33% and 41% of the size of the tobacco and alcohol markets respectively[2, 6, 7].

Treatment for Adults

Substance misuse affects people in different ways. Some people use drugs only temporarily, for example as a rite of passage or a life stage, whereas others become dependent on drugs. People who become dependent on drugs may become parents through choice (because they want to start a family), or by accident (they may be involved in prostitution, or their chaotic lifestyle may mean the contraception is less likely to succeed).

Of those who become dependent on drugs, some can overcome their dependency (come clean) through community support, and others require a more intense course of community rehabilitation.

A first response for a parent as with another adult is a community rehabilitation programme, where people are educated in the effects of drugs, and may be given a substitute such as methadone.

If a parent does not respond to treatment, they often require ongoing community support because of their involvement in crime, lack of ability to budget, likelihood that they are not in work, additional health needs because of substance misuse, and potential homelessness. Treatment has the strongest evidence base in terms of the VfM it provides. Nonetheless, more can be achieved with current resources by improving services and continuing to develop the evidence base. This does not necessarily mean reducing the unit costs of treatment *per se* because some of the cheaper treatment services are not necessarily delivering successfully or cost-effectively. It does mean ensuring that comparable levels of performance are being delivered for comparable unit costs, and challenging all services to adopt practices and achieve the levels of performance of those which are performing the best. This will require a greater emphasis on the measurement and tracking of treatment outcomes. [6]

The problem for Children and Child services commissioners

Substance dependency may be combined with the 'toxic trio' of poverty, mental health issues, and domestic violence. This is a risk for the safety of a child, and the child is typically taken away from their parent: in some cases, subsequent children may be taken away from their parent on the assumption that the risk continues.

Problem Drug Users (PDU) often require residential rehabilitation. They are taken away from the environment that causes them to abuse or seek escape, and placed into a structured environment for education and for giving up the drugs. In many cases the parent

is placed into residential rehabilitation, and the children taken away and placed with foster parents, relatives, or put up for adoption. For a parent, loss of the child may take away their motivation to give up drugs. For a child, being taken away from the substance misusing parent may result in feeling unwanted and unable to integrate with society.

The child may be placed with relatives such as grandparents. There are risks with this approach, since grandparents may themselves be the cause of the parental substance misuse in the first place, perhaps through abuse or example.

Apart from the human cost to parent and child, there is a genuine financial cost.

Children often require placement with foster carers or in the care system because the parents are unable to look after them. The local authority is responsible for the costs, which may be considerable over 18 years.

One of the services that helps problem drug users to manage their addictions and come clean, and children to reunify with their parents and form bonds of attachment and potentially live a normal family life, is Phoenix Futures National Specialist Family Service at Phoenix House (NSFS).

Who is Phoenix Futures?

Phoenix Futures puts a great emphasis on successfully helping people to manage their drug (and alcohol) cravings, so they can make a contribution to society and regain control over their own lives. In their own words:

We are successful because our service users are successful.

Understanding and measuring the diverse range of benefits we create is a key focus for us as an organisation. The following report will give you an insight into the range of benefits we help create for individuals, families, communities and society as a whole, from one of our services, the National Specialist Family Service (NSFS).

Our services enable people to define their own unique recovery journey and create a stable environment to build for a better future. Understanding that each individual's experience is unique to them and providing them with highly effective person-focused service, in a committed and caring style, is what makes us special as an organisation.

This is because as a recovery focused organisation offering services in communities, prisons and residential settings, with a positive approach to partnership working, we are uniquely placed to create fully-integrated services that offer clear and flexible pathways to meet our service user's diverse and unique needs.

Our services are structured flexibly in order to meet the needs of the community in which they operate. However, common to all our services is a commitment within our staff to go the extra mile to create opportunities for our service users whether that be the opportunity to unlock talent through education and employment, to rebuild families, to engage positively in the community or to find a stable home. In short we offer much more than substance misuse treatment, we help people build full and meaningful lives.

With this report we demonstrate that we put the achievements of our service users at the forefront of what we do. It is knowing that they are our reason for being that makes us so effective and will enable us to remain so in the future.

What is the National Specialist Family Service?

Based in Sheffield, and serving the whole of England, our residential National Specialist Family Service houses Mums, Dads and couples who wish to address their substance misuse whilst living with their children. We provide the opportunity for parents to remain the

primary providers of care for their children, whilst receiving appropriate guidance and support. More than just a service this is also a home for our families, situated in a pleasant residential area with excellent connections to local schools and health services and an on-site Ofsted registered crèche for 0-to-8 year olds.

In order to meet our prime objective of keeping families together in the long term, we target a range of treatment outcomes including:

- Substance use
- Criminal behaviour
- Accommodation
- Education
- Health
- Employment
- Managing money
- Routine and structure

Our GP prescribes and oversees detox. Our staff are split into expert teams for the functions of Therapeutic interventions, Parenting Support and Childcare. Our emphasis is on safety and we provide 24/7 waking night cover.

Parents benefit from cognitive behavioural interventions and particularly help with co-occurring problems such as depression and anxiety. We also provide keyworking and care planning, building a therapeutic relationship, Parenting coaching through the Triple P (Positive Parenting Programme)*, as well as life skills such as cookery and nutrition and health and safety.

We use the Therapeutic Community (TC) method which encourages personal responsibility and behavioural change, with structured living providing a safe and monitored environment. Physical activity is encouraged with scheduled activities for adults and children.

The children can use our Ofsted Registered Creche, and school-age children attend a local school. We offer family focused intervention and support with health needs.

Overall averages since the service began are (not necessarily the same as the figures from the cohort within the scope of this report):

- | |
|--|
| <ul style="list-style-type: none">• 50% of children entered the service with some developmental delay• 80% of children left on or above developmental targets• 10% of families come into the service with care of their children and• 72% leave the service with care of their children |
|--|

NSFS ensures that children have the opportunity to form attachments with their parents which are the foundation for future relationships. It provides a safe family environment for some of the most severely damaged families, and the vast majority of families successfully rehabilitate: the parents have the parenting skills and support that they need to be good parents, and have learnt to control the drug dependency; and the children are able to live a normal family life including schooling and socialising. For those referred to this service, for whom it is a last chance, the alternative for parents is probably continued drug use in till death aged on average 40 years old; and for children, it is a lifetime in the Looked after Children service with the consequent loss of trust, inability to form relationships, and educational attainment and employment prospects.

* This is provided by Sheffield City Council. Costs are included in the Impact Map and reflected in the total cost of delivering the service used for preparing the SROI ratio

What is SROI?

SROI is a way of understanding what benefits you get from a service. It identifies and records benefits like happiness, longer living, having more choices, as well as the kind of benefits that you can put a number against. SROI then tries to estimate a number to put against the benefits that are more difficult to measure.

SROI is based on seven key principles:

1. **Involve stakeholders:** instead of relying on the NSFS to say how valuable they are themselves, SROI asks the people who benefit (the social workers and key workers, clients in the service, commissioners and policy makers) to tell the SROI practitioner what they think the benefits are, and how much they are worth.
2. **Understand what changes:** I asked about what difference the NSFS made. Lots of things are changing all the time, and I want to know what is due to NSFS and what is happening anyway. I also find out what is a good change (changes that makes things better) and what is a bad change (makes things worse).
3. **Value the things that matter:** many times people can tell us about something that changed for just one person, or something that is exciting to the person I'm interviewing, only it doesn't make much difference to the person who has to live with it. With SROI we try to measure things for the people who have to live with them; and we ask them to say how much it is worth to them.
4. **Only include what is material:** I want to make sure that every benefit we include actually makes a difference. This means making sure that we include every negative consequence as well as every positive consequence, and understand what difference it makes. It also means leaving out things that aren't actually important to the stakeholders, or are simply not very valuable. We did this by asking people and checking and double-checking that everything we included is important.
5. **Do not over claim:** often lots of things change at once. SROI works out which things happened **BECAUSE OF** the change we're investigating, and what would happen anyway so we don't include it as a benefit. I've used a term Attribution to estimate how much of a change is due to NSFS – and again it is up to the person to decide, not up to me. We've also made sure we don't count things twice - when one leads to another you should only count the last one. With SROI, we are very careful about this.
6. **Be transparent:** everywhere I've used a number, I can show where it came from, and why I used it. I've also spoken to the person and/or organisation who gave me the number, to check I've used it correctly. I've checked it against numbers from other people, to check that it makes sense.
7. **Verify the result:** Everything in this audit came from the people we interviewed, and they checked it, and checked each other's answers. They also looked at the whole report, to make sure it makes sense.

What happens when someone gets referred to Collegiate Terrace (the National Specialist Family Service)?

The NSFS is the last chance for many people, their last chance to stay together as a family. Mothers and fathers who are addicted to drugs or alcohol are often considered to be a danger to their children, either because of neglect or risk of causing harm. In nearly every case referred to NSFS, courts have decided that this is the last chance the parent has to live a family life with their children, and the parent wants help to give up their dependency on drugs and to become adequate parents. The child safety is paramount, and children

services are very careful to make the right decision, when referring the child with their parent or parents to NSFS.

NSFS offers this chance for family life. 90% of the families referred have already lost their children, and hope to gain them back through the closely monitored and structured programme that NSFS offers – both to help them overcome their dependency on drugs, and to learn to be parents and create a safe environment for the children. Similarly, many of the children come because they want desperately to be with their birth parent, and are already showing signs of developmental delay, and NSFS addresses that too[8].

Parents are more likely to overcome the drug dependency and come clean, and to stay that



way, whilst recognising their responsibility to family life [9, 10]. More controversially, children who fail to form bonds with their birth parents may never recover their ability to develop normal human relationships, and even if taken away from parents at an early stage and placed with foster parents, may fail to connect and end up in care homes [11-14].

What problem is NSFS trying to solve?

Apart from the human aspect of giving families a chance at a family life, there are real and substantial costs associated with family breakdown and with problem drug use.

Parents suffer, in terms of their poor health and likelihood of an early death[15], and in terms of reduced quality of life because of their lack of control of their own lives. In SROI terms this can be represented as a 'cost'.

Children suffer, in terms of not feeling that they belong because they are not with their birth parents, the consequences of living in a family with a parent with substance misuse problems, or the damage caused by being unable to bond with people and grow up in a family [11]. In SROI terms this can be represented as a 'cost'.

Table 2.3: summary of main areas of potential impact on health and development of parental problem drug use (adapted from Cleaver at Al, 1999) – from “*Hidden Harm*” [16]

age (Y)	Health	education and cognitive ability	relationships and identity	emotional and behavioural development
0 – 2	<p>Withdrawal symptoms</p> <p>Poor hygiene</p> <p>Suboptimal diet</p> <p>Routine health checks missed</p> <p>Incomplete immunisations</p> <p>Safety risk due to neglect</p>	<p>Lack of stimulation due to parental preoccupation with drugs and own problems</p>	<p>Problematic attachments to main caregiver</p> <p>Separation from biological parent(s)</p>	<p>Emotional insecurity due to a unstable parental behaviour and absences</p> <p>Hyperactivity, inattention, impulsivity and aggression more common</p>
3 – 4	<p>Medical and dental checks missed</p> <p>Poor diet</p> <p>Physical danger due to inadequate supervision</p> <p>Physical violence more common</p>	<p>Lack of stimulation</p> <p>Irregular or no attendance at preschool</p>	<p>Poor attachment to parents</p> <p>Child may be required to take on excessive responsibility for others</p>	<p>Hyperactivity, inattention, impulsivity, aggression, depression and anxiety more common</p> <p>Continued fear of separation</p> <p>Inappropriate responses due to witnessing e.g. violence, theft, adult sex</p>
5 – 9	<p>School medicals missed</p> <p>Dental checks missed</p>	<p>Poorer school attendance, preparation and concentration due to parental problems and unstable home situation</p>	<p>Restricted friendships</p> <p>Child may be required to take on excessive responsibility for parent(s) or siblings</p>	<p>More antisocial acts by boys; depression, anxiety and withdrawal by girls</p>

age (Y)	Health	education and cognitive ability	relationships and identity	emotional and behavioural development
10 – 14	Little parental support in puberty early smoking, drinking and drug use is more likely	Continued poor academic performance, e.g. if looking after parents or siblings higher risk of school exclusion	Restricted friendships poor self-esteem and low self-esteem	Emotional disturbance, conduct disorders, e.g. bullying, sexual abuse or more common high risk of offending and criminality
15+	Increased risk of problem alcohol and drug use, pregnancy or transmitted diseases	Lack of educational attainment may affect long-term life chances	Lack of suitable role model	Greater risk of self blame, guilt, increased suicide risk

Local Authority Adult Services have a statutory obligation to pay for support for homelessness and drug users in community programmes of various types.

Local Authority children and families services will spend resources for care system provisions for the children who are separated from their parents (care home accommodation, payments to foster parents, the support for adoptive families).

Local Authority housing departments will incur costs because problem drug users often have trouble with household budgeting and fall into arrears on rents which they are then unable to pay, and other circumstances leading to a failed tenancy, legal costs, short-term accommodation and B&B accommodation.

The Criminal Justice System (police, court service, prisons) recognise a substantial cost incurred because of the crimes committed by drug users in order to fund their habit. This is quite apart from, and in addition to, the costs of loss and damage by the victims of crime, and the costs these victims incur to prevent a future occurrence of crime[2, 7, 17].

NSFS aims to rehabilitate former drug users into the communities where they choose to live, so that these costs will no longer be incurred by these public authorities.

The NSFS programme

Everyone arriving for a 6 month programme at NSFS goes through three stages, and for each stage there are specific objectives, markers of achievement and written work.

Induction (weeks 0 – 6)

Many parents arriving at NSFS are still on methadone (drug substitute), although some are completely clean and detoxed. Some bring their children with them, others have to demonstrate progress whilst their children are held in care (often in Special Care Baby Units (SCBU) in hospital where both parents would have limited access to them anyway) before their children are allowed to join the parents.

The induction period is a time when NSFS gets the parent into the logistics and physical routine of change – care planning, meeting and getting to know key workers, detox,

adjustments to community life and away from the often chaotic lifestyle of a substance misuser (whether alcohol, opiates or other drugs).

Adults are often distrustful and angry; the interviews report “doing time” and “being sent to a prison”. The children may be bewildered, or resigned to their life experience of change after change.

Some adults may have a shorter induction if they have already completed their chemical detox before entering.

Primary Stage (weeks 7 – 20)

The Primary Stage is probably the most challenging for parents, and also the most transformative. One interview reported “I’ve been in loads of rehab, and half the stuff they do here I’ve never heard of before”.

This is where they write their Life Story, reflect on it, and read it out to their peer group. They discuss the circumstances and situations in their lives, and the decisions they made that ended in substance abuse. They start to address the fundamental issues and take responsibility for choices that they themselves made. Some of the activities in this phase mark NSFS out from many drug rehabilitation programmes – the group activities and structured approach to facing your demons seems to result not only in the high rate of completion and drug-free discharge, but also to the low rate of relapse.

They also realise how serious their situation is – how parenting that they thought was “adequate” is actually dangerous for the child. Parents learn how to parent and children settle into routine; going to school on time, fed and tidy. Babies get into the routine of regular crèche (the NSFS crèche and childcare are Ofsted registered) whilst their parents do their duties and rehabilitation programme.

This is the time when recovery is embedded and planning for rehabilitation begins.

Senior Stage (weeks 21-26)

The senior stage takes everything from the primary phase and makes it habit. Techniques for recognising triggers and cravings help adults to resist temptation; education and qualifications (such as Triple P) build confidence; self reflection builds determination.

The local authority which referred the family may dictate where they will be discharged to, but there are still many things that need organising and NSFS helps the families to plan their own futures, rather than doing too much for them – what are their resettlement plans and where they will live, tenancy arrangements, previous or other children, schools and doctors, clubs and activities, what specific after care.

Nationally, they have access to Surestart, Homestart and Kids Clubs. In Sheffield there are specific clubs for children of families blighted by substance misuse including What About Me[18] and CandYP [19].

Why would someone refer to Family Service?

Typically referrals are made by social services key workers. If a key worker decides that a specific parent is likely to respond well to the rehabilitation service (typically because they are very committed to getting their child back and are likely to provide a safe environment for the child once they overcome their drug dependency) then they will bring up the case with a children and families key worker to agree whether the family can be referred. The obstacles to a referral are high – both key worker for the parent and key worker for the child need to be in agreement that this is in the child’s best interest, is safe, and that the parent is likely to respond to the support and teaching given at NSFS. Unfortunately some services report that they don’t refer the child if the child is not costing the local authority, for example if they are currently placed with a relative, in spite of the potential risk that placement with a relative

may represent (Stakeholder Interviews – for example where the child is placed with the same grandparent who may have caused parental substance misuse through abuse or example).

The aim of NSFS is clearly on reuniting families where it is safe to do so. They have strict criteria both for admission and for retaining someone in the rehabilitation environment, and will accept a referral only where those criteria are met.

The main reason for a referral is a very human one – to let families participate in society together rather than apart[20]. But cost must be a consideration – with the levels of saving that each department and society as a whole could expect to make following a successful reunification and rehabilitation, and with the high rates of success that NSFS enjoys, it makes economic sense to use this service.

Why would they refer somewhere else?

There are many other substance misuse rehabilitation services, ranging from community programmes which rely on the drug user themselves to make the change, to compulsory services in prison.

Section **Alternative Family Support for Substance Misuse** on page 26 lists a number of mainly community services which address these issues.

For the most difficult cases (those requiring residential support) there appear to be only three, NSFS, Trevi House in Plymouth and Ashcroft House in Cardiff, which are residential situations for reunification of the family. These combine support for a parent to overcome their substance misuse problems at the same time as learning or re-learning how to be a parent, and a safe environment for children..

Of the three, Trevi House and Ashcroft House receive mothers and small children often pre-court proceedings, whereas NSFS accepts mothers or both parents, small children and families which can include older children (up to 10) and is able to accept the most difficult cases (including post court proceedings).

Local Authorities and charities referring families to these services should look carefully at the success rates.

Community services are certainly lower cost, but may have 50% or lower success rates on discharge from the service, and often poor results from relapse later. For example, patients receiving methadone report that most continue to take other drugs and are involved in crime [21].

Residential services have much higher success rates. NSFS reports 83% success (clean of drugs) at discharge, and a follow up of 10 families by Sheffield City Council shows that 70% remain drug free and with their children (79% of children still with their family – two families had 3 children each) at the time they audited, 1 – 4 years after discharge [22]

The network and post-discharge support from NSFS

Six months isn't long to overcome an addiction that has been a problem perhaps for years. Six months is typically the maximum that a family stays in NSFS, during which time they need to learn the skills and behaviours they will need, but after that, they need to go out into the wide world with all of its distractions and temptations, and put those skills to use, and turn those behaviours into habits.

That's where NSFS empowerment comes in. Families are encouraged to do their own research before deciding where to settle, and the doors (and phone lines) at Phoenix House are open for people to get a bit of support when they need it – a steer when they are feeling uncertain.

That can make a real difference, the difference between the escapism of drugs, and the strength to face this new obstacle and keep on the track of staying clean and keeping the family together.

This is not sufficient. NSFS regularly refer on to Turning Point and DISC which support ex substance abusers. Many interviewees highlighted the need for ongoing post discharge support, and this is one of the recommendations from this report. However, post discharge support can only be provided if someone is prepared to pay for it.

The Law and Changes to the Law / Policy / Best Practice

In general, people believe that the best situation for children is to be with their parents. Where the parents are unable to provide a safe environment, whether because of poverty, mental health, or domestic violence (the “toxic trio”), then either the parents need to change or the children need to be removed to a safe environment[14]. A number of high profile cases, and perhaps most obviously Baby P in 2009, have caused social workers to play safe and remove children from their families and place them in the care system[23].

In general it is better to place a child with their potential permanent carers sooner rather than later[24, 25]; this is taking shape in the 26 week guidelines for completion of court proceedings in the forthcoming Children and Families Bill [26]. These guidelines have been widely misinterpreted; at present, court proceedings are the focus of attempts to reunite a family or place the child with foster parents, and the timetable for court proceedings may lead to rushed decisions and inappropriate rehabilitation attempts, or delays in taking a child away from a dangerous situation. As a result, many Children’s Services opt to take the child away from the parent in order to have them settled in foster care or adoption.

The Children and Families Bill, and Family Justice Review, have set a target to reduce the length of time that court cases take (from over 55 weeks at present). It asks responsible authorities to assemble their evidence and make decisions on reconciliation or removal of the child before coming to court. Our interviewee from Ministry of Justice stated that a service such as NSFS should be considered a Gold Standard both for attempting reunification (because it is a safe environment where the child won’t come to harm and the success rate is high), and as evidence for presentation to court in the event that the child needs to be taken away. The intention is that decisions are taken at a pace appropriate to the child safety needs and adult rehabilitation needs, and not dictated by the next stage in court proceedings. With a success rate above 80% in Phoenix Futures, this means that 80% of cases do not need to go to court in the first place.

The cheapest solution may still be to help parents to overcome their problems and become parents of their own children[27]. This may also be the best solution for adults who are more likely to recognise their responsibilities in the presence of their family [10, 13], and children, who form the ability to attach to adults which is the foundation for all of the human relationships in the rest of their life and their subsequent performance educationally and in the workplace[11, 28, 29].

A forecast or an evaluation?

The change in the court interpretation of the law, brought about as the Children and Families Bill makes its way through parliament, has had a dramatic effect on what happens to families. Guidelines released during the preparation of this report indicated that court time would be reduced to a maximum of 26 weeks (6 months) from the present 55-56 weeks, and courts interpreted that to mean that they did not have time to attempt to reconcile the child with a parent or give the parent time to stop their drug use, which resulted in a dramatic reduction of the numbers of parents, children and families in NSFS when the researcher wanted to interview them.

As a result, the researcher was only able to interview 8 parents (representing all stages of rehabilitation / family reunification), identified by the staff, and no children (since all children in NSFS at the time were babies), and is reliant on previously filmed interviews of children and previous interviews performed by staff.

All but one of the benefits that accrue to all stakeholders depend on good outcomes for families – for parents coming clean of drugs and substitute drugs, and for children growing up in a stable family environment. In view of the small sample, we can only take the evidence that we have and use it to forecast the likely result of this service and at the same time make recommendations for the information needed for a full evaluation.

Scope of this Report

Broad Theory of Change

The hypothesis that this forecast explores is that:

Activities

- NSFS runs programmes for conquering alcohol or drug addiction
- NSFS teaches parenting skills

Outputs

- Parents (adults) come clean and stay clean of alcohol or drugs, for a long period
- Children can stay with their parents and be safe and grow up in the community
- Parents may gain a qualification

Outcomes

- Parents don't require ongoing community drug rehabilitation programmes, homelessness and healthcare that they would if they were still dependent on drugs
- Children live with their natural parents instead of becoming looked after children, adopted or in foster care or in care homes
- Less crime because parents earn money through legitimate means and don't need the amount of money needed to feed a drugs habit

Impacts

- Families integrated with their local community
- Children enjoying healthy, safe and structured upbringing including education and out-of-school activities
- Savings of costs to Adult Social Services because parents are ex-users and are able to contribute to their community
- Savings of costs to Children's services because of less need of safeguarding and looked after children costs
- Reduction in ill-health, mental ill-health and crime

Numbers and dates

Although Phoenix Futures includes a number of rehabilitation services (for adults, and for parents with children – National Specialist Family Service NSFS) and for a period provided the National Specialist Family service over two sites, this report evaluates the costs and benefits of:

- The National Specialist Family Service (NSFS) (rehabilitating substance misusers along with their children and partners)
- At the Sheffield delivery site – Collegiate Terrace
- Within the period 1 April 2009 to 31 March 2012 (three years). Note the evaluation relates to people who are both admitted and discharged within the time frame:

- Both those admitted for drug use and for alcohol use
- Families discharged successfully
- Individuals who self-discharge, and if the only parents, then the children who cannot be reunited with their parent (unsuccessful)
- Individuals where the service makes a recommendation that they should not stay, and the commissioning authority agrees and removes them (unsuccessful)
- With two follow-ups of successful discharges
 - Graduation Event – everyone who has been successfully discharged in a given 12 month period (April to March) is contacted 12 months after the end of the period. For some, this is up to 24 months after their discharge, and is always a minimum of 12 months after their discharge. Their status at this point is recorded – whether drug free and still parenting their children or not
 - Sample of those who settled in Sheffield City Council area – all families who were successfully discharged to Sheffield either because this was where they were referred from or because they decided to relocate to Sheffield. This was a spot audit in Spring 2013. In some cases, families had been discharged for up to 4 years. Of note – comparisons can be made with a spot audit done in 2008

Numbers of people admitted and discharged during the period

This includes adults and children: successful graduates where families discharge together, and self-discharged adults where the children have to be returned to the place of their residency order.

Substance Type	Female	Male
Alcohol	1	
Opiate	25	5
Not specified in notes	8	2

Total number of children

Age group	Number
Under 5	31
Over 5	11

Total number of families = 33

Alternative Family Support for Substance Misuse

The Children Act 1989 indicated that children should be placed with their parents as a priority, and was followed by the Children Act 2004 which supported the development of a number of service and solutions which promoted this[23]. A review of child development outcomes comparing children of PDU with children in the care system appears to support this policy.

Services available (usually within a limited local area) include*:

Ashcroft House, Cardiff

Provide support to mothers with newborn babies or young infants, taking referrals from around the UK (typically England and Wales).

It aims to provide the practical help and a safe environment in which women can build on existing life skills and overcome social and life difficulties. The overall aim is for residents to be able to live independently, caring for themselves and their children and free of the dependencies that led to their admission to Ashcroft House.

Breaking the Cycle (AddAction)

AddAction Breaking the Cycle (BtC) is aimed at people in their own homes, who can benefit from signposting and emotional support for whole family to help a parent to quit. The BtC workers signpost to Children's Services and family support as well as substance misuse rehabilitation.

In the course of 12 months, 850 families have completed plus another 150 are in process.

Cost to local authority £4,000 per client family, although AddAction is supported by Zurich Community Trust which suggests that the actual inputs from an SROI analysis point of view will be higher. It suggests that if this service were to expand then it may need to impose a higher cost. The family remain resident in their own home.

Approx success rate: 53% have achieved their treatment goals, and 76% show significant progress towards recovery.

Family Drug and Alcohol Court (FDAC – Camden, Islington & Westminster)

The Family Drug and Alcohol Court (FDAC) is a specialist problem-solving court operating within the framework of care proceedings. It is a new approach to care proceedings, in cases where parental substance misuse is a key element in the local authority decision to bring proceedings. It is based at Wells St Family Proceedings Court in London and a pilot was co-funded by government and three pilot local authorities. The pilot has since expanded.

The goals of FDAC are to help parents address their parental substance misuse and related problems to increase the chance of family reunification at the end of the proceedings. If

* Many of these descriptions of services are from "Breaking the Cycle" [20]. Kydd, S., N. Roe, and S. Forbes, *A Better Future for Families. The importance of family-based interventions in tackling substance misuse*, in *Breaking the Cycle: A better future for families*. 2012, The Breaking the Cycle Commission; AddAction. p. 76. The others are from [13]. Martins, C., *Strategic Prompt: Parental Substance Misuse*. 2013, Research in Practice. p. 6. And the author's own research.

parents fail to engage, then the goal is to place the child more swiftly in a permanent alternative family. Its special features include:-

- a multidisciplinary team attached to the court providing speedy expert assessment, support to parents, links to relevant local services, and parent mentors who have overcome similar difficulties in the past
- judicial continuity
- frequent non-lawyer review hearings with the same judge

The non-lawyer hearings provide an opportunity for the parent, the FDAC keyworker, social worker and judge to review the progress of the case, to problem-solve. They aim to help motivate parents to change, as well as reminding them of their responsibilities.

Family Intervention Projects (FIPs)

The FIP projects are designed to tackle antisocial behaviour with the express aim of helping high-risk, disadvantaged problem families who are often seen as 'lost causes'.

FIP pilots uncovered a link between antisocial behaviour and multiple problems that include drug and alcohol misuse. 53 FIPs launched in 2006-07, of which 24 by local authority and 22 to voluntary sector (eg Action for Children). Public spending cuts in 2010 led to a number being forced to close down.

FIPs are seen to be cost-effective, for every £1m invested £2.5m savings to local authorities and the State [3, 30].

Their success rate is on a par with other community rehabilitation, with an average 40% reduction in the number of families experiencing drug problems, and an average 48% reduction for those experiencing alcohol problems [31, 32]

Hidden Harm (Compass, in Lambeth)

Another community-based service, working in schools. The "Child Centred Approach" of Hidden Harm works with 5 – 19 year olds who have parents or carers with previous or current problems with drugs or alcohol, where the children have been affected emotionally, behaviourally, mentally or socially.

Since 2010, it has seen 50 young people. Parents must consent to their child's attendance and the Common Assessment Framework is used. Parents are signposted to family therapy or parenting course.

M-PACT (Action on Addiction)

The Whole Family approach of M-PACT (M-PACT stands for Moving Parents and Children Together) aims to meet the needs of children living with parental substance misuser either currently or historically. It is also community-based, and seeks to help families to come to terms with parental addiction, rather than to rehabilitate the substance misusers.

The process consists of brief psychosocial/ educational interventions: an individual family assessment at the start and review at the end with 8 group sessions in between (9 weeks total)

59.5% of children say that M-PACT helped them come to terms with their parents' problem. 80% completed a minimum of 6 sessions. There is evidence of improved school attendance, children coming off 'at risk' register, and parents seeking access to treatment.

Approx 125 children have been through M-PACT programmes up to mid 2012

Motivational interviewing (MI)

This has been shown to be effective with engaging people with problem behaviours, including alcohol and drugs problems, who may be hostile to treatment. This may be helpful in addressing parental substance misuse as parents and even children are known to be wary, denying or resisting support. The use of MI in conjunction with other services may also prove effective.

Option 2

Targets families where parents are substance misusers and social workers are considering the need to remove children. In comparison with other services, Option 2 reduced the time children spent in care, although it did not reduce the proportion of children who entered care. The service is valued by families and appeared to engage families that other professionals had found difficult to work with. It also provides significant cost savings to the local authority. Caution is needed when interpreting these results, as the impact on welfare of children remaining at home has not been measured.

The Parents under Pressure Programme (PUP)

This is an intensive, home-based intervention currently being trialled by the NSPCC that addresses multiple domains in families with methadone maintained and alcohol dependent primary carers, and children under the age of two. An Australian evaluation showed a reduction in the risk of child abuse and family behaviour problems. Families receive support from the NSPCC and treatment from drug and/or alcohol teams.

Trevi House, Plymouth

Trevi House provides rehabilitation and parental assessment for mothers with drug or alcohol dependency issues, together with their children.

Trevi House is both a home and safe place; where mothers and their children remain together as a family unit, whilst substance misuse and related issues are addressed.

The needs of residents are individually assessed prior to entering Trevi House to draw up a mutually agreed Integrated Care Plan.

Trevi House offers a structured rehabilitation programme mixed with flexible residential programmes arranged to facilitate the transition to an independent life, free from substance dependency.

In addition to group therapy, one-to-one counselling and associated work, the programme also includes both leisure and social activities, all of which help to develop confidence and skills to cope successfully with substance-free daily living.

The Virtual Community (Wired In)

Not a programme but rather an online communication programme to help people understand their problems and communicate.

Also aims to break down the stigma associated with substance misusers and “to create a society that better facilitates recovery from substance misuse problems” [Wired In]. Wired In recognises that 12 weeks or 6 months of rehabilitation is just the beginning, and that the community in which you find yourself will most likely determine your chances of success. By providing a supportive and understanding community, Wired In expects to improve the chances of success.

Parenting Assessment Units

There is a world of difference between the Parenting Assessment Units and all of these services, however PAU is included in this section because many social services departments appear to blur the distinction.

Parental Assessment Units consist of 12 weeks of residential observation to determine if the child will be safe when placed with the parent on a permanent basis.

The 12 week residential includes some parenting classes and creates an atmosphere of structure and routine which is generally thought to be vital to the successful development of children in families, such as ensuring the children attend school and parents respond to child “crises” in ways that demonstrate the parent’s priorities. However the residential period does not specifically aim to rehabilitate substance misusers nor to change their parenting abilities or priorities.

All of the above rehabilitation services include assessment, and the residential ones include assessment reports which many courts will accept in place of a PAU. Ministry of Justice has confirmed that an assessment from a residential unit such as NSFS should be considered the “gold standard”.

Identifying stakeholders

Relevant stakeholders are people who either influence or are changed by the service being examined by the SROI researcher. A test of relevance is whether they would be different if the service were not available or they had not made use of the service. For example, mothers determined to keep their children who overcome their dependence on mind altering substances are affected by the service. They are relevant stakeholders. Staff in a hospital A&E who provide support for drug users but don't make a direct connection with NSFS (because the people in NSFS are clean and no longer using hospital A&E for drug-related situations) are not affected and are not relevant.

For each stakeholder, we seek to understand how they are affected by the change, and what this means for them. We also seek to understand how this may impact on others, to discover if there are more stakeholders that we need to consider.

Inevitably some individuals and even whole groups of stakeholders proved difficult to access, but wherever possible we have obtained at least three different views representing each group of stakeholders, which enables us to triangulate the results (compare if two or more are broadly similar, rather than simply taking an average). The Supplementary Guidance on Stakeholder Involvement [33] suggests that the best method of deciding how many people to interview is a saturation method (keep on interviewing until no new information is obtained).

For each stakeholder or stakeholder group, we also considered whether they were material to the final outcome. Materiality is determined by whether including that stakeholder, or excluding them, would make a difference to the conclusions of the report [34]. In this example, the family doctor (GP) is very important to a young family, so should be considered a stakeholder. However all of the substance detox work is done by NSFS and the impact on children psychologically is managed by NSFS, so the family doctor did not have to change the way they looked after families based in NSFS and could treat them as any other young family. Therefore the family doctor and doctor's practice is not materially affected by NSFS.

The value that SROI assigns to a stakeholder and stakeholder group is the value that they themselves accept and agree to. This means that the researcher speaks to those affected by or who affect the service.

Interviews were then planned and carried out with Relevant and Material stakeholders. We interviewed stakeholders and discussed the outcomes that they considered that NSFS produced, who they would impact on, how we could measure them and their effects, and the value of that benefit or negative impact. We also interviewed additional stakeholders identified during the interviews.

Those directly involved

The service users in NSFS are the adults and children, the parents who want so desperately to get their children back and living with them that they are willing to try this last chance to control their addictions, and the children who want to be with their parents.

In order to understand the outcomes for these families better, I've put them into three groups. The outcomes relevant to each group are described in the section "What Changes for Stakeholders?"

The whole NSFS programme is designed to give parents two crucial skills – to manage their cravings which are the substance addictions, and to be adequate parents. This includes getting structure and routine into the family life, skills to run a household, and learning or re-learning parenting skills.

At first, we were not able to obtain interviews directly with this group, who are vulnerable adults, aware of their own mistakes and who may want to distance themselves as far as possible; we relied on interviews by key workers, of service users towards the end of their rehabilitation. Staff are not trained in benefits management or SROI (although naturally are trained in interview technique) and were given a script to record responses.

The reports from these key worker interviews enabled us to identify possible further stakeholders, such as the local authority services and Criminal Justice System, and other people we could interview to understand the impacts better. However this stakeholder group are critical and it is possible (even likely, judging by the language used in the reports) that key workers will have identified positive aspects and not dug deep during the interview to find out more about negative aspects. In particular, no attempt was made to gain a subjective assessment of the value of coming clean and keeping your children.

In October 2013, 9 interviews were obtained with parents at NSFS. These were all the parents in NSFS at October 2013 (out of 15 total adult residents in NSFS), although the scope of the study only included parents admitted and discharged between April 2009 and March 2012. None of these parents had school-age children or older staying with them – all had babies, although some had not yet managed to satisfy the court and have the baby transferred to stay with them. Some did have older children looked after by grandparents, in foster care or adopted. These parents represented all stages of the NSFS programme, with the newest admission only admitted 2 weeks prior to the interview, and the longest resident due to discharge (successfully) within 4 days of the interview. It also included one parent who had been brought in on a 12 week programme.

The scope of the analysis used for this forecast represents 3 years (36 months) and 41 adults and 42 children, in total 33 families of whom 27 were successfully discharged. The SROI researcher obtained:

- interviews with adults in the service at various stages 9
- interviews carried out by staff (potential for bias) 3
- sight of a video of adults discussing the service (potential for bias) 9
- sight of a video of children discussing the service (potential for bias) 6

Families who graduate successfully and stay together

Parents who overcome their addiction during their time at NSFS and are able to set up a family home with their children afterwards. Safeguarding visits and other social services visits confirm that they continue to provide a good family home and the children are safe. Sheffield City Council and NSFS “graduation event” (12-24 months after graduation) audits confirm the numbers.

We estimate (by using the proportion of the Sheffield City Council Audit applied to the successful graduates) that this group represents 25 adults and 28 children, in 19 families.

Families who graduate successfully, but lapse later

At the end of the residence at NSFS the family meets the necessary conditions and they set up a family home, but the parents lapse back into their addiction and the children need to be taken into care. In all cases, the lapse occurs within 6 months of graduation from NSFS, and in at least one case, workers at NSFS were able to alert Social Services at the location before the family set up family home there, and the parents’ relapse was spotted within a few days. Because of this close attention, the children are never at risk.

We estimate (same calculation as above) that this represents 11 adults and 8 children in 8 families.

Adults who self-discharge and their children

Parents are unable to overcome their addiction and leave NSFS without their children – if the children have joined them then the children will have to go back to wherever they were before.

Most adults identify early on in a placement with NSFS that they can't cope – in many cases because the rules on abstaining from the misuse of substances is enforced rigorously. In practice, adults who stayed to successful graduation averaged 176 days at NSFS, whereas adults who self-discharged averaged 36 days at NSFS. Out of 41 adults who used NSFS within scope (the dates of admission and discharge), 6 self-discharged. Out of 42 children who used NSFS within scope (the dates of admission and discharge), 6 had to return to care because their parents had self-discharged. It is normal for children to join parents a few weeks after the parents have arrived at NSFS and been assessed, so a larger number of parents than children would be expected to self-discharge within a month of arrival.

This group represents 6 adults and 6 children in 6 families (directly from the minimum data set).

Those materially affected by the service but not directly involved

Local Authority Adult Services including Substance Misuse Team (referrer)

A referral to NSFS can come from either a Local Authority Adult Services department, or from a Substance Misuse team. In two cases, the referral was actually initiated by Children & Families (see below).

These teams are responsible for ensuring successful referrals, and are also responsible for the support needed by substance misusers and homeless people in the event of an unsuccessful discharge.

In every case, Local Authority adult services staff clarified that they were not allowed to talk about specific clients or specific referrals (this is not required for the SROI report). Most people approached refused to be interviewed, probably because they suspected that the interviewer was a journalist writing an exposé.

12 local authorities were identified for stakeholder interviews, of which 7 were interviewed consisting of 6 first interviews and 4 sets of feedback on the draft reports.

Local Authority Children & Families Team (referrer)

We encountered a similar issue of a refusal to cooperate with interviews when we spoke to staff from Children & Families departments. Staff would not return phone calls, and when they did, commenced the conversation by clarifying that they would not discuss an individual client.

Children & Families departments often resist making a referral on the grounds of safety and cost. The adult(s) is the substance misuser, and the Social Worker or substance misuse team can only make a referral to NSFS if they can persuade their opposite number in Children & Families (ie the worker and team responsible for the child(ren) of those specific parents) to also refer into the Family Service. However in two cases the referral was initiated by the Children & Families service, and Adult Services were pleased to also refer the parent.

The children & families department is responsible for looked after children and safeguarding children at various degrees of risk. Their budget is impacted when children are in care, whether in fostering, preparation and completion of adoption, or in care homes. They also fund the staff who visit children considered to be potentially at risk whether formally assessed as “at risk” or not.

9 local authorities who had referred families to NSFS were identified for stakeholder interviews, of which 3 were interviewed. All declined to give feedback on drafts of the report on the grounds that the particular staff involved with children had moved on to other roles or other organisations.

In addition, one local authority had a large number of relocations in following discharge from NSFS, and were responsible for providing safeguarding visits. This authority provided audits of how many families stay together following discharge and were able to provide valuable information on the risks to children of staying with a former substance misuser, and their own observations of the effectiveness of NSFS.

Ministry of Justice, Courts (Criminal Justice System CJS) and Police

The Ministry of Justice has direct responsibility for the Court proceedings, and in particular for the safety of children of parents where the child may be at risk.

The people we interviewed recommended that we review the work of the FDAC and the evaluation report produced by Brunel University, which proved a valuable source of information on care proceedings and enabled us to infer impacts. We were also delighted to interview the lead author of the FDAC evaluation[35] who provided additional information on impacts. Brunel University has also been funded to provide evidence of post discharge results, which is in preparation at the moment.

Ministry of Justice also clarified any misinterpretation of the guidance on court proceedings which is in the Children and Families Bill[26]. As a result of the discussions and the findings of this report in its successive drafts, key changes have been made both to the primary legislation and to the guidance surrounding the legislation which affects how many parents have a chance to keep their children and try to reunite their families, and are consequently motivated to give up substance abuse.

The two interviewees (Ministry of Justice and Brunel University) both gave primary interviews to develop the report, and reviewed drafts to improve the report.

Stakeholders interviewed but excluded from the analysis

A number of stakeholders were interviewed and provided valuable information which we used to support other interviews, fill in gaps in information from the relevant and material stakeholders, and to assist with assessing costs and values of the service both positively and negatively.

Although relevant to NSFS, we were not able to demonstrate that they were materially affected. A full evaluation could explore this further.

Staff at NSFS delivering the programme

Staff are trained social workers with additional training in rehabilitation after substance misuse, and in helping young families. They are involved directly with the parents and children, and affect the way the programme runs.

Staff were pleased to explain their position with respect to the benefits they believed all parties received: children, adults, the commissioners, the various support departments. Interviews with staff included the Service Manager, a Therapeutic Practitioner Key Worker,

and a Children's Worker. Key workers had formerly interviewed adults in the service for the SROI research.

Staff gain through job satisfaction and employment. However on consideration of the deadweight (what they would be doing if they were not at NSFS – they would be doing social work of some nature and helping families), the direct effect on staff was not considered material. Their interviews are valuable to provide background for the interviews and interpretation for other stakeholder groups.

The researcher obtained interviews with 5 staff representing different professions, and two reviewers.

Parental Support

The group of stakeholders we refer to as "Parental Support" includes solicitors, prison service, and schemes to get people into work.

In general, stakeholders in this group were not directly affected by NSFS. However, they have an insight into how parents and children are affected, and the likely costs and service uptake to the local authority and other support services. They are in most cases relevant to the NSFS, but the actual change that they receive, based on the interviews both with these stakeholders and with others, suggests that the changes are not material.

One first interview (primary data) and two review of drafts of the report were obtained.

Children Support

Also involved with NSFS providing ongoing support for the children are the schools (for school age children) and family doctor (GP). Babies and toddlers and children pre-school age are looked after by the crèche and nursery which is run by NSFS, and is fully OFSTED registered and inspected.

Schools are relevant because interviews with staff and the staff interviews of parents and children indicate that many children are behind their expected educational and emotional milestones when they arrive at NSFS, whether they come from the family home or from care. During the 6 months' stay at NSFS, school age children catch up with their emotional and educational expectations.

However the difference that this makes to the school is probably not material. There are national statistics for the expected amount of truancy and exclusions for children of substance abusers, and the likely calculated cost to the school and education authority. Children of families at NSFS do not exhibit these levels of truancy or exclusions (it is carefully monitored by the service) and their parents are no longer substance abusers, so although schools are a relevant stakeholder, they are not a material stakeholder.

Our request for interviews with the school were refused.

The family doctor and practice (GP) also has a significant impact on the development of the young family. As with schools, the family doctor has a large number of young families with different challenges and successes. The costs to a family doctor of the extra visits by substance abusers has been quantified[7], but families at NSFS made use of the family doctor within the bounds of any other young family with children of a similar age.

Substance misuse and parental behaviours are managed by NSFS, so it is unlikely that the family doctor and practice were materially affected by these families.

Our request for interviews with the family practice were refused.

Central government policy on substance misuse

National Treatment Agency (NTA – now part of Public Health England) sets the guidelines for treatment of substance mis-users, and is therefore constantly evaluating the outcomes from different services. They were able to explain how NSFS supports national policy, and what other services act in competition, or are complementary to NSFS. They clarified that the material impacts are on the court proceedings and local authorities (and of course parents and children), rather than on themselves.

Two primary interviews informed the development of the report, and two interviews reviewed the drafts and confirmed changes.

Similar services providing rehabilitation for mothers and babies

There is little competition for referrals, as mostly the social services make a referral to a service because they are aware of its existence.

Although NSFS is the only service which accepts children older than 18 months and dads as well as mums, many of the challenges experienced by NSFS are also experienced by the two mum and baby services: Trevi House and Ashcroft House (see “Alternative Family Support”).

There are only two alternative family support units, and both gave interviews for this research. A total of three interviews, including two interviews reviewing the report.

Numbers of Stakeholders and Information Gathering process

Not including the video evidence, we spoke with 38 individuals representing organisations, carrying out 34 first interviews (gathering information) and 18 review interviews (reviewing the report and suggesting improvements and clarifying). The video evidence adds 9 adults and 3 children (who spoke) to this total.

The initial interviews followed a semi-structured interview format. The reports were recorded as illustrated in **Appendix I: Interview Format and Example**, and were then collated into a matrix of interviews and stakeholders/ stakeholder groups, to determine how many stakeholders described each outcome, and what the impact was.

All interviews included questions about the importance of a particular impact and the duration/ attribution (as shown in the Interview Format in the appendix), although many interviewees were unable to answer these questions. Extensive research of published literature and unpublished reports filled in the gaps.

What changes for stakeholders?

Families who graduate successfully and stay together

These stakeholders describe two periods – when they are in NSFS, when one set of outcomes occurs, and after they leave and set up home.

The parents described the positives and negatives of their time in NSFS.

Out of 9 parents interviewed, 6 had older children who were already subject of a residency or court order placing them with another carer. In all cases, the baby that had brought them to NSFS (the child where they had realised the determination to try to kick the drugs habit) had either been taken away from them or their only chance to keep the baby was to come into NSFS, and two of the interviewees had not yet managed to have the baby placed with them at NSFS.

Only a certain type of person comes to this intensive rehab. You have to want a family, you have to want children.

The quality of the programme

One interviewee made the most telling statement about NSFS: “I’ve been in loads of detox and rehab. Half the stuff you do here I’d never even heard of”. NSFS (and probably the rest of Phoenix Futures) supports people to face their demons and to learn to manage themselves, the situations they get in, and their cravings. As another interviewee put it, most rehab is like “coming to a prison to stay clear of alcohol, but this is much more”. She had doubted herself that she could manage, and others said that they hadn’t managed to get off methadone in the community, although of the interviewees, most had started detox before they arrived.

Interviewees said how supportive it was to see other people completing and discharging successfully – there’s much more of a sense of community, “it’s an environment where other people have used [drugs]. You are not judged. It’s a child friendly and safe environment, and your parenting skills improve”.

They learn to look for strategies to cope with every day; the programme is intense but gradual so very few people drop out. They learn about child protection. They learn to open up and speak to people instead of bottling it up then exploding, and conversely they learn what is unacceptable behaviour (“they said I was too aggressive, in your face, but they didn’t turn their backs”). You learn a lot off your peers. It was another person on the recovery programme who went with one parent to the cemetery to grieve the child she lost 10 years before – they say it’s a small community with more 121 time.

They have the opportunity to take on responsibilities. One of these is the Link Role, who goes around each day recording everyone’s feelings, and making sure they do their jobs for the group. All the programmes help you become a better person and help you look at the behaviours you thought you didn’t have, and give you structure and keep you busy rather than doing drugs.

There are also opportunities to do qualifications. Most of the interviewees had low educational attainment, so the Triple P (Positive Parenting Programme) qualification was valuable. One had started other qualifications.

It isn't all easy. A parent said "I don't want my life without the boys, but I don't know if I can handle life without the drugs". In the early stages they are resistant to making the changes, to facing up to their own decisions that brought them here: "it's like being in an open prison. I'm being talked to like a child".

Attending NSFS is an enormous challenge for everyone; whether getting a sponsor to fight their corner through the court proceedings because of the cost (a midwife for one parent; for others it is social services), or getting the courage to attend yet another rehab in the midst of a chaotic lifestyle. As one staff member put it, "while ever he's here, he's relatively safe, you know he's not using. But when there's not a staff member chasing him up, where would that leave him?".

All of the interviewees (and most of those attending NSFS, from staff interviews) have been in various programmes before. Rehab was described as "coming to a prison to stay clear of alcohol". Perhaps this explains why so many rehab programmes don't work[36-39] – people



never get the coping strategies or after care that they need, the changed behaviours that make a difference.

We put the value placed by parents on being with their children into the stakeholder group "families following discharge".

We looked at what adults were prepared to give up in order to attend NSFS. One couple (mum and dad) were able to say with confidence that their drug habit cost around £200 per day, obtained by robbing people (approximately £36,500 per year for each adult). This was an estimate, but based on court cases and the evidence presented in their case. National figures estimate that the annual cost to the victims of crime is £32,054 (based on 2012 prices) [2, 5, 40, 41].

The two figures (£36,500 and £32,054) are remarkably close. Adults who are referred to NSFS are problem drug and drink users so dependent that they are at risk of (or usually

already have) lost their children, therefore they are giving up on this value of drugs over a 6 month period whilst in NSFS.

What it means for children

Children were as apprehensive as adults coming to NSFS. “I thought there would be lots of weird people here”. However they do want to be with their parents. One older child stated it blandly “I’d b****y live in a tent, me; just to have a mom and a dad, that family bond”. Children want to be with their parents. Sometimes children are placed with other carers and visit their parents as they go through the rehabilitation of NSFS, especially if the child has been removed earlier and the parent has a new baby. One child said “I was actually quite sad when I wasn’t with my family, so my dad gave me this bracelet so I could look at it and think when I would see them again”. This child was already living with her grandparents under a residency order and still put a high value on living with her own parents.

It is child friendly and safe. There’s privacy, but at the same time, staff and other residents are always aware of the temptation to fall into old habits, to neglect the children. There are strict rules to make sure children are always ready for school, fed, clean and properly prepared in the morning, and they do their homework, and the sanctions are a public apology to the whole community.

Some children were more pragmatic. One explained what was most valuable about NSFS “Mum and dad don’t know anybody here. That’s good. They won’t be tempted”.

There is a crucial time when children learn to bond with their parents, when they will form the habits of a lifetime and which will form the basis of all future relationships [42] [43] [29]. Children with an uncommunicative parent, focused on their next substance hit, or comatose, face real difficulties in developing the communication skills and emotional responses that they will need in later life[44], and may suffer an identity confusion because of ‘parentification’, trying to be like a parent to their sibling or own parent[14]. NSFS offers a safe environment for family bonds to develop in a healthy way.

Children most of all want to stay with their birth parent, and continue to believe that the parents love them even if they can’t care for them[11]. In a longitudinal study, 35% of infants permanently separated from parents have been unable to overcome their difficulties; but children placed with PDU parents may remain at risk of harm[45].

Even where children are not eventually placed with their birth parents, attachment to the birth parents initially is important in enabling children to form stable relationships later on – including attachment to foster or adoptive parents[13, 44, 46]. The Triple P (Positive Parenting Programme) and Incredible Babies recognise this. If the child stays with the parents, they spend a shorter time on child protection plan. If they move to other (foster or adoptive) parents, they settle more quickly[12].

There is another, more sinister side to children living away from their birth parents. In some cases, to save costs, children were placed with their grandparent or other relative. Concerns were raised that the parent’s parent could have been the person who drove the parent into substance misuse in the first place. Another good reason to place the child at NSFS.

Plans for the future

The three phases of NSFS are effective – Induction for settling in and recognising what you are preparing to give up, Primary phase for taking responsibility and learning new behaviours, and Senior to embed the new behaviours.

Parents prepare for successful discharge during the Senior phase. One interviewee was delighted that she’d had 4 days of home leave and took her 8-year-old daughter to school each day. All of them look forward to renewed relationships with parents and other family members, and the children that were taken from them when they were unable to look after them.

Some talked about their plans – to become a Tai Chi teacher, to work as a nurse or with adults who themselves abuse substances. People have learnt to ask for help when they need it, and one father was so determined to support their family that he will continue to attend the day drug rehabilitation centre for about a year after leaving, in order to stay clean. He has a job lined up, earning £100 per day as a courier driver. He’s willing to give up 3 days per week of paid work in order to make sure he can look after his family – that’s equivalent to £15,000 per year.

The value that families put on staying together

We wanted to look at how highly the parents valued this chance to be with their own children, and in order to do this we had to put this into two – the time in NSFS, and the time after NSFS when they set up home.

Theory of Change for this stakeholder group – families which stay together

Inputs	Outputs (intended/ unintended changes)	Outcomes & Benefits – each outcome is explained in detail below
In a residential situation, time isn’t counted £100 per day for drugs given up	Strategies to overcome substance addiction Parenting skills	<ul style="list-style-type: none"> • Chance of family life with their own children whilst in NSFS • Family life after NSFS • Children able to live with their own parents (what is it “worth” to the children?) • Living free of drugs in the community, chance of a job

Chance of a family life with their own children whilst in NSFS

All the programmes help you become a better person and help you look at the behaviours you thought you didn’t have, like glorifying the past when you were doing drugs. Being in NSFS is a chance to keep the children with you, to learn to be a good parent. It’s a chance to be with your own children.

Parents found this difficult to put into words – the basic human desire to be part of a family, to be a parent and have your children with you, yet they describe how motivating it is to know that the children are there with them or are seeing the change as they detox. It’s an example of just how overwhelming drink or drug addiction is, as one person said when talking about their addictions “you can’t really tell when it becomes a problem, it just sneaks up”.

Being with their own children isn’t all positive: an adolescent or teenager who has got used to an inattentive parent may rebel when the parent becomes more attentive [47]. The parent could relapse into drugs; in NSFS, staff are aware of this risk and manage it.

However the parents were willing to give up their addiction in order to gain the chance to be with their children, so we calculated this at £100 per day as we had for their investment. This is probably an under-estimate since they were willing to do more than this.

This means that 25 adults spent an average of 172 days giving up their addiction because their children were more important to them.

Putting a value, adjusting for other factors

This outcome is only relevant during the time that the adults are in NSFS. The track record of these adults is that they have not overcome their addiction spontaneously (deadweight – what would have happened anyway) and they have not overcome their addiction in any other programme (displacement – other programmes haven't worked for them). Also because they are resident in NSFS no other programme makes a difference (no attribution). Therefore the numbers used in the Impact Map are:

Impact Map parameter	Value	Notes/ description
Quantity (DAYS)	4300	Number of adults in this stakeholder group (25) times the number of days each adult on average is in NSFS (172)
Duration	0	Only applies during their time in NSFS, not afterwards
Outcome start	1	Choices are: 1- outcome starts during treatment or 2- outcome starts after discharge
Value in currency of financial proxy	£100	£100 per day – commitment by adults to giving up drugs
Deadweight – what would have happened anyway	0%	These adults have already demonstrated that they aren't able to come clean themselves
Displacement – what alternative could have been tried if NSFS wasn't available	0%	These adults have already demonstrated that other rehabilitation programmes haven't worked for them, and there's no reason to suspect that any programme will
Attribution – whether the effect could be as a result of something else	0%	They are in residence and do not have access to other factors
Drop-off – how quickly the effect drops off per year	N/A	Since the outcome lasts less than a year, the value here isn't relevant. We've left 2.33% in because this is the literature rate for ex-drug users returning to drugs

Family life after NSFS

This outcome is the difference between families that stay together after successfully graduating, and those that don't. This stakeholder is the group of families that stay together, and the next stakeholder don't enjoy much of a family life after NSFS because they cannot maintain their control over their addiction.

For this stakeholder group (families that stay together), they have demonstrated that they can maintain their control over their addiction and manage to keep their children with them and enjoy family life.

We found that there are published figures which show how much parents are prepared to spend in order to bring up children, and we used these figures as an expressed preference.

The insurance company LV= publishes a report annually, prepared by Centre of Economic and Business Research, detailing the cost of bringing up a child[48]. This year, the calculated costs are:

- first year £10,526
- second and subsequent years up to 4 £14,505 per year
- years 5 – 10 £7,679 per year
- years 11-17 £7,536 per year

The analysis of data in this study reveals that out of 42 children to the 33 families, 6 were not successfully placed with their parents, but 36 were. For calculation purposes on the families in NSFS during the scope of the study, we'd used "in their xth year" (which means that a baby is 0 years old but in its 1st year – means that spreadsheet "0" doesn't get counted) so the age groups were as follows:

LV= cost	per year	Number of children in NSFS at the time
Year 0	£ 10,526.00	2
Years 1 – 4	£ 14,505.00	36
Years 5 – 10	£ 7,679.00	9
Years 11 – 17	£ 7,536.00	1
Years 18-21	£ 17,459.00	

We based the cost used for the calculation on the 5 years of the child's life beginning this year, so a baby would have 1 year as "Year 0" and 4 years as "years 1 – 4", whereas a 2-year old would have 3 years as "years 1 – 4" and 2 years as "years 5 – 10", and for older children, gave a sensible cut-off at 15 years (an 11 year old would have 4 years left at "years 11 – 17" and a 14 year old would have 1 year left at "years 11 – 17" costs).

Of course the total amount that this is worth depends on how successfully families stay together after discharge, and the literature suggests that if a family stays together and the parents stay off drugs for the first 6 months, then they will stay together successfully – with 3 year and 5 year observations to confirm this[45, 49].

Other benefits were also recorded, for example reduced domestic violence and improvement in parenting skills.

Various estimates have been made on the value of improved relationship awareness and quality of life, resulting in reduced domestic violence[50-52], family stability, and subsequent impact on child crime and referral to young offenders' institutes[53]. The authors feel that these improvements are already encompassed by other calculations of quality of life improvements or savings to the state so they are not included to avoid double-counting.

Lack of adequate parenting skills are not always related to drug use; many parents simply don't have the support around them to know what parenting is [9]. Interviewees explained that NSFS establishes the right behaviours: for example a parent's appropriate response to problems arising at school or to school work, or to a medical situation.

Based on this and the number of children in the most expensive years, we get an average/year of £12,914 that the parents have expressed as a preference for having their children with them.

Putting a value, adjusting for other factors

This is the pleasure that the parents get from having their children in family life, as measured by the amount that parents are willing to give up.

The big question is how long should this effect be attributed to NSFS, and to what extent, following discharge. This group is the group that stays together (the Sheffield audit was of families that had stayed together for between 8 and 39 months at the point of the audit, and showed that families that manage more than 6 months will ultimately stay together, which ties in with literature that says the same about people who overcome their addiction.

Impact Map parameter	Value	Notes/ description
Quantity	28	Number of children living with their parents
Duration	5	These parents have in many cases lost children to the care service in the past, and the skills they learn at NSFS for parenting and overcoming their addiction are still with them. We explore other values in the Appendix on Sensitivity. Incidentally, we can show a declining influence of NSFS using Drop-off
Outcome start	2	This outcome starts once the families are living after successful graduation
Value in currency of financial proxy	£12,914	Average per year cost of bringing up children based on this profile
Deadweight – what would have happened anyway	0%	The care services have already confirmed that these parents can't keep their children without NSFS
Displacement – what alternative could have been tried if NSFS wasn't available	20%	Although there are two mother and baby units in UK, they aren't applicable to parents with older children (even toddlers) and don't make space for dads. We've allowed 20% for these other services although there is clear polarisation and in general this report is on the efficacy of the three family support units
Attribution – whether the effect could be as a result of something else	0%	They are in residence and do not have access to other factors
Drop-off – how quickly the effect drops off per year	2.33%	This is the general % of successful rehabilitation who return to drugs. Even this is probably an overestimation because these families have lasted beyond 6 months

Children able to live with their own parents

We weren't able to interview children, so we searched for possible valuations of how much children might want to live with their parents.

The closest we came was the problem behaviours exhibited by many children during and after their parents' divorce – they want to live as a family but find themselves unable to do so.

There are many estimates of how much this problem behaviour is “worth”, including an overall costing for a lifetime of anything up to £70,019 per person exhibiting conduct disorders [54], but we decided that the most reliable figure to use was the cost of age appropriate play therapy needed by children who exhibit problem behaviour in the event of their parents’ divorce, at £693 (2011 prices) for 15 sessions, which has an 80% success rate for children 6 or younger [55]. The key difficulty for the researcher is that this isn’t directly an expressed preference by children, but in the absence of a better estimate we have used this.

Putting a value, adjusting for other factors

This is the comfort that the children get from being with their birth parents. This is probably controversial since many care settings will claim that foster children and adopted children are just as happy.

Impact Map parameter	Value	Notes/ description
Quantity	28	Number of children living with their parents
Duration	4	Older children may reach the age where they can leave home, although this typically would only apply to those 13 and over of which there was only 1 in this study. Children may also develop other problem behaviours simply as a result of growing up so this outcome is limited before the full 5 years of forward projection The time in NSFS (6 months) has not been allowed for in order to take these figures conservatively
Outcome start	2	after successful graduation
Value in currency of financial proxy	£693	Cost of therapy for problem behaviour
Deadweight – what would have happened anyway	0%	The care services have already confirmed that these children wouldn’t be with their parents without NSFS
Displacement – what alternative could have been tried if NSFS wasn’t available	20%	Although there are two mother and baby units in UK, they aren’t applicable to parents with older children (even toddlers) and don’t make space for dads. We’ve allowed 20% for these other services although there is clear polarisation and in general this report is on the efficacy of the three family support units
Attribution – whether the effect could be as a result of something else	0%	They are in residence and do not have access to other factors
Drop-off – how quickly the effect drops off per year	2.33%	This is the general % of successful rehabilitation who return to drugs. This same drop-off is applied to the children

Able to live free of drugs in the community, chance of a job

A burning desire amongst service user (adults who are in the NSFS environment) is to get control of their lives back. They say that the strategies to overcome substance addiction, the techniques and skills that the NSFS programme teach, are absolutely vital to this. In addition to the parenting and household management skills they learn that result in the first two outcomes for this stakeholder group, they learn how to recognise the triggers which used to cause the craving for a substance (eg thinking about a lost child), and strategies for overcoming or 'distracting' the craving such as keeping busy.

Many of those in NSFS have also missed out on educational attainment for a variety of factors, many of which are the same factors (outside of their control) that caused them to seek refuge in substance misuse in the first place. NSFS helps everyone to gain a qualification, which is the start of a big boost in confidence and some took the opportunity for further studies and further qualifications.

How much this is worth to the parents can be illustrated by how much they are willing to give up in lost earnings by making sure that they keep clean of drugs or drink.

It might be easy to measure this in terms of how much they would earn when they went back to work, but most of the mums wanted to stay with their children and be mums to their children. There were 7 dads who were successfully discharged, but interviews revealed that in at least one couple, the dad would be the carer and the mum intended to go to work, so it wouldn't be appropriate to rely on this sexist view of going back to work.

Although many of the interviewees weren't able to put the value they assigned into words, one couple was very clear – they would continue to go to the substance misuse day clinic three days per week. They then put this into some sort of perspective – the dad would get work as a courier on £100 per day, and was willing to give up three of those days per week to make sure that he stayed off the drugs.

This seems a reasonable valuation to apply to all of the parents who successfully kept their families together.

Putting a value, adjusting for other factors

Although not all parents intended to go to work (many of the children are school age or pre-school age).

Impact Map parameter	Value	Notes/ description
Quantity	25	Number of adults (we will explore sensitivity of counting all adults who were making the commitment, or only one parent in those families where there are two parents, in sensitivity)
Duration	2	It is likely that these parents will find their coping strategies fully embedded and not need to focus on refreshing those strategies within a few years. We've used an average of 2 years and a rate of drop-off
Outcome start	2	after successful graduation
Value in currency of financial proxy	£15,000	Three days per week multiplied by 50 weeks of the year, at £100 per day
Deadweight – what would have happened anyway	0%	The care services have already confirmed that these children wouldn't be with their parents without NSFS

Impact Map parameter	Value	Notes/ description
Displacement – alternative	20%	How much effect does the day clinic have vs NSFS? In most cases, adults have already tried rehabilitation in day clinics and in some cases have detoxed from hard drugs to methadone but were unable to get off methadone.
Attribution – whether the effect could be as a result of something else	20%	The quality of the day clinic will be a factor
Drop-off – how quickly these adults will decide they are fine without reinforcement	33%	Although the adults confirm that NSFS has given them the strategy to put their lives back in order, they are likely to make the commitment to reinforcement for only a short time before deciding that the result is embedded

Stakeholder group – Families who graduate successfully but split apart later

These parents and children are able to make the necessary changes in their lives whilst they are in the supportive environment of NSFS, but once they leave, they relapse.

The remarkable thing for NSFS, which shows how high quality the programme is, is that there are relatively few – based on the Sheffield City Council spot audit run some years after most families in the audit had graduated, 70% of families (79% of children) successfully embed the change into their lives.

These families have made the same investment as the families who manage to stay substance free and together after leaving NSFS, and gain the same result during their time in NSFS. Therefore this outcome for parents is the same.

Families where the parents go back to substance addiction do so within 6 months of graduation, so we won't assign any outcome to life beyond NSFS for the parents. However children would say that they have had a chance to be with their parents even if for a short time, and children are certainly on record saying how much that means to them and how much it means to them to see their parents change during the time that they are in NSFS. In order to capture this, we've used the value of children's behavioural therapy used above, although only for a single year to include their time in NSFS.

Theory of Change for this stakeholder group – families which split after graduation

Inputs	Outputs (intended/ unintended changes)	Outcomes & Benefits – each outcome is explained in detail below
In a residential situation, time isn't counted £100 per day for drugs given up	Parenting skills (note we haven't included the strategies to give up substance misuse because they don't manage to embed these strategies)	<ul style="list-style-type: none"> • Chance of family life with their own children whilst in NSFS • Children able to live with their own parents (for a short period)

Chance of a family life with their own children whilst in NSFS

The table below uses all of the same assumptions as for those families which graduate successfully (which is what this family have done) and then stay together. The different quantities (numbers of days) reflect the differences with this group.

Impact Map parameter	Value	Notes/ description
Quantity (DAYS)	1837	Number of adults in this stakeholder group (11) times the number of days each adult on average is in NSFS (167)
Duration	0	Only applies during their time in NSFS, not afterwards
Outcome start	1	Choices are: 1- outcome starts during treatment or 2- outcome starts after discharge
Value in currency of financial proxy	£100	£100 per day – commitment by adults to giving up drugs
Deadweight – what would have happened anyway	0%	These adults have already demonstrated that they aren't able to come clean themselves
Displacement – what alternative could have been tried if NSFS wasn't available	0%	These adults have already demonstrated that other rehabilitation programmes haven't worked for them, and there's no reason to suspect that any programme will
Attribution – whether the effect could be as a result of something else	0%	They are in residence and do not have access to other factors
Drop-off – how quickly the effect drops off per year	N/A	Since the outcome lasts less than a year, the value here isn't relevant. We've left 2.33% in because this is the literature rate for ex-drug users returning to drugs

Children able to live with their own parents

The table below uses the same assumptions as for children whose families graduate successfully (as this group have done) and then stay together. Because this group don't stay together for very long after graduation, we've assigned this effect to start during NSFS and to have a duration afterwards of 0

Impact Map parameter	Value	Notes/ description
Quantity	8	Number of children living with their parents
Duration	0	On the basis that this effect lasts up to 12 months (6 months in NSFS and 6 months afterwards), it in effect has

Impact Map parameter	Value	Notes/ description
		a 0 years duration after NSFS
Outcome start	1	Assigned to last only during NSFS
Value in currency of financial proxy	£693	Cost of therapy for problem behaviour
Deadweight – what would have happened anyway	0%	The care services have already confirmed that these children wouldn't be with their parents without NSFS
Displacement – what alternative could have been tried if NSFS wasn't available	20%	Although there are two mother and baby units in UK, they aren't applicable to parents with older children (even toddlers) and don't make space for dads. We've allowed 20% for these other services although there is clear polarisation and in general this report is on the efficacy of the three family support units
Attribution – whether the effect could be as a result of something else	0%	They are in residence and do not have access to other factors
Drop-off – how quickly the effect drops off per year	2.33%	This is the general % of successful rehabilitation who return to drugs. This same drop-off is applied to the children

Adults who self-discharge

This group of parents have met all of the requirements for a court order and the expense required to place them in NSFS, and in many cases their children have joined them in NSFS. They knew they were committed to kicking the substance misuse and keeping their children when they entered.

Unfortunately the harsh realities of living without the addiction turns out to be too hard for them. Instead of kicking the drugs and living with their children, they go back to drugs (or drink), and in spite of the best efforts of the service, they decide to leave NSFS and choose their addiction over their children.

The children are never in danger. The children are kept safe because the NSFS environment is safe, with professional social workers managing treatment and care, and peers around all of the time who are intensely aware of the struggles that everyone is going through. It is not a judgemental environment (see quotes from some of the interviewees) and everyone is helped by everyone else – this is a supportive community – none the less a small number of people can't make it. In the period we used to obtain figures to prepare this forecast, 6 adults (5 women, 1 man) out of 41 didn't get to graduation (15%).

It's also noted that it was obvious reasonably early on that these people wouldn't make it. With an average stay of 36 days, this is in sharp contrast to the stay for those who graduate successfully from the programme, which averages 172 days. This short stay to self-discharge has an effect on costs which impacts a different stakeholder, but how can we put a value on it for this stakeholder?

We approached this using a counterfactual possibility, that people who self-discharge would be upset at failing in their last chance to keep their children. Although we don't have many TOPS scores for people who self-discharge, the one we have and the interviewees suggest that adults still benefit from a period drug free, and children benefit even from a short time with their parents. However we couldn't quantify this, and the counterfactual viewpoint is to measure the cost of depression as a result of this failure.

Some staff interviews identified a possibility that depressed people might be more likely to contemplate suicide. The staff know the people in their care well, and for the purposes of forecasting possible costs it is useful to consider this effect. Over the period of scope of this study, 7 adults self-discharged or had treatment withdrawn without completing the programme. If all of these attempt suicide or commit self-harm (and the improvement in TOPS score even for those who self-discharge suggests that they won't), with a "suicide success" rate of about 10% of the rate of self harm, then we can make some estimates[56].

Based on average age at discharge (30) and average life expectancy of a drug user (40), a suicide during the 5 years following self-discharge will result in 10 Life Years lost, at an overall cost of £14,120 per year of life lost (in relation to the person). Self harm and suicide will also have an impact on the Criminal Justice System and Emergency Services (approximately £2,500 and £16,494) and on the national economy. The effect of a suicide on other services is a one-off cost so it is relatively small figure, and the uncertainty surrounding these figures led us to discount these values on both significance (uncertainty over whether they happen, emergency services isn't a relevant stakeholder) and materiality (the total amount involved isn't great).

Theory of Change for this stakeholder group – adults who self-discharge

Inputs	Outputs (intended/unintended changes)	Outcomes & Benefits – each outcome is explained in detail below
£100 per day for drugs given up – although fewer days	Depression at failing in last chance to keep children	<ul style="list-style-type: none"> suicide

Counterfactual – suicide due to failing last chance to keep children and kick drugs

The table below uses a lot of assumptions because this effect is not well understood.

Impact Map parameter	Value	Notes/ description
Quantity (life years lost)	60	Number of adults in this stakeholder group (6) times the number of years of expected life lost in the case of suicide (10)
Duration	1	This is a one-off event (successful suicide is)
Outcome start	2	After discharge
Value in currency of financial proxy	£14,120	Per year of life lost, value to individual [56]
Deadweight – what would	25%	If this group are likely to commit suicide as a result

Impact Map parameter	Value	Notes/ description
have happened anyway		of their self-discharge, then it is likely that they would be prone to suicide anyway
Displacement – what alternative could have been tried if NSFS wasn't available	43%	If these adults had not come to NSFS, then they may have benefited from another drugs rehabilitation programme, although they would not have access to their children
Attribution – whether the effect could be as a result of something else	50%	Once out of NSFS, this group will still need access to the means to commit suicide and a trigger to cause them to take this drastic step
Drop-off – how quickly the effect drops off per year	N/A	Since the outcome is a one-off, Drop-Off is irrelevant. We've left 2.33% in because this is the literature rate for ex-drug users returning to drugs

Local Authority Adult Services including Substance Misuse Team (referrer)

The cost of a family which has a parent who is a problem drug user can be high. More than 20 agencies can be involved in supporting families with problematic drink and/or drug addiction, from police to social services to health[14, 57].

Whilst the adult is a substance abuser, the Local Authority is responsible for huge costs. Many substance abusers are homeless, making them users of local authority programmes for homeless people. Those in accommodation are often unable to budget so they default on paying rent, resulting in costs on recovery efforts and evictions. This has become even worse now that all benefits including rent are paid directly to the individual.

Local authority adult services run substance misuse programmes to get people off drugs without putting them into residential care. This first option works for some people, but for substance abusers like the ones who are unable to keep their own children, they themselves report that they go from rehab to rehab, lapsing back into their former bad habits because of the lack of real change and the lack of support after discharge.

Adult services teams reported what impact NSFS had. Many of the outcomes described would be similar to other residential rehabilitation services, taking into account the different successful discharge rates (and the rates are different – whereas NSFS has around 80% successful discharge and around 70% still successfully off drugs and united as a family after 4 years, the average across residential services is much lower (43% [20, 58, 59]; impact of other services is taken account of in Deadweight and Displacement calculations). During the feedback following interviews, stakeholders wanted the emphasis of this report to be on outcomes unique to NSFS or where there were big differences.

Theory of Change for this stakeholder group – Local Authority Adult Services

Inputs	Outputs (intended/unintended changes)	Outcomes & Benefits – each outcome is explained in detail below
Cost to place adults in NSFS (whatever their outcome) £852/week	High quality progress reports from NSFS Successful discharge of	<ul style="list-style-type: none"> Able to make decisions to use the most cost-effective service

Inputs	Outputs (intended/unintended changes)	Outcomes & Benefits – each outcome is explained in detail below
	ex-substance misusers Adults successfully stay off drugs	<ul style="list-style-type: none"> • Avoid costs of homelessness/failed tenancy • Avoid costs of more community drug rehabilitation programmes • Improved quality of life for those they are responsible

Able to make Decisions during Placement to use the most cost-effective services

A surprising point made by a number of adult and children services professionals was that the reports that NSFS produce are more detailed and better quality than reports from other services. This:

- informs the commissioner what is going on (they say they aren't used to this)
- helps the social worker to make difficult decisions such as recommendations to stay within the service or terminate, a decision to let the child join their parent, information to support an appropriate response to eg unexplained injury
- supports the user to address their challenges and see progress, and encourages because they can see progress

It also affects the cost to the local authority. Stakeholders were not able to provide comparative costs for obtaining the information from other sources, because they say it simply can't be obtained from many residential rehabilitation providers and they don't try. However they did try to put a value on having correct information to make better quality decisions (compared to making decisions with less information).

On discussion, we agreed that the best way to assess the value was as a % of the cost of the placement, for adults. This was because stopping a placement inappropriately cost a whole lot in placing both parent and child with another service; and leaving them in a service that wasn't doing any good cost the cost of the placement.

The best assessment we could find of the impact of good information on decisions of this nature is the FDAC evaluation[35]. This illustrated a reduction in court costs of 28.8%, and this figure is used against the cost of the adult placements. Because children's services did not highlight this outcome (and are dependent on the decision by adult services), no value is assigned for the impact on children's placements.

Putting a value to this outcome

Impact Map parameter	Value	Notes/ description
Quantity	42	Total number of adults in placements
Duration	0	This is a one-off event (ie during the placement)
Outcome start	1	During placement

Impact Map parameter	Value	Notes/ description
Value in currency of financial proxy	£5,245	28.8% of the Average cost per placed adult. The 28.8% comes from the savings which are made over normal court proceedings through using FDAC, where more information is available to the court to make the decision[35]
Deadweight – what would have happened anyway	0%	This result is, according to commissioners and managers, in contrast to what happens from other placements
Displacement – what alternative	20%	It should be possible to identify the information from other sources
Attribution – whether the effect could be as a result of something else	0%	Commissioner and manager interviewees identified that better decision-making was as a result of the better reports
Drop-off – how quickly the effect drops off per year	N/A	Since the outcome is a one-off, Drop-Off is irrelevant. We've left 2.33% in because this is the literature rate for ex-drug users returning to drugs

Avoiding the costs of supporting homelessness and failed tenancies

Around 40% of Problem Drug Users (PDU) are in unstable accommodation (homeless, or short term housing and B&B accommodation) at an average cost of £280 per week at 2006 prices[60] which is £17,064 per year at 2012 prices (it is appropriate to use annual cost because the same or different 40% will be in unstable housing of one sort or another for each of the 52 weeks). Also 40% of the PDU population will suffer from failed tenancies, brought about by failure to pay rent, damage to property, or misuse of property. A failed tenancy costs between £4000 and £10,500 at 2006 prices[60] so midpoint at 2012 prices would be £8,497. This gives a total cost of housing failure per adult at £17,064 + £8,497 = £25,561. These figures are broadly in agreement with costs from the literature for supporting someone who is homeless[61, 62].

The NSFS data showed that 17% (7 out of 41 adults) had identified acute housing problems at entry. We know that crime figures are distorted – people are asked if they have committed a crime *during the last 30 days*, whereas for many mums they have spent the last 30 days in hospital maternity units or in another rehab service. This is probably the same situation for homelessness – a pregnant woman would tend to get more attention from the state and be in accommodation, in other words that the number with real housing problems is likely to be at least double this. The average amongst a general population of PDU is 40% in short term or unstable housing (= homeless) which would be 16 out of 41. Add to this that the PDU referred to NSFS are the ones who are not responding to other forms of rehabilitation and are probably in a worse degree, there could be a greater problem.

Putting a value on the costs avoided by ensuring stable housing

Impact Map parameter	Value	Notes/ description
Quantity	10	Using industry averages because of the bias in above

Impact Map parameter	Value	Notes/ description
		figures, 40% of the number of adults who successfully stay in families after successful discharge (25)
Duration	3	There will be a certain amount of churn as people settle into stable housing and go into unstable housing, so a mid-place figure is appropriate
Outcome start	2	After discharge
Value in currency of financial proxy	£25,561	Figures from Chartered Institute of Housing
Deadweight – what would have happened anyway	10%	Although there will always be a certain amount of unstable housing, this is already reflected in the numbers used. We are only including the 25 adults who remain in stable families – whereas the remaining 17 adults (families that broke apart, adults who self discharged) may make up the regular % of unstable housing. Therefore we have taken the likely death rate of substance abusers between 30 and 40
Displacement – what alternative	21.5%	We know that community rehabilitation has not worked on this population in the past, so we've used half the rate of rehabilitation success, and put the full amount into Drop-Off
Attribution	0%	Commissioner and manager interviewees identified that stable housing was as a result of specific teaching and techniques, and user empowerment, whereas most rehabilitation programmes concentrate on overcoming chemical addiction
Drop-off – how quickly the effect drops off per year	43%	Makes use of the average success rate of community rehabilitation programmes

Avoiding the costs of community drug rehabilitation programmes

If the adults don't manage their drink or drug habit, then the statutory bodies have a number of programmes in place to support drug users specifically, in addition to and independently managed from the homelessness support.

These have a low rate of success with problem drug users (PDU), and even lower with the severity of the problem which leads to a referral to NSFS. Therefore the use of NSFS, and in particular the high rate of successful stable family life following successful graduation, represents a real cost saving to the local authority.

The cost of the various community rehabilitation support programmes for a woman drug user with child is £47,216 per year at 2012 prices [37, 63], and a successful discharge would mean that the local authority avoided these costs.

Putting a value on the costs avoided by not needing community drug rehabilitation

Many of the figures in this table are similar to estimates used in the last table, although of course this applies to all successful families not only those with housing problems, as we know that all were PDU.

Impact Map parameter	Value	Notes/ description
Quantity	28	Number of adults in families that successfully stay together
Duration	5	In general, community programmes have little effect on this target group over long periods, because of the severity of their problem
Outcome start	2	After discharge
Value in currency of financial proxy	£47,216	Costs from UK Drug Policy Commission report as an average per PDU. Those coming into NSFS are likely to be at the higher end of the scale.
Deadweight – what would have happened anyway	10%	A certain number of PDU will cease to be (that is, they will die through accident) each year. In the absence of NSFS, this can be best approximated by a straight line from 30 (average age at discharge) to 40 (average age at death for substance abusers)
Displacement – what alternative	21.5%	We've based this on half the assumption that other rehabilitation programmes have an impact, which we already know that they don't
Attribution	0%	Commissioner and manager interviewees identified that NSFS makes a considerable difference, and probably all the difference
Drop-off – how quickly the effect drops off per year	43%	Assumes the normal rate of success from community rehabilitation. In practice we know that community rehabilitation doesn't work for this group

Improved quality of life for adults

On one hand, the adults experience the improvements to quality of life. On the other, measures such as the QALY (Quality Adjusted Life Years) are used by statutory and government bodies to make decisions about investment. From the point of view of the Local Authority Adult Services, delivering better Quality of Life (QALY) to the population it is responsible for is its reason for existence.

Therefore, although QALY appears to relate to an outcome for the individual, actually QALY is a measure both measured and used for decision making by the local authority.

QALY is typically measured as “what would a person be prepared to pay to achieve?”. In this sense it is subjective and difficult to understand. For example, “how much would you be willing to spend on medication to get an extra year of life?”, or “how much is worth spending on house modifications or a holiday to give you a 10% increase in life satisfaction?”.

In order to make the QALY measure useful, we've reverse engineered the amount that the government is prepared to spend, in other words the value that it never reveals it is willing to

spend to gain an extra year of life, or an extra 10 years of 10% improvement. We've done this by observing NICE assessments of whether a medicine or healthcare equipment represents Value for Money or not – in other words is it less than or more than a hypothetical figure.

QALY for the purposes of this calculation* is estimated at around £28,000 (2012 figures based on [40, 64-66]).

We've then looked at what difference to Quality of Life an addiction to chemical substances (drink or drugs) is considered to be worth.

The average improvement in TOPS score for adults who go from addiction to successful discharge is 16.6%. Remarkably, this agrees broadly with published literature that drug or drink dependency causes a drop in QALY of approximately 21.8%[40, 64].

Putting a value on the quality of life improvements

Many of the parameters in this table are similar to estimates used in the last table because they relate to a different aspect of the improvements which relate to change in the same group of people.

Impact Map parameter	Value	Notes/ description
Quantity	28	Number of adults in families that successfully stay together
Duration	3	Quality of Life change will be due to a number of factors. Initially NSFS programme will be the sole change which caused the improvement, but as years go by other factors will contribute
Outcome start	2	After discharge
Value in currency of financial proxy	£4,648	£28,000 * 16.6%
Deadweight – what would have happened anyway	10%	A certain number of PDU will cease to be (that is, they will die through accident) each year. In the absence of NSFS, this can be best approximated by a straight line from 30 (average age at discharge) to 40 (average age at death for substance abusers)
Displacement – what alternative	21.5%	We've based this on half the assumption that other rehabilitation programmes have an impact, which we already know that they don't
Attribution	0%	Commissioner and manager interviewees identified that NSFS makes a considerable difference, and probably all the difference
Drop-off – how quickly the effect	43%	Assumes the normal rate of success from community rehabilitation. In practice we know that community

* Actually QALY is measured the other way around – what value would a QALY need to have in order to justify an investment. However public bodies make investment decisions with a number in mind, and the decisions made appear to indicate that this is that number.

Impact Map parameter	Value	Notes/ description
drops off per year		rehabilitation doesn't work for this group

Costs to the state of additional community orders due to self-discharge

Some parents don't make it – as one adult put it: “don't know if I can handle life without drugs” (the parent who said this actually made it to successful discharge).

We wanted to put a cost on the people who discharge early. One possibility is to go back to the Australian report on self harm and suicides, which refers to a cost in lost production of £1,193 per year per person who self-harms and attempts suicide 6 times per year, and an overall cost of £202,000 per actual suicide[56].

A more useful figure would be to examine the cost of running further community rehabilitation programmes for these adults. Taking the average cost of drug-related community orders and converting to 2012 prices, this comes to £5,531 [67]. Therefore the value is calculated as follows:

Impact Map parameter	Value	Notes/ description
Quantity	6	Adults who self discharge
Duration	3	Estimated effect time
Outcome start	2	After discharge
Value in currency of financial proxy	£5,531	Average cost of community orders on PDU
Deadweight – what would have happened anyway	50%	Most of the self-discharges will be because the individuals are not able to manage their cravings, rather than because of the NSFS programme. These people have already left other rehabilitations
Displacement – what alternative	21.5%	We've based this on half the assumption that other rehabilitation programmes have an impact, which we already know that they don't
Attribution	25%	Likelihood that this effect is due to other factors. This does not include the deadweight assumption
Drop-off – how quickly the effect drops off per year	43%	Assumes the normal rate of success from community rehabilitation. In practice we know that community rehabilitation doesn't work for this group

Local Authority Children & Families Team (referrer)

The local authority has a statutory duty to ensure that children are safe, which means that where a child is considered to be at risk of potential harm, the local authority has to put services in place to protect the child.

The government policy of placing a child with their permanent carer as quickly as possible [24, 25] has some logic for avoiding emotional disruption, but there is a cost. Children of PDU are in many cases not able to form bonds with adults, so they are not typical of the Looked After Children population.

When a child is placed in foster care, the foster parents receive a payment which ranges from £676/week (2010) [68], £513/week (2006) [69], £25,000 per year [57], which at 2012 prices (and averaging the two closest using triangulation techniques) calculates at £35,551 per year. Placing a child with adoptive parents is estimated at £64,600 at 2009 prices [70], £71,645 in 2012 prices. In addition there are the costs of foster care whilst a child is being prepared for adoption. Recently the government and local authorities report that there is a shortage of couples offering to adopt, which delays placement of children and increases the numbers in care homes. For the purposes of this report, the costs per year for foster care and overall cost over the first 5 years of a child's life for adoption are assumed to be similar.

Children's care homes may be the only environment where some children can be placed. This may be because they consistently show disruptive behaviour, or live in a part of the country where foster or adoptive parents are in short supply. Approximately 6000 children are currently in care homes, which is 10% of all children in care [43, 71]. In 2009 this was estimated at £2428 per week, which at 2012 prices would be £141,187 per year.

The Local Authority Children & Families department will save the costs of a looked after child for those children who are reunited with their parents as a result of successful discharge from NSFS.

Children placed with their own parent benefit in other ways. The Looked After Children care system does not have a good record [71] for school unauthorised absenteeism (truancy) and exclusions, educational under-attainment, crime (compare with [72]), and drug use [73]. Interviewees told us that NSFS is a safe environment (monitored and supervised) where children can develop an attachment to their birth parent, and form healthy family bonds, because the parent is free from the environmental triggers (associates, money problems) that drove them to behaviours that put the child at risk.

The Children and Families department gains because it is able to fulfil its statutory duty of ensuring that children are safe and in a good environment for their upbringing. It gains because the children "visibly blossom" when placed in the structured routine of NSFS and are with their birth parents, and it gains because in many cases developmental delays identified when the child arrives at NSFS are caught up within the 6 months placement.

Theory of Change for this stakeholder group – Local Authority Children & Families Department

Inputs	Outputs	Outcomes & Benefits – each outcome is explained in detail below
Costs of average £704.50 per week for the child's placement with their parent	Child in a safe environment Child placed with birth parent to develop stable relationships	<ul style="list-style-type: none"> Avoid costs of Looked After Children (LAC) because child is with birth parent Incur costs of safeguarding visits to family with ex substance

Inputs	Outputs	Outcomes & Benefits – each outcome is explained in detail below
	Delay in placement with permanent carer if adult self-discharges or family breaks up	<p>misuser</p> <ul style="list-style-type: none"> COUNTERFACTUAL possible additional cost of care if child can't bond with adults

Avoid Costs of Looked after Children (LAC) because child is still with parent

The children of parents referred to NSFS have all been removed from their parents, or if not yet removed, then they would be removed if the parent was not going into NSFS. Once removed from the parent, the Local Authority is responsible for funding them by placing them with foster parents, putting them up for adoption, or keeping them in care homes.

The costs of the different options are given in a table above. The average cost of LAC is based on 90% of children placed with foster parents, and 10% who are either between foster parents or who cannot settle in a foster parent home due to behavioural problems, placed in a children's care home.

This gives an average cost per child per year as follows:

Environment	Cost from literature	Usual proportion of children
Children's Care Home	£141,187	10%
Foster care	£35,550	90%
Adoption	£39,004	0%
Average per child		£46,114

we already know how many children settle with their parents and remain in settled family lives, as a result of the NSFS programme. We need to make some assumptions in order to calculate a value for this outcome, and the assumptions are laid out in the table below.

Assigning a value to avoiding cost of Looked After Children

Impact Map parameter	Value	Notes/ description
Quantity	28	Children in settled families after successful graduation
Duration	5	Children are going to be with the family for a long time. Most of the children in scope were toddler age so the full 5 years is not a problem
Outcome start	2	After discharge
Value in currency of financial proxy	£46,114	Average cost of LAC/year (see above)

Impact Map parameter	Value	Notes/ description
Deadweight – what would have happened anyway	12.5%	Assume that some (1/8) of the children would be placed with a relative instead of costing the state, although local authorities are more aware of the dangers of placing children with relatives
Displacement – what alternative	20%	As well as the deadweight above, we can assume that some children will be adopted which (after allowing for a period of foster care before adoption process starts) would account for around 1 year in the 5
Attribution	0%	As far as the interviewers were concerned and based on the track record of the adults, all successful graduation is as a result of the NSFS programme
Drop-off – how quickly the effect drops off per year	10%	Assume some drop off of children deciding to leave the family, although this would be counterfactual given the audits

Incur costs of safeguarding visits to family with ex substance misuser

Where children are reunited with their families, Social Services departments consider the child to be potentially at risk, which requires monitoring and home visiting. The child is not actually at risk within the definition of the term, but the presence of an ex substance misuser requires that the family is observed more closely.

This cost is as a result of the success of NSFS, and applies to the children whose families successfully discharge. It appears that the costs of safeguarding are not understood, however a Fol request[74] reveals a cost around £2,187.50 per child per year is the likely cost.

Cost of safeguarding for children settled with a family

Impact Map parameter	Value	Notes/ description
Quantity	28	Children in settled families after successful graduation
Duration	5	Safeguarding visits will probably continue throughout the child's childhood, although Drop-off will indicate how quickly the frequency reduces
Outcome start	2	After discharge
Value in currency of financial proxy	£2,187.50	Average cost per child needing safeguarding visits
Deadweight – what would have happened anyway	12.5%	Assume that some (1/8) of the children would be placed with a relative instead of into care or with their birth parent
Displacement – what	20%	As well as the deadweight above, we can assume that some children will be adopted which (after allowing for a

Impact Map parameter	Value	Notes/ description
alternative		period of foster care before adoption process starts) would account for around 1 year in the 5
Attribution	25%	The reason for safeguarding is substantially related to the graduation with their birth parents instead of going into care
Drop-off – how quickly the effect drops off per year	33%	Visit numbers will drop off quickly

COUNTERFACTUAL possible additional cost of care if child can't bond with adults

The main criticism levelled at family services such as NSFS, Ashcroft House and Trevi House is that they delay a decision on whether a child should be separated from their birth parent, which delays placing the child with their permanent carer. The Baby P case highlights what can happen if placement is delayed[71, 75], and a longitudinal study in 2010 raised concerns that social workers may be over-optimistic about parents' ability to overcome their addictions and problem behaviours[45].

This is directly relevant to local authority Children & Families services because staff may find themselves at fault and lose their license to practice in the job they love, or be sacked and unable to find further employment (see continuing Baby P case, also the main reason why social workers were unwilling to speak to the interviewer).

Brunel University's evaluation of Family Drug and Alcohol Court (FDAC)[35] explains that FDAC court process make decisions more quickly on which children should be placed with foster parents/ care home/ adoption and which children should be left with their birth parents, and they are currently funded to look at outcomes from which families stay together 12 months after the court decision.

If the important question is about risk, then this has two parts:

- 1- Is the child at risk during attempts at reconciliation?
- 2- Is the child at risk if the reconciliation is successful and the family returns to community living?

The overwhelming evidence from our interviews with care professionals is that NSFS is safe for the child.

- 1- NSFS residential rehabilitation is a monitored and supervised environment, with professionals and other parents around, and CCTV monitoring. It is extremely unlikely that a child could suffer harm in this environment, because the parents are aware and the professionals are looking out for signs of abuse. The success rate for parents overcoming their substance misuse and addictions, and for families discharged successfully (drug free and keeping the children) is over 80%. Where the parent or staff think that reunification won't be successful (for example where the parent is unable to conquer their addiction), the decision is often made early on in the placement, and the placement terminated.
- 2- 70% of the families that discharge successfully are still together after up to 4 years following discharge, with varying levels of social services involvement. The children are not at risk of harm, but are being monitored. Of the children in our audit where the family was discharged as a family and subsequently broke up, the families were

under especially close surveillance. Children’s workers at NSFS warned social services of their concerns in spite of successful discharge. In one case, following successful discharge, social services took the child away from the parent within one week of discharge. NSFS children’s workers had highlighted this case, and ensured the child safety. Of the 80% of families discharged successfully, 70% were still together after 4 years. This means that, for all referrals into NSFS, 56% of families are still together after 4 years (considerably higher than other rehabilitation or family reunification options for this severity of substance addiction)

Having stated what the evidence shows, let us use a counterfactual hypothesis that the delays cause a problem.

The argument goes that where the placement of a child is delayed, it is possible that the child will fail to settle. On average, where children are placed in the LAC system, 10% are placed in care homes, and 90% with foster parents or adoption. In circumstances where it is more likely that the child will fail to settle with their foster parents, we make the estimate that 90% of children will be placed in care homes and not with foster parents.

It has to be emphasised that most interviewees thought that children would not suffer from delayed placement, and that the benefits of being with their birth parent in a safe environment, even if the parent self-discharged and the child had to be put into care, outweighed the cost and risk.

Cost of delayed placement

Impact Map parameter	Value	Notes/ description
Quantity	14	Children of adults who self discharge (never placed with their parents) plus children of families who graduate successfully and then break up
Duration	5	This could be assumed to continue throughout life, as it is based on the premise that the child is unable to form normal relationships
Outcome start	2	After discharge
Value in currency of financial proxy	£130,623	If the numbers placed with foster parents/ care homes is reversed, then 90% of the children will fail to form bonds because of the delay and need to go into care homes, and only 10% the other way. This gives a very different average cost
Deadweight – what would have happened anyway	12.5%	Assume that some (1/8) of the children would be placed with a relative instead of into care or with their birth parent
Displacement – what alternative	20%	As well as the deadweight above, we can assume that some children will be adopted which (after allowing for a period of foster care before adoption process starts) would account for around 1 year in the 5
Attribution	90%	Some of the difficulty forming relationships may be due to the children themselves, and not due to delay placement. We have also considered that this is counterfactual and therefore there should be a high attribution to other

Impact Map parameter	Value	Notes/ description
		possible causes
Drop-off – how quickly the effect drops off per year	33%	Attributing the failure to form relationships to NSFS will be come less significant over time as other factors play their part

Ministry of Justice, Courts (Criminal Justice System CJS) and Police

Before the families were referred to NSFS, adults were all living chaotic lifestyles and involved in crime, and 11 of the 42 children (for 2 children we have no record) were already separated from their parents and were in the care system, more than half (7) in care homes. Another 14 were referred directly from hospital where parental access would have been supervised (total 29.5% of families supervised access) and the remainder had supervision from social services.

A couple of studies give us an indication of the total costs of crime, and costs to the criminal justice system directly. The NTA report describes the total costs of crime caused by PDU, which is what investment decisions are based on, at £13.9bn per year in 2005 for 330,000 drug users[2, 41], which amounts to £46,760 per year per person at 2012 prices. This includes cost of prison custodial sentences[41, 67, 76, 77] and DTTO (Drug Treatment & Testing Orders) [37, 78].

Those who are successfully discharged from NSFS and who stay clean and united with their children are crime free (they would lose their children on conviction in most cases), so each success results in a reduced cost to the Ministry of Justice, Courts and Police.

On average, rates of acquisitive crime halve post residential substance misuse rehabilitation treatment (from 53% to 22%, to 30% after 4 years) [21, 37, 58], broadly in line with the numbers who are successfully discharged from other residential rehabilitation services, so this will be the deadweight.

Theory of Change for this stakeholder group – Local Authority Children & Families Department

Inputs	Outputs	Outcomes & Benefits – each outcome is explained in detail below
No measurable input from this stakeholder	Reduced crime caused by PDU	<ul style="list-style-type: none"> Reduced cost of managing crime initiated by PDU

Putting a value on reduced crime initiated by PDU

Impact Map parameter	Value	Notes/ description
Quantity	25	Numbers of adults in settled families
Duration	3	Duration will probably not be attributed over 5 years so we've suggested 3 years

Impact Map parameter	Value	Notes/ description
Outcome start	2	After discharge
Value in currency of financial proxy	£46,760	See text above
Deadweight – what would have happened anyway	25%	Assume that at any one time, persistent offenders will not be in a position to cause crime due to custody or supervision
Displacement – what alternative	50%	CJS is constantly developing new programmes to reduce the incidence of crime, and PDU are a key target for this work
Attribution	25%	Most of the crime may be caused by problem drug use, but a proportion will be caused by low education attainment (which NSFS incidentally does tackle) and low expectations
Drop-off – how quickly the effect drops off per year	33%	Attributing the fall in crime rate to NSFS will become less significant over time as other factors play their part

Review and Transparency

Following completion of a first round of interviews, a first draft of the report was sent out to all interviewees, and selected additional stakeholders.

This was followed up by a second round of telephone interviews, or in a few cases, on email responses to the draft report. Once interviewees could see their answers put down in black and white, and compare them with the answers given by other interviewees, they were able to provide a lot of clarification, and recommend that we spoke to some additional stakeholders.

This second round of interviews proved extremely fruitful. In particular, stakeholders agreed with the calculations illustrating how much adult and child care costs. They also confirmed the excellent rehabilitation success and family reunification results at NSFS, and agreed that these would release resources for the commissioning/ social work organisations to spend on other (perhaps different) services.

The key change that stakeholders asked for was a change in emphasis. The first draft illustrated the financial savings, which stakeholders confirmed. They asked for the final report to put the emphasis on safety and on a good future for children referred to the service. This has been done.

Following submission to the SROI Network for assessment, the submitted report was shared again with a number of stakeholders. These gave feedback that the emphasis was now correct. Although interviews have been performed with service users since this version (in order to comply with the requirements for assessment) and the report has been changed again, further feedback from stakeholders did not ask for any further changes. In total, 9 people representing different stakeholder groups reviewed the submitted report.

Group	First Interview	Review of draft report	Review of submitted report	Individuals
Adult	12	0	0	12
Courts	2	2	2	2
LA Adult	6	4	1	7
LA C&F	3	2	1	3
NSFS	5	4	2	6
Other	1	0	0	1
Parent Support	1	1	0	1
Policy	3	3	2	4
Similar Service	1	2	1	2
TOTALS	34	18	9	38

Embedding the results of this report and making changes to services

Phoenix Futures were delighted with the feedback from the interviews, and the analysis of success rates. We have taken on board those aspects of our service which interviews said were excellent and should be expanded, and those which they requested might be changed. We are actively considering the practical aspects of implementing post discharge support, in particular in the Sheffield area, and possibly across the whole of London as well. A housing support service which works with ex substance users is now routinely used to refer people to following discharge, outside of the Sheffield area, and all graduates (successful discharges

Social Return on Investment (SROI) report

ie families where the parents are clean and children are united with parents) are followed up by NSFS between 12 and 24 months following their graduation.

We endorse the recommendations for service change made in this document.

Inputs and Investment

The inputs by stakeholders are the amounts of money, time and any other input that they make.

Most inputs are for the period that the families are resident in NSFS. They are resident for up to 6 months. The inputs in this study cover the total inputs for all adults and children over the three year period.

Inputs relating to safeguarding visits after the families have graduated successfully are an estimate, and are calculated for the total number of families that graduate successfully and stay together, of all the families in NSFS during the period in scope. Therefore inputs are over the three year period in scope.

The principle stakeholders who make an investment are:

Local Authority Adult Services*

The Local Authority Adult Services purchases a placement for the parent, as long as the child(ren) is placed at NSFS by the children's department at the same time.

The amount invested by the local authority is slightly complicated. Adults, and especially adults with dependent children, receive basic state benefits. NSFS has a set cost per week (£852) which is the sum total that NSFS requires to function. Out of this, NSFS pays the client a food allowance (see below). However, in common with other rehabilitation services, the person attending's benefits are paid directly to NSFS, and depending on the arrangement with the local authority, part of these benefits will contribute towards the £852 per week – in other words, Adult Services are usually billed less than £852 per week for the service. NSFS also pays a (user) £23.50 personal allowance[†], from benefits.

In NSFS, families are expected to learn to budget their money, and are therefore required to pay for their own food. NSFS gives them £29.55 per adult and £19.70 per child per week for food, in addition to the £23.50 personal allowance. So if a single parent with one child receives £80 per week in benefits, then this £80 per week goes to NSFS; they deduct the personal allowance and food allowance £72.75 which they give directly to the family, and any remainder (in this case, £7.25 per week) will be deducted from the £852 per week billed to the Local Authority.

After the initial 13 weeks of lower benefits, benefits rise, and the local authority will receive a greater deduction.

For the purposes of simplicity, the Local Authority Adult Services contribution of £852 per week (which includes any benefits contribution, money given to the service users, etc) is the amount used as contribution for adults.

Local Authority Children & Families Service.

Children are referred to NSFS where children's services decide it's in the interest of the child to be with their parent(s), and where there is no risk to the child safety.

* Referrals from local authorities may be made by Adult Services or by Drug Intervention Programme (DIP). Since they are for the same purpose and with the same end, to place the parent in a residential rehabilitation service, we have put these together under the term Adult Services

[†] In April 2013, all of the allowances were raised. Since this is outside of the date of the scope of this report, only the allowances relevant are included in this discussion

Social Return on Investment (SROI) report

In most cases, children were already in care at considerable cost to the local authority. One interviewee explained that the local authority had a policy of not attempting rehabilitation with the parent, if the child was already placed with a relative, in other words, where their cost to the local authority was already minimal.

For the children referred to NSFS, Local Authority Children's Services across all local authorities paid £641,499 over the 3 years. This is roughly £704.50 per child per week.

The Benefits System

Benefits contributions to the residents are incorporated into the simplified figures above.

Families.

Adults and children commit time to attending the residency; however since they are resident in NSFS, they do not consider the commitment of time to be a cost. They have no transport time or costs, they are with their children or the children are in crèche (as they would be if they were a family in the community), and they are performing activities (different activities from the ones they might do in the community, eg parenting classes and overcoming their substance misuse issues, but activities just the same).

The main thing that the adults were giving up was their drugs, at an estimate of £100 per person per day. This is roughly £18,000 per adult over the 6 months.

The children did not consider an investment – the most important thing in their lives was to be with their parent (obviously we weren't able to discuss this with the babies) and there was nothing else that they would rather be doing. They benefited from the routine of school, and family activities, which is exactly what they would be doing if they hadn't been in NSFS.

Other stakeholders

Sheffield City Council provides and funds a family worker, who provides courses on Triple P (Positive Parenting Programme) to NSFS[46]. The amount of this cost has been included in the total costs of the service for SROI purposes.

Other stakeholders, such as NHS, Criminal Justice System (Police, Courts, Prison Service) did not make an investment in this service since they work with the people who leave the service, either through costs of unsuccessful discharges (continued crime, continued poor health/ emergency situations), or by spending less (saving) because of successful discharges.

Investment by stakeholders	Input Costs
Families who successfully stay together	£430,000
Families who successfully graduate but split apart	£183,700
Adults who self discharge	£21,600
Local Authority Adult Services	£764,487
Local Authority Children & Families Services	£641,499
Sheffield City Council Triple P	£2,940

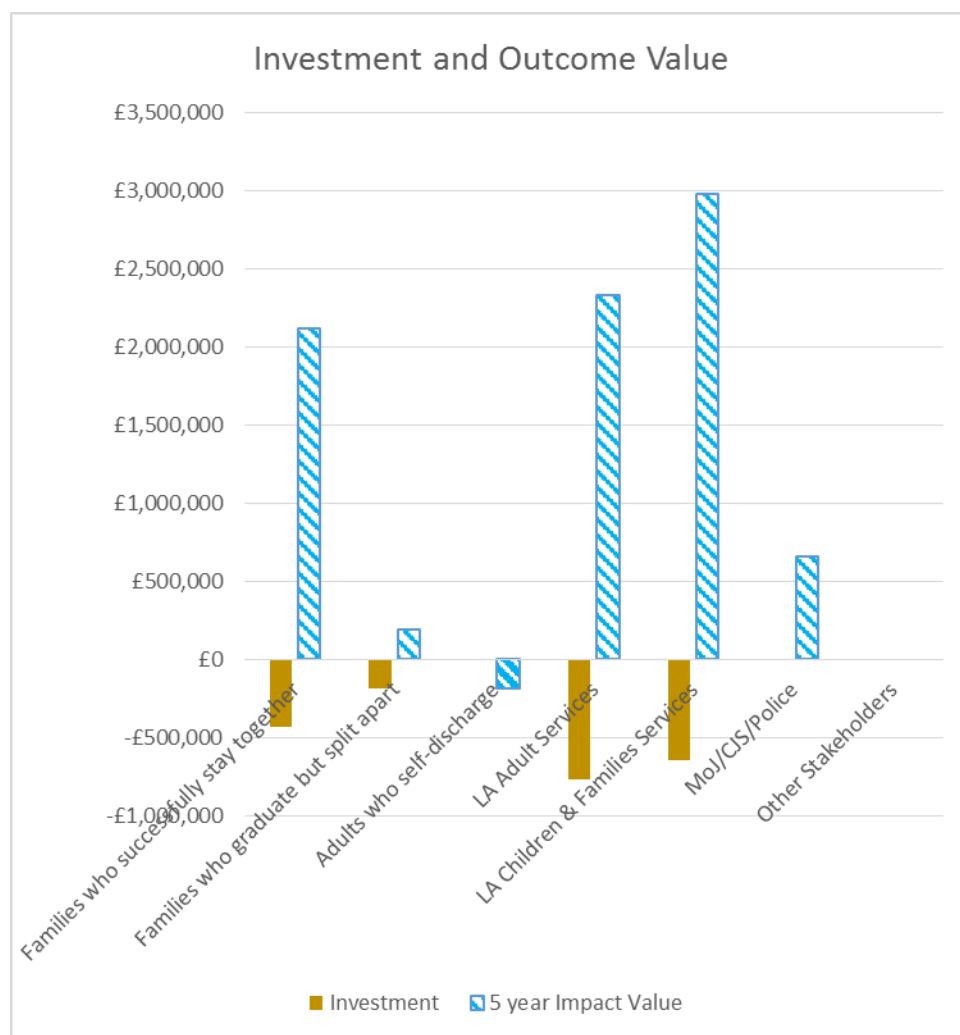
The Impact Map

The SROI Impact Map is given in a spreadsheet format, separately.

The Impact (column S) is the amount attributed in a single year to this outcome for this stakeholder. Some impacts are negative (ie the stakeholder is worse off) – an example is the cost of safeguarding visits because of families safely living together. This negative consequence is a useful illustration of SROI.

The investment and outcome is illustrated by stakeholder below.

The negative outcome for stakeholder “Adults who self discharge” directly relates to the counterfactual argument put forward that some adults may contemplate suicide. Incidentally the negative impact of safeguarding visits for Local Authority Children and Families is already included in this stakeholder’s total.



This impact is measured over a period up to 5 years starting from the time that the person successfully graduates or self-discharges from NSFS. In some cases where an occurrence may only occur once (eg suicide), the whole Impact Value is recognised in Year 1. In others where values are seen in subsequent years, in line with Treasury Green Book discounting, the Net Present Value (NPV) is calculated for future outcome values using a discount rate of 3.5%.

The SROI Ratio

The SROI ratio is the number of times that the positive outcome covers the total investment. It includes deductions for negative outcomes.

Based on the most likely figures for outcome values given in the Impact Map, the SROI value is calculated from

$$SROI \text{ _ratio} = \frac{\text{total _ Outcomes(positive \&negative)}}{\text{total _ Investment(all _ stakeholders)}}$$

Total costs for the period of the study were £2,086,186, made up of costs for Adult placements (LA Adult services) of £764,847, costs of child placements (LA C&F) of £641,499, investment by parents in giving up drugs estimated at £676,900, and the investment by Sheffield City Council in a trainer to teach the TripleP parenting course (other training is funded by NSFS out of the cost of adult placement).

Total impact based on Net Present Value (npv) of future values over a 5 year period was £9,440,992 made up of:

Stakeholder	Investment	5 year Impact Value
Families who successfully stay together	-£430,000	£2,115,763
Families who graduate but split apart	-£183,700	£188,135
Adults who self-discharge	£0	-£186,630
LA Adult Services	-£764,847	£2,331,862
LA Children & Families Services	-£641,499	£2,977,485
MoJ/CJS/Police	£0	£656,418
Other Stakeholders	-£2,940	£0

This gives an SROI ratio of 3.95 – for every £1000 that the combined stakeholders invest in NSFS, the sum total of value back is £3,950.

Some notes on materiality and why the above table includes some smaller numbers that don't appear to change any decision are given in the appendix.

Sensitivity Analysis

An analysis of the range of SROI ratios was performed. From the interviews and published literature, we believed that it was relevant to compare different values for the parameters used to calculate the value of each particular outcome.

Alternative possible values and their justifications are given in the Appendix II.

Following a comparison of the different values for stakeholder outcomes, we identified that the range of possible SROI ratios is from a minimum of -0.74 (the overall outcome is negative because of the counterfactual negative effect of children not bonding with adults because of delayed placement) up to 4.74 (£4,740 returned for every £1000 invested).

The impact of the different stakeholders and outcomes is examined in Appendix II, and in particular, those outcomes that have a proportionally larger impact on the SROI ratio are explored in more detail.

Conclusion and Recommendations

This examination of the activities at NSFS has considered both the planned outcomes, and some outcomes that might not be expected. This includes some outcomes that could be considered to be strongly negative. We have only been able to touch the surface of this complex issue, due to a combination of

- The law, guidelines surrounding the law, and actions taken as a result of this, were in a constant state of change through the in-scope period and writing the report. In fact the process of preparing the report caused some changes to the planned law
- Difficulties getting access to some of the stakeholders

The Theory of Change demonstrates that NSFS makes a difference to adults and children who use its services, and that these changes have an impact on more stakeholders amongst the public statutory bodies.

- For families who attend NSFS, the adults will learn to manage their cravings and be parents to their children, and the children will have an opportunity of family life. These families have already been separated by court order, and NSFS is their only chance (or in some cases, last chance) at reunification. Without it families are broken apart and many parents told of other children who were already in care.
- Adults explained how the process in NSFS supported them to take responsibility for their drug addiction and face up to it with determination, and at the same time gave them the tools to manage it – to spot the triggers which led to cravings and take action before the craving became overwhelming.
- For the Local Authorities and Criminal Justice System, adults who have given up drugs and children who live with their birth parents safely represent the quality of life that they are statutorily required to offer. From the human point of view, NSFS represents a chance (with a high likelihood of success) for people to live in human community and contribution. From the financial point of view, it represents substantial savings in the costs of various types of support and costs of statutory processes

Interviewees (representing stakeholders) believe that the safety and development of the child should be paramount when making a decision whether to refer the family to NSFS. The NSFS environment, with extensive monitoring and supervision, is extremely safe – families referred in for reunification and rehabilitation have an extremely low risk of harm coming to the child. NSFS success at successfully curing substance misuse problems and improving parenting ability, then discharging as a family, are better than 80%. Child development has been observed to catch up, from a position where many children show developmental delay on referral in. A longitudinal analysis indicates that around 70% of the families discharged successfully will still be together up to 4 years later.

The cost equation is also clear. The cost to Adult Services of making a referral is considerable, but only similar to the cost of another residential rehabilitation service for substance misuse. On the other hand, NSFS has a very high success rate; in part this is because the presence of the child is a constant reminder of why the adult wants to give up drugs. Although the outcomes that individual adults gain through giving up drugs are very similar from one residential service to another, this high rate of successful rehabilitation tips the balance in favour of making a placement with NSFS (benefit to individual adult * number of adults who successfully rehabilitate)

For Children's Services, the high costs of keeping children in care (whether with foster parents, adoptive parents, or care home) make a strong case for attempting reunification with the child's birth parents. The cost of a child placement with NSFS is repaid many times

over by the savings, unless we believe the counterfactual proposals put forward concerning delays in placement. These results of delay due to placement with the child's birth parents in a safe environment are, by their nature, not supported by the evidence or expert witnesses who were interviewed.

The Family Justice Review guidelines (26 weeks for care proceedings) demand that the statutory body responsible assembles the evidence and attempts reconciliation (where appropriate) BEFORE bringing a case to court. A placement with a family service such as NSFS is considered to be a gold standard when assembling the evidence in preparation for a court case – should the child need to be removed from the parents at all. The current practice makes court proceedings the focus for reunification and drug rehabilitation attempts, over 55-56 weeks. With court proceedings as the focus for the timetable, attempts at reconciliation or placement with foster-parents can be hasty and inappropriate, and expert evidence may be rushed and incomplete.

There are some negative outcomes. Because NSFS is a last chance for many, adults may self discharge with a feeling of failure. The second negative outcome is discussed above and puts a counterfactual value on the delays involved in continued attempts to reunite the child with their birth parent, which may make them more difficult to place with foster parents. Both of these possible negative outcomes are highly contentious, with substantial evidence to the contrary (that supervised time between parent and child spent bonding is always valuable, even when the child is subsequently placed with foster parents). The calculated negative values have been included in the calculations of return on investment and SROI.

A forecast not an evaluation

Although we were able to collect extensive evidence from interviews, the section on Recommendations for a full Evaluation SROI shows that there were substantial gaps in the information, and in some cases key information had not been collected for this study.

Therefore this is presented as a forecast – a partial view with projections forward. It is based on inputs and information from the statistics and stakeholders over a 3 year period, projected forward.

Recommendations to NSFS

The report highlights a number of aspects of NSFS work which the stakeholders find valuable, and which the service itself was not aware that they were doing differently from other providers.

- 1) The quality and detail of reports, whilst expensive to produce, is considered valuable by stakeholders including the Commissioner, and the family themselves to review progress, and should be continued
- 2) Placing the families in a residential situation, often some way from the environment in which they offended, enables them to break old habits. Children and parents both benefit from the structured environment and round-the-clock focus on overcoming substance addiction combined with parenting skills
- 3) NSFS empowerment programmes are considered excellent. The rate of successful discharge both clean of drugs and as a family, and the rate of families staying intact (perhaps with Social Services involvement) is generally higher than the average for other rehabilitation services
- 4) The most commonly requested improvement is a 'step down' solution, a post-discharge support service for when people are settling into the community outside of Phoenix house. This would be a progressive programme including active and proactive education/activities, monitoring, and access to professionals. This may cause more people to take up residence near to Phoenix house in Sheffield, and

contractual arrangements for Sheffield City Council should be sought. For people referred from London boroughs, NSFS should set up roundtable discussions with representatives from all Children's Services in London with the aim of setting up post-discharge support to cover referrals from London who settle back in London.

Recommendations to local authority Children's Services

- 5) The first priority of every service is to ensure the safety and appropriate development of the child. Placing the child with their birth parent, particularly during the first three years of life, is likely to impact their ability to form attachments for the rest of their life. The NSFS provides a safe and supervised environment for this attachment to develop, which provides benefits for children and for their subsequent care, even if the family reunification is unsuccessful
- 6) NSFS has shown that reunification and long-term stability is possible and even likely, given the right conditions.

Recommendations to local authority Adult Services

- 7) NSFS is cost-effective in a direct and immediate way for the commissioning authorities. The direct return on investment (the amount saved through reducing the demand for homeless programs and community drug rehabilitation services, and placing children with their birth parents instead of the care system) is greater than five times the investment within five years of the client being placed
- 8) Expert opinion amongst key workers and management in local authorities is that the service has a high rate of success in rehabilitating adults whilst safeguarding children from harm, and provides an excellent and sustainable course of treatment

Recommendations for national policy

- 9) the Family Justice Review is widely misunderstood, and many local authorities and judges are removing children from parents prematurely in order to meet a 26 week target for placement with permanent carer. The guidance needs to be clarified, even before it is passed through Parliament; emphasis should be placed on the benefits to parents and children, to local authorities and the public purse, and to the evidence needed for Family Justice proceedings, from using services such as NSFS

Recommendations for a full Evaluation SROI

This report was based on limited access to stakeholders because of the nature of the study, and the returns listed are only those from stakeholders we interviewed.

We believe that a more detailed study would give a clearer picture of the return on investment. Particular questions that need answering include the real impact of people who self-discharge having been unable to overcome their addiction, the impact of delay in placement on children's ability to bond with adults (or conversely, the positive effect that a few weeks or months with a birth parent in a safe environment has), and the possible impact on a wider range of stakeholders.

Stakeholder Families who stay together

How much do parents value the coping strategies for living without drugs & drink?

Service user interviewees were extremely grateful to NSFS for the programme which gave them coping mechanisms,

How much should we value the children's preference to be with their parents

Adults who don't stay the course but self discharge

We were not able to access this stakeholder group for interview, so we are reliant on staff views and published literature for what might become of them. A recommendation for a full evaluation would be to include this stakeholder group in interviews.

Possible outcomes for this group

- incidence of increased depression – and attribution
- loss of earnings – and attribution
- gain in earnings because of no children to distract

Local Authority adult services

Better decisions because of excellent reporting

Evaluation should review how many people are moved from one rehabilitation to another which will give a more accurate value for this outcome

What other outcomes should we explore?

Local Authority Children's services

This stakeholder represents 40% of the total outcome value, of which savings on placement in children's homes is the biggest single outcome. This would need to be explored and verified in a sensitivity analysis and with a full evaluation

How could we measure **Quality of Life** for children? Is it relevant? What values are used for decision-making?

Appendix I. Interview Format and Example

Interviews with Service Users (adults) followed a semi-structured format and were carried out face to face.

Questions Service User

We prompted with the following questions but in reality, the service users were happy to talk:

- 1) What services had you used before you came to NSFS (Phoenix House)? (had you tried to get clean, and what had worked/ what hadn't worked? What else had been done?)
- 2) What brought you to NSFS (who decided that you should try to keep your children in the end, courts or the local authority? What did you have to do to get heard?)
- 3) Whilst you are in NSFS, what other programmes are you involved in, and what other services are you involved with?
- 4) What makes the difference at NSFS? What happens that you don't like? What happens that you can't see the point of?
- 5) For children: what do you like about NSFS (Phoenix House)? What do you think makes the difference? What don't you like? What can't you see the point of?
- 6) If you know what happens after NSFS, please tell us about it. What support do you get? From who? What could be done better?

Interviews were noted at the time of the interview and recorded. Two examples of notes from the interviews (with identifiable information redacted) are given:

Service User (Primary Stage week 15)

Tell me how you came here – what's your story?

It's a hard programme but it needs to be so I can be a better dad.

I got off drugs in the community and onto methadone, on a day programme. I got funding to get off the meth, and the judge wanted our family together to give us a chance. I really want to be a better father to my son.

This place teaches you your boundaries, and gets you out of old behaviours. You can take responsibility – I'm on Link role, so I take down everyone's feelings and make sure they do their jobs.

Life story really is hard. But it helps you get rid of all your demons. All the programmes help you become a better person, help you look at behaviours you thought you didn't have, like glorifying the past when we were doing drugs. Here we've got structure and we're busy rather than doing drugs.

I want to get back to work. I'm going back to doing courier driving, I want to support [my son] and [my wife] – not on benefits. It's important not to be on benefits, to earn and to work. It's important to be a father.

I had to be prepared to give up drugs. I'm going to keep doing my day programme to keep myself safe.

What did you give up to come here? How much would you say it was worth?

Social Return on Investment (SROI) report

The drugs were costing £200 per day [for me and my wife], we got the money from robbing people. I gave up the drugs, so I suppose that's it. I'm going to keep on with the day programme when I go back to our flat. I can earn £500 per week doing couriership for 5 days, but I'm going to go to the day programme for 3 days each week. I'm going to go to church every Sunday, to be around safe people, and we'll get married and have a christening.

My CPN helps me deal with all sorts, sorted out my benefits. The CPN got me to go to Talking Therapies [Hospital].

What did NSFS do for you?

My confidence was really down before I came to Phoenix. I only wanted [wife] and my son at home. But now it's the best thing – it's keeping me motivated and more responsible. I've got another chance at life. I couldn't detox the methadone in the community. Here I've got support from other people.

Service User (4 weeks to discharge – Senior phase)

At 17 yo, she became a heroin addict. At 24yo she came clean off heroin but still used cocaine, split up with son's dad (son now 13 yo), and within 3 years was back on heroin. When she became pregnant with this baby (36yo – now 37 yo) she asked the workers to get her into rehab so she could keep it. It took a while to get funding.

What does she get from Phoenix?

She has become a mum, become responsible for her actions. She loves it because everyone is so supportive, anything they can find to help they will - both staff and peers.

It has changed her behaviour. She was aggressive and 'in-your-face', it was doing her head in. Now she can discuss, not criticise, she's more constructive.

She's doing a college course – repeating her ECDL, doing social studies and counselling. She'd like to become a key worker. In 20 years as a drug addict she didn't do any "legal" work, just graft.

She's actually happy for the first time in my life. People have to learn to be happy.

Has done detox before. They don't help they just throw you back out – no aftercare. This is a therapeutic community.

Staff, peer group talk and help each other. Everyone is used to people being out for themselves, but here they help each other. She has learnt to talk to people and not judge.

Baby boot camp is really good – advice from baby care. The Health Visitor is brilliant.

What follows?

Will go back to [home town]. Has a house – her other son is with her mum

Social Return on Investment

SROI is one of the most widely recognised frameworks for calculating the value that society gets back from our investment in a particular service. Social Return on Investment yields a lot of information which allows a service to understand **WHAT** value it adds and in what way, and therefore **HOW** to change its own service (emphasise one aspect, reduce the investment in another) to maximise the value it adds. Of course it also allows Phoenix Futures Family Service to go back to commissioners and other stakeholders and say "this is the value you get for your investment".

Social Return on Investment (SROI) report

Value is in the eye of the stakeholder (whether recipient of service, recipient of the benefits of service, investor, or affected/ interested in some other way), and is perceived in many different ways. Therefore we ask stakeholders (you, and probably others who may be identified during the interviews) what value (however defined) they think they receive, what about Phoenix Futures makes that happen, and how much of the value received is actually the result of other initiatives or other changes. It's a fairly involved process and I expect that we will interview a minimum of 20 people across 10 organisations/ representative groups (including some individuals), and that we will end up interviewing most people a second time after the initial results are collated.

That's why I use a semi-structured interview process – it means that the results of the interviews can be combined and collated (the structured part), at the same time you can explain what you mean in your own words (the semi or less structured part). You will probably find other people's answers fascinating!

Enclosed are two examples of the questions used:

Questions Semi Structured Interview (Health or Social Care Commissioner):

- 1) What is your involvement with Phoenix Futures Family Service?
- 2) What do you think they contribute to your organisation? Simply a description of the most obvious or all of the benefits/ value
- 3) Specifically, how much do children of substance misusers cost on average? This cost should include the cost of care, and also should include the cost of Keyworker visits and staff time.
- 4) How do your answers compare with the cost of caring for children in other environment (eg children in care, in foster care, with grandparents or other authority figure not own parent – do you have costs per child?).
- 5) Can you indicate numbers of children per year (2009-10, 2010-11, 2011-12 if possible the previous two years as well) that you transfer to Phoenix Futures Family Centre; to foster carers or social services care, to grandparents or other relative? This would be very useful.
- 6) Could you describe how you would begin to measure this, and put a value on? Who else do we need to talk to?
- 7) Can you describe how long you expect this change to last after discharge, and what you base your view on?
- 8) Can you suggest ways that we could improve our service to deliver more value for you?

Most people don't know the answers to the questions when we start, and most find it pretty exciting to find out how much they know! Many also find it valuable to hear what others suggest.

Questions Semi Structured Interview (Health worker):

- 1) What is your involvement with Phoenix Futures Family Service?
- 2) What do you think they contribute to your organisation? Simply a description of the most obvious or all of the benefits/ value
- 3) Specifically, how does the IMPROVEMENT in development delay from the start of the Phoenix Family futures course to end of course compare with children in care or with other adults (not their parents)?
- 4) Can you also compare the EMOTIONAL bonding with their parent, between different services?
- 5) Can you describe any physical health improvement from the intervention? Do you think that the average improvement is measurable?

Social Return on Investment (SROI) report

- 6) Has drug safety in the home improved during the course of the intervention?
- 7) Could you describe how you would begin to measure this, and put a value on? Who else do we need to talk to?
- 8) Can you describe how long you expect this change to last after discharge, and what you base your view on?
- 9) What could we do better?

The interviews were then compiled.

Each outcome was then defined with the help of the stakeholders who had originally identified it, and then quantified based on audit data and calculated value.

All costs and returns of outcomes are presented in 2012 pricing so that they are comparable, using Consumer Price Index adjustment (CPI)[65].

For the initial data gathering exercise, we prepared a semistructured interview format of open questions. Separate semistructured interview formats were prepared for each group of stakeholders, although broadly they followed the same design.

These were sent to the interviewee 5 days before the interview in each case.

Results were entered into a template in order to make collation easy

Phoenix Futures – Interview with XXX of XX

Interview Date(s)

Background

XX is National Families and Young Peoples Manager at the XXX. One element of her role is to support parents within the treatment system.

To look at issues facing families affected by substance misuse and therefore the appropriate outcomes we as interviewers need to narrow down the definitions and look at either the Adult ie Parent, The Child and then the extended family as the definition of family is very broad.

Investment_

(none for this stakeholder)

Return on Investment (impact on Child)

Benefit	Which Means	Putting a Value	Deadweight, Displacement, Attribution and Drop-off
1. Child Attendance at school			
2. Child Coming off Looked After Register	OCC children and exploitation, children in care report July 12 useful to examine for research. The report questions how appropriate it is	It may be beneficial to look close to the service for referrals; it is easier then to follow up with aftercare and to create a strong peer network for people if you are following up within a	

Social Return on Investment (SROI) report

Benefit	Which Means	Putting a Value	Deadweight, Displacement, Attribution and Drop-off
	for children to be placed in care/residential away from their current home.	<p>smaller radius than nationally.</p> <p>There will however be cases where it is not important to keep the children in their current location and this may be something we can look at – with an eye on the OCC report as to why it is not important for that particular family.</p> <p>Recommended to speak to are the troubled families’ team in Sheffield and the children’s and DAAT commissioner within Sheffield.</p> <p>XXX believes that Sheffield have very strong recognition of the needs of families and are proactive in dealing with them.</p> <p>As such we should certainly look to speak to the DAAT commissioners in Sheffield and other areas to get their opinions on the work of the family service and the outcomes that they would be looking for.</p>	
3. Child Mental Health improvement			
4. Child Resilience factors improved	Parenting needs after not necessarily drug treatment, so do we link people into sure start etc to support the parents with any issues they may face?		
5. Child engages in positive activities			

Social Return on Investment (SROI) report

Benefit	Which Means	Putting a Value	Deadweight, Displacement, Attribution and Drop-off
6. Older child risk taking behaviour	What child's own drug/alcohol use is, and does this change as a result of parent' streatment		
7. Baby healthy weight and development	Health Visitor to define measures		
8. Adult working towards abstinence	<p>If family moved to a new home, does dealer visit house? There may be an impact on children</p> <p>Good practice should be to have a link worker between the social worker and the treatment service. So a type of floating support visiting the home of the family to offer support in the home.</p> <p>What support do we give to the families post treatment ie do we do aftercare or refer into a floating support service?</p>		
9. Adult mental health WB improved			
10. Family Income support/ benefit	What reductions – and would housing come into this, eg stable tenancy		
11. Family Reduction in unsodial or			

Social Return on Investment (SROI) report

Benefit	Which Means	Putting a Value	Deadweight, Displacement, Attribution and Drop-off
antisocial behaviour			
12. Family reduction in domestic violence			

What else is going on?

NSFS is a residential service. There's a value in taking the family away from their former environment because the old temptations are out of the way. You will have to talk to other people in my organisation to find out some of the numbers you need, but I think that NSFS makes all the difference in these cases.

]

Appendix II. Outcomes, parameters and impact calculations

In this appendix, we consider other possible parameters and values for each of the outcomes for each stakeholder.

The stakeholders and outcomes are the same as for the chapter on “**What changes for stakeholders**”, so although we have repeated the summary and the initial figures, we have not repeated the text

Families who graduate successfully and stay together

Theory of Change for this stakeholder group – families which stay together

Inputs	Outputs (intended/ unintended changes)	Outcomes & Benefits – each outcome is explained in detail below
In a residential situation, time isn't counted £100 per day for drugs given up	Strategies to overcome substance addiction Parenting skills	<ul style="list-style-type: none"> • Chance of family life with their own children whilst in NSFS • Family life after NSFS • Children able to live with their own parents (what is it “worth” to the children?) • Living free of drugs in the community, chance of a job

Chance of a family life with their own children whilst in NSFS

Impact Map parameter	Value	Possible alternate values	Notes/ description
Quantity (DAYS)	4300		Number of adults in this stakeholder group (25) times the number of days each adult on average is in NSFS (172)
Duration	0		Only applies during their time in NSFS, not afterwards
Outcome start	1		Choices are: 1- outcome starts during treatment or 2- outcome starts after discharge
Value in currency of financial proxy	£100		£100 per day – commitment by adults to giving up drugs
Deadweight – what would have happened anyway	0%		These adults have already demonstrated that they aren't able to come clean themselves

Impact Map parameter	Value	Possible alternate values	Notes/ description
Displacement – what alternative could have been tried if NSFS wasn't available	0%	50%	Although these adults haven't responded to other programmes, there is a possibility that they might
Attribution – whether the effect could be as a result of something else	0%		They are in residence and do not have access to other factors
Drop-off – how quickly the effect drops off per year	N/A		Since the outcome lasts less than a year, the value here isn't relevant. We've left 2.33% in because this is the literature rate for ex-drug users returning to drugs

The change in Displacement, ie assuming that half of the effect could be achieved in other programmes, will halve the total impact of this outcome. This outcome represents 4.6%* of the total SROI in scope so this decrease could reduce the SROI ratio by 2.3%.

Family life after NSFS

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity	28		Number of children living with their parents
Duration	5	3	These parents have in many cases lost children to the care service in the past, and the skills they learn at NSFS for parenting and overcoming their addiction are still with them. We explore other values in the Appendix on Sensitivity. Incidentally, we can show a declining influence of NSFS using Drop-off
Outcome start	2		This outcome starts once the families are living after successful graduation
Value in currency of financial proxy	£12,914		Average per year cost of bringing up children based on this profile
Deadweight – what	0%		The care services have already confirmed

* Note that all % contributions are measured in terms of how much they affect the absolute values of outcomes. By this we mean that the absolute (positive) value of all outcomes are added together to calculate the total impact of each outcome, and no outcomes have a negative impact. This is standard procedure

Impact Map parameter	Value	Possible other values	Notes/ description
would have happened anyway			that these parents can't keep their children without NSFS
Displacement – what alternative could have been tried if NSFS wasn't available	20%		Although there are two mother and baby units in UK, they aren't applicable to parents with older children (even toddlers) and don't make space for dads. We've allowed 20% for these other services although there is clear polarisation and in general this report is on the efficacy of the three family support units
Attribution – whether the effect could be as a result of something else	0%		They are in residence and do not have access to other factors
Drop-off – how quickly the effect drops off per year	2.33%		This is the general % of successful rehabilitation who return to drugs. Even this is probably an overestimation because these families have lasted beyond 6 months

If we assume that the outcome is only relevant for 3 years instead of 5, this reduces the impact of this outcome by 36.6%.

This outcome represents 13.5% of the total SROI therefore this reduction will reduce overall SROI by 4.5%.

Children able to live with their own parents

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity	28		Number of children living with their parents
Duration	4		Older children may reach the age where they can leave home, although this typically would only apply to those 13 and over of which there was only 1 in this study. Children may also develop other problem behaviours simply as a result of growing up so this outcome is limited before the full 5 years of forward projection The time in NSFS (6 months) has not been allowed for in order to take these figures conservatively

Impact Map parameter	Value	Possible other values	Notes/ description
Outcome start	2		after successful graduation
Value in currency of financial proxy	£693	£2,500	Average per year cost of bringing up children based on this profile £693. An alternative value is £70,000 / 28 years of that study
Deadweight – what would have happened anyway	0%		The care services have already confirmed that these children wouldn't be with their parents without NSFS
Displacement – what alternative could have been tried if NSFS wasn't available	20%	50%	Based on access to other units
Attribution – whether the effect could be as a result of something else	0%		They are in residence and do not have access to other factors
Drop-off – how quickly the effect drops off per year	2.33%		This is the general % of successful rehabilitation who return to drugs. This same drop-off is applied to the children

There are two likely alternative values for the parameters in this case.

If more of this outcome can be attributed to other forms of treatment (displacement – where the children might have gone), then this will reduce the overall positive outcome value, in this case by 37.5%. This outcome has a relatively small effect so the overall effect is only 0.2%.

An alternative impact is found if we use a different source to determine the value a child puts on being with their birth parents. Of course this is difficult to measure, especially for a young child. Using a value of £2,500 per child per year this gives a much higher impact of the outcome, influencing the overall SROI for NSFS by 1.6% positively

Able to live free of drugs in the community, chance of a job

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity	25	7	An alternative to counting all adults would be to count all families where two parents are present. Since this outcome is about expressed preference the former figure was chosen
Duration	2	5	
Outcome start	2		

Impact Map parameter	Value	Possible other values	Notes/ description
Value in currency of financial proxy	£15,000		
Deadweight – what would have happened anyway	0%	15%	
Displacement – alternative	20%		
Attribution – whether the effect could be as a result of something else	20%	80%	Attribution could be to other factors?
Drop-off – how quickly these adults will decide they are fine without reinforcement	33%		

The value that people put on this outcome, evidenced by their willingness to pay for it by giving up earnings, will be strongly influenced by the numbers of people assumed to be affected, and by whether other factors cause it (attribution). Applying the worst case scenario (that this applies only to the second adult in each family ie that this is considered important only to those who actually go out to work) and that most of the benefit is caused by other factors gives us a 94% decrease in effect on this outcome, whereas looking at a best case scenario (that the impact will be recognised over 5 years instead of 2) gives a 52% increase in impact.

In terms of the impact on the overall SROI ratio, the worst case scenario reduces the SROI ratio by 3.9%, and the best case increases it by 2.2%.

Stakeholder group – Families who graduate successfully but split apart later

Theory of Change for this stakeholder group – families which split after graduation

Inputs	Outputs (intended/ unintended changes)	Outcomes & Benefits – each outcome is explained in detail below
In a residential situation, time isn't counted £100 per day for drugs given up	Parenting skills (note we haven't included the strategies to give up substance misuse because they don't manage to embed these strategies)	<ul style="list-style-type: none"> • Chance of family life with their own children whilst in NSFS • Children able to live with their own parents (for a short period)

Chance of a family life with their own children whilst in NSFS

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity (DAYS)	1837		Number of adults in this stakeholder group (11) times the number of days each adult on average is in NSFS (167)
Duration	0		Only applies during their time in NSFS, not afterwards
Outcome start	1		Choices are: 1- outcome starts during treatment or 2- outcome starts after discharge
Value in currency of financial proxy	£100		£100 per day – commitment by adults to giving up drugs
Deadweight – what would have happened anyway	0%		
Displacement – what alternative could have been tried if NSFS wasn't available	0%	50%	Possible alternative value
Attribution – whether the effect could be as a result of something else	0%		
Drop-off – how quickly the effect drops off per year	N/A		Since the outcome lasts less than a year, the value here isn't relevant. We've left 2.33% in because this is the literature rate for ex-drug users returning to drugs

The chance of a family life is inevitably much shorter with this stakeholder group than with the families that stay together, and of course numbers are much smaller (only 30% of families who successfully graduate will break apart), so this outcome has a smaller impact on the overall SROI ratio.

Assuming the same effect could be achieved with another service reduces the value of this output by 50%, but reduces the overall SROI ratio by 1%

Children able to live with their own parents

The table below uses the same assumptions as for children whose families graduate successfully (as this group have done) and then stay together. Because this group don't stay together for very long after graduation, we've assigned this effect to start during NSFS and to have a duration afterwards of 0

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity	8		Number of children living with their parents
Duration	0		On the basis that this effect lasts up to 12 months (6 months in NSFS and 6 months afterwards), it in effect has a 0 years duration after NSFS
Outcome start	1		Assigned to last only during NSFS
Value in currency of financial proxy	£693	£2,500	Average per year cost of bringing up children based on this profile
Deadweight – what would have happened anyway	0%		
Displacement – what alternative could have been tried if NSFS wasn't available	20%	50%	
Attribution – whether the effect could be as a result of something else	0%		
Drop-off – how quickly the effect drops off per year	2.33%		N/A

This impact is also smaller because of smaller numbers, however since it is only measured over the course of a single period (time in NSFS and up to 6 months afterwards), it is not sensitive to assumptions of different durations.

The worst case scenario reduces the impact by 37.5%, but the best case scenario increases it by 260%. However the impact on the overall SROI ratio is effectively nil.

Adults who self-discharge

Inputs	Outputs (intended/ unintended changes)	Outcomes & Benefits – each outcome is explained in detail below
£100 per day for drugs given up – although fewer days	Depression at failing in last chance to keep children	<ul style="list-style-type: none"> suicide

Counterfactual – suicide due to failing last chance to keep children and kick drugs

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity (life years lost)	60	300	Number of adults in this stakeholder group (6) times the number of years of expected life lost in the case of suicide (10). Alternatively years until average life expectancy = 5 * 50.
Duration	1		This is a one-off event (successful suicide is)
Outcome start	2		After discharge
Value in currency of financial proxy	£14,120		Per year of life lost, value to individual [56]
Deadweight – what would have happened anyway	25%		If this group are likely to commit suicide as a result of their self-discharge, then it is likely that they would be prone to suicide anyway
Displacement – what alternative could have been tried if NSFS wasn't available	43%		If these adults had not come to NSFS, then they may have benefited from another drugs rehabilitation programme, although they would not have access to their children
Attribution – whether the effect could be as a result of something else	50%		Once out of NSFS, this group will still need access to the means to commit suicide and a trigger to cause them to take this drastic step
Drop-off – how quickly the effect drops off per year	N/A		Since the outcome is a one-off, Drop-Off is irrelevant. We've left 2.33% in because this is the literature rate for ex-drug users returning to drugs

The increase in the number of life years potentially lost increases the impact of this outcome by 5 times, and changes its overall impact from 2% to 10.1% of the total SROI ratio.

This change is substantial, and depends on our assumption that the number of life years lost should be counted up to the likely age at death of the substance misuser rather than the population in general. The author stands by the decision to use number of life years lost up to average age at death of a substance misuser since there is no evidence that substance misusers give up spontaneously, and also because this outcome is considered by many stakeholders to be extremely unlikely since people may leave NSFS in a better state than when they went in, and certainly not in a worse state.

Local Authority Adult Services including Substance Misuse Team (referrer)

Inputs	Outputs (intended/unintended changes)	Outcomes & Benefits – each outcome is explained in detail below
Cost to place adults in NSFS (whatever their outcome) £852/week	High quality progress reports from NSFS Successful discharge of ex-substance misusers Adults successfully stay off drugs	<ul style="list-style-type: none"> • Able to make decisions to use the most cost-effective service • Avoid costs of homelessness/failed tenancy • Avoid costs of more community drug rehabilitation programmes • Improved quality of life for those they are responsible

Able to make Decisions during Placement to use the most cost-effective services

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity	42		Total number of adults in placements
Duration	0		This is a one-off event (ie during the placement)
Outcome start	1		During placement
Value in currency of financial proxy	£5,245	7.2% * placement cost = £1310	28.8% of the Average cost per placed adult. The 28.8% comes from the savings which are made over normal court proceedings through using FDAC, where more information is available to the court to make the decision[35]. An alternative value is ¼ of this for only ¼ of adults transferred in the middle of treatment
Deadweight – what would have happened anyway	0%		This result is, according to commissioners and managers, in contrast to what happens from other placements
Displacement – what alternative	20%		It should be possible to identify the information from other sources
Attribution – whether the effect could be as a result of something else	0%		Commissioner and manager interviewees identified that better decision-making was as a result of the better reports

Impact Map parameter	Value	Possible other values	Notes/ description
Drop-off – how quickly the effect drops off per year	N/A		Since the outcome is a one-off, Drop-Off is irrelevant. We've left 2.33% in because this is the literature rate for ex-drug users returning to drugs

A variation in the amount of impact that this outcome has on the cost of placements will affect the impact of this outcome, and the variation above gives a 75% decrease in likely value of this impact. This will affect the overall SROI ratio by 1.4%.

Avoiding the costs of supporting homelessness and failed tenancies

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity	10	7	Using industry averages because of the bias in above figures, 40% of the number of adults who successfully stay in families after successful discharge (25). 7 is the actual number reported from unstable housing
Duration	3		There will be a certain amount of churn as people settle into stable housing and go into unstable housing, so a mid-place figure is appropriate
Outcome start	2		After discharge
Value in currency of financial proxy	£25,561		Figures from Chartered Institute of Housing
Deadweight – what would have happened anyway	10%		Although there will always be a certain amount of unstable housing, this is already reflected in the numbers used. We are only including the 25 adults who remain in stable families – whereas the remaining 17 adults (families that broke apart, adults who self discharged) may make up the regular % of unstable housing. Therefore we have taken the likely death rate of substance abusers between 30 and 40
Displacement – what alternative	21.5%		We know that community rehabilitation has not worked on this population in the past, so we've used half the rate of rehabilitation success, and put the full amount into Drop-Off.
Attribution	0%	50%, 90%	Commissioner and manager interviewees identified that stable housing was as a result of specific teaching and techniques, and user empowerment, whereas most rehabilitation

Impact Map parameter	Value	Possible other values	Notes/ description
			programmes concentrate on overcoming chemical addiction
Drop-off – how quickly the effect drops off per year	43%		Makes use of the average success rate of community rehabilitation programmes

The variations described in the table above will reduce the impact of this outcome by 93%, which reduces the SROI ratio by 3.2%

Avoiding the costs of community drug rehabilitation programmes

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity	28		Number of adults in families that successfully stay together
Duration	5	2	In general, community programmes have little effect on this target group over long periods, because of the severity of their problem. An alternate value is offered
Outcome start	2		After discharge
Value in currency of financial proxy	£47,216		Costs from UK Drug Policy Commission report as an average per PDU. Those coming into NSFS are likely to be at the higher end of the scale.
Deadweight – what would have happened anyway	10%		A certain number of PDU will cease to be (that is, they will die through accident) each year. In the absence of NSFS, this can be best approximated by a straight line from 30 (average age at discharge) to 40 (average age at death for substance abusers)
Displacement – what alternative	21.5%		We've based this on half the assumption that other rehabilitation programmes have an impact, which we already know that they don't
Attribution	0%	50%, 90%	Commissioner and manager interviewees identified that NSFS makes a considerable difference, and probably all the difference
Drop-off – how quickly the effect drops off per year	43%		Assumes the normal rate of success from community rehabilitation. In practice we know that community rehabilitation doesn't work for this group

Social Return on Investment (SROI) report

The variations described in the table above reduce the impact of this outcome by 93%, resulting in a 17% impact on the SROI ratio. An impact on the SROI ratio of this magnitude deserves discussion and a review of the chosen parameters, which are described above.

The researcher justifies the figures chosen as most likely because the audit demonstrates that these adults stay off drugs and drink (these are the ones in stable families who stay together and are regularly visited as part of the safeguarding visits) meaning the duration should be 5 years.

We also know that there are a core of substance abusers who are not able to overcome their addiction through most residential and community programmes. These are not just those referred on to NSFS, but also a great many who do not get the help that they need but end up with accidental deaths allowing us to know the average age at death of a drug user.

Therefore NSFS has an impact on these adults that other programmes don't have, even though there are a small percentage for whom even NSFS cannot make a difference, especially adults without children or not determined to live with their children, who simply don't have the motivation to overcome their addictions.

Improved quality of life for adults

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity	28		Number of adults in families that successfully stay together
Duration	3		Quality of Life change will be due to a number of factors. Initially NSFS programme will be the sole change which caused the improvement, but as years go by other factors will contribute
Outcome start	2		After discharge
Value in currency of financial proxy	£4,648		£28,000 * 16.6%
Deadweight – what would have happened anyway	10%		A certain number of PDU will cease to be (that is, they will die through accident) each year. In the absence of NSFS, this can be best approximated by a straight line from 30 (average age at discharge) to 40 (average age at death for substance abusers)
Displacement – what alternative	21.5%		We've based this on half the assumption that other rehabilitation programmes have an impact, which we already know that they don't
Attribution	0%		Commissioner and manager interviewees identified that NSFS makes a considerable difference, and probably all the difference
Drop-off – how quickly the effect drops off per year	43%		Assumes the normal rate of success from community rehabilitation. In practice we know that community rehabilitation doesn't work for

Impact Map parameter	Value	Possible other values	Notes/ description
			this group

The values used for each of the parameters were thought to be the most likely values, and variations were not explored. This is simply because there is no evidence to indicate that a variation would be expected.

The overall impact of this outcome on the SROI ratio is 1.6%, so the absence of variations does not constitute a risk that the SROI ratio may be significantly wrong.

Costs to the state of additional community orders due to self-discharge

Some parents don't make it – as one adult put it: “don't know if I can handle life without drugs” (the parent who said this actually made it to successful discharge).

We wanted to put a cost on the people who discharge early. One possibility is to go back to the Australian report on self-harm and suicides, which refers to a cost in lost production of £1,193 per year per person who self-harms and attempts suicide 6 times per year, and an overall cost of £202,000 per actual suicide[56].

A more useful figure would be to examine the cost of running further community rehabilitation programmes for these adults. Taking the average cost of drug-related community orders and converting to 2012 prices, this comes to £5,531 [67]. Therefore the value is calculated as follows:

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity	6		Adults who self-discharge
Duration	3		Estimated effect time
Outcome start	2		After discharge
Value in currency of financial proxy	£5,531		Average cost of community orders on PDU
Deadweight – what would have happened anyway	50%		Most of the self-discharges will be because the individuals are not able to manage their cravings, rather than because of the NSFS programme. These people have already left other rehabilitations
Displacement – what alternative	21.5%		We've based this on half the assumption that other rehabilitation programmes have an impact, which we already know that they don't
Attribution	25%	90%	Likelihood that this effect is due to other factors. This does not include the deadweight assumption
Drop-off – how quickly the effect	43%		Assumes the normal rate of success from community rehabilitation. In practice we know

Impact Map parameter	Value	Possible other values	Notes/ description
drops off per year			that community rehabilitation doesn't work for this group

The key cause of variation for this outcome is the possibility that this outcome is a result of other factors, for example a lack of motivation or different personality amongst those who self-discharge. Key workers and management confirmed that they could often tell within days that a person would or would not stay the course, so this is highly likely.

The variation is therefore on the amount that should be attributed to NSFS, and changing this using the above values indicates that this negative outcome could be reduced by 87%, although this will only have a 0.2% impact on the SROI ratio

Local Authority Children & Families Team (referrer)

Inputs	Outputs	Outcomes & Benefits – each outcome is explained in detail below
Costs of average £704.50 per week for the child's placement with their parent	<p>Child in a safe environment</p> <p>Child placed with birth parent to develop stable relationships</p> <p>Delay in placement with permanent carer if adult self-discharges or family breaks up</p>	<ul style="list-style-type: none"> • Avoid costs of Looked After Children (LAC) because child is with birth parent • Incur costs of safeguarding visits to family with ex substance misuser • COUNTERFACTUAL possible additional cost of care if child can't bond with adults

Avoid Costs of Looked after Children (LAC) because child is still with parent

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity	28		Children in settled families after successful graduation
Duration	5	1	Alternate durations
Outcome start	2		After discharge
Value in currency of financial proxy	£46,114		Average cost of LAC/year (see above)
Deadweight – what would have	12.5%	25%	Assume that some (1/8) of the children would be placed with a relative instead of costing the

Impact Map parameter	Value	Possible other values	Notes/ description
happened anyway			state, although local authorities are more aware of the dangers of placing children with relatives. Alternatively examine 1/4
Displacement – what alternative	20%	50%, 80%	As this is the largest single contributor, alternative values are examined
Attribution	0%	50%, 80%	As far as the interviewers were concerned and based on the track record of the adults, all successful graduation is as a result of the NSFS programme
Drop-off – how quickly the effect drops off per year	10%		Assume some drop off of children deciding to leave the family, although this would be counterfactual given the audits

This is the single largest outcome across the range of outcomes, accounting for over 1/3 (36%) of the whole value of the SROI ratio, and this importance is reflected in alternative values of parameters.

The researcher stands by the values selected as most likely, since NSFS is a unique service and has already demonstrated that it is able to motivate parents and successfully graduate families that stay together once they are in the community, in contrast to other services which have lower success rates at getting adults off drugs, and have not published longitudinal studies which could indicate that the numbers staying off drugs are not very good.

Applying the worst case scenario from the variations above (shorter duration of impact, how much alternatives can offer, how much is down to the specific service) reduces the impact of this outcome by 99%, or 36% impact on the SROI ratio.

Incur costs of safeguarding visits to family with ex substance misuser

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity	28		Children in settled families after successful graduation
Duration	5		Safeguarding visits will probably continue throughout the child's childhood, although Drop-off will indicate how quickly the frequency reduces
Outcome start	2		After discharge
Value in currency of financial proxy	£2,187.50		Average cost per child needing safeguarding visits
Deadweight – what would have	12.5%		Assume that some (1/8) of the children would be placed with a relative instead of

Impact Map parameter	Value	Possible other values	Notes/ description
happened anyway			into care or with their birth parent
Displacement – what alternative	20%		As well as the deadweight above, we can assume that some children will be adopted which (after allowing for a period of foster care before adoption process starts) would account for around 1 year in the 5
Attribution	25%		The reason for safeguarding is substantially related to the graduation with their birth parents instead of going into care
Drop-off – how quickly the effect drops off per year	33%		Visit numbers will drop off quickly

Safeguarding visits represent 0.8% of the impact on SROI ratio. The above table does not show any likely variations because it is calculated from a combination of audit and published figures, but the low impact on the SROI ratio suggests that the lack of variation is not important.

COUNTERFACTUAL possible additional cost of care if child can't bond with adults

Impact Map parameter	Value	Possible other values	Notes/ description
Quantity	14		Children of adults who self discharge (never placed with their parents) plus children of families who graduate successfully and then break up
Duration	5	3	This could be assumed to continue throughout life, as it is based on the premise that the child is unable to form normal relationships
Outcome start	2		After discharge
Value in currency of financial proxy	£130,623		If the numbers placed with foster parents/ care homes is reversed, then 90% of the children will fail to form bonds because of the delay and need to go into care homes, and only 10% the other way. This gives a very different average cost
Deadweight – what would have happened anyway	12.5%		Assume that some (1/8) of the children would be placed with a relative instead of into care or with their birth parent

Impact Map parameter	Value	Possible other values	Notes/ description
Displacement – what alternative	20%		As well as the deadweight above, we can assume that some children will be adopted which (after allowing for a period of foster care before adoption process starts) would account for around 1 year in the 5
Attribution	90%	33%, 100%	Some of the difficulty forming relationships may be due to the children themselves, and not due to delay placement. We have also considered that this is counterfactual and therefore there should be a high attribution to other possible causes. 100% attribution to other causes effectively removes this value
Drop-off – how quickly the effect drops off per year	33%		Attributing the failure to form relationships to NSFS will be come less significant over time as other factors play their part

This outcome is counterfactual and has been included as a possibility. Assuming it to be a real effect, it has a 3.4% impact on the overall SROI ratio.

A worst case scenario assumes that the attribution to other factors should be lower, giving a £1.7million higher negative impact. A best case scenario recognises that this is counterfactual by removing it from the calculation.

The worst case scenario affects the SROI ratio by 19%, whereas the best case scenario affects it by 3.4%. The worst case scenario assumes that children will not be able to bond with adults if they aren't placed with foster carers early. This is a thought experiment suggesting that children take time to bond with a single adult. The child psychology studies recognise that many children bond with multiple adults during the first days, weeks, months and years of life, and conclude that the most important factor is that the child is with their birth parent for a few weeks, and that children who do not have time with their birth parent (even only a few months – NSFS offers 6 months of supervised and safe bonding time) will be the ones who have trouble bonding. This difference is so important that it has led to changes in primary legislation to compel local authorities and family courts to do what they can to reconcile children with their parents where it can be made safe to do so, even if only for a short time.

Therefore the author stands by the values used, unless 100% attribution would be more relevant.

Ministry of Justice, Courts (Criminal Justice System CJS) and Police

Inputs	Outputs	Outcomes & Benefits – each outcome is explained in detail below
No measurable input from this stakeholder	Reduced crime caused by PDU	<ul style="list-style-type: none"> Reduced cost of managing crime initiated by PDU

Putting a value on reduced crime initiated by PDU

Impact Map parameter	Value	Possible other value	Notes/ description
Quantity	25		Numbers of adults in settled families
Duration	3	5, 1	Duration will probably not be attributed over 5 years so we've suggested 3 years
Outcome start	2		After discharge
Value in currency of financial proxy	£46,760		See text above
Deadweight – what would have happened anyway	25%		Assume that at any one time, persistent offenders will not be in a position to cause crime due to custody or supervision
Displacement – what alternative	50%	90%, 0%	CJS is constantly developing new programmes to reduce the incidence of crime, and PDU are a key target for this work. However programmes have not been shown to work on this group of PDU
Attribution	25%		Most of the crime may be caused by problem drug use, but a proportion will be caused by low education attainment (which NSFS incidentally does tackle) and low expectations
Drop-off – how quickly the effect drops off per year	33%		Attributing the fall in crime rate to NSFS will be come less significant over time as other factors play their part

The impact of this outcome on the overall SROI ratio is 7.1%, making it a significant contributor. This is reflected in the variations in the sensitivity above.

The worst case scenario illustrated above assumes that the positive effect lasts a shorter time and more is attributable to other programmes to reduce crime. This takes 90% of the impact from the outcome, having a 6.4% impact on SROI ratio.

The best case scenario illustrated above assumes that the positive effect lasts a longer time and that the impact of other programmes does not help this group of PDU as much as NSFS does. This adds 143% to the impact of the outcome, affecting the SROI ratio by 10.1%

Materiality considerations and the decision-making process

In view of the size of the investment and the change experienced, we made decisions on the basis of materiality and at the same time the need to illustrate impacts on important stakeholders.

For investment, it was important to include the investment from each stakeholder including the investment by Sheffield City Council in Triple P parenting course. Sheffield City Council is a key supporter of the programme. The amount involved is very small and its inclusion or

exclusion would not materially affect the SROI ratio, but by including it we have been able to show the involvement of other stakeholders in the delivery of the NSFS programme.

The sum of the absolute values of impacts (ie the financial proxy values assigned to the outcomes, in their absolute form so that negative impacts contribute to the total rather than taking from it) over the 5 year period came to over £10million. Therefore from materiality considerations, we made the decision that outcomes less than 0.1% (£10,000) should be considered not material. The only exception to this was to include the effect by depression on lost productivity, an impact on the Public Services for Adults stakeholder, where the total value was estimated to be just under £2,000.

We also identified some stakeholders who were not substantially affected, and desk research indicated that any impact would be extremely subjective as well as being small. These stakeholders were also excluded without calculating the exact impact.

Sensitivity calculations

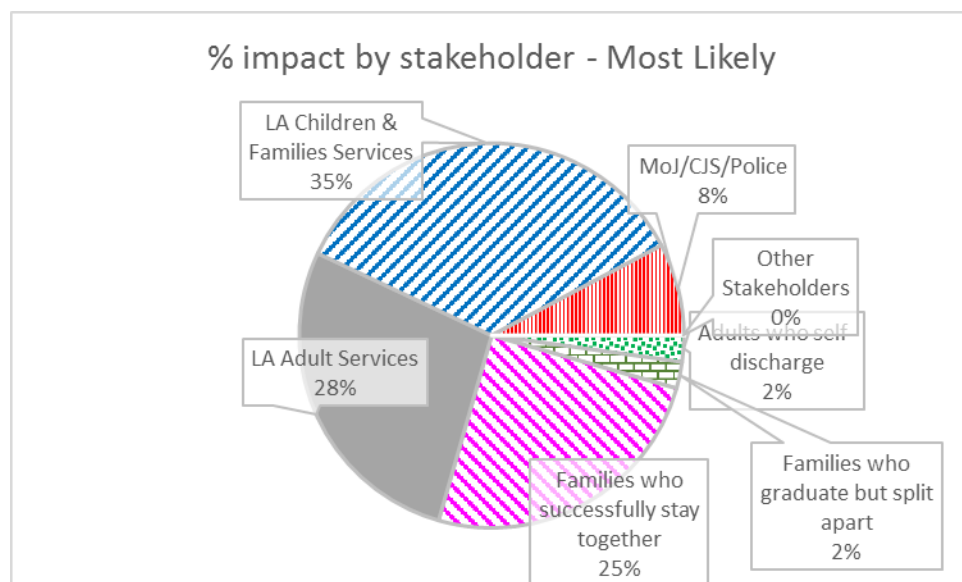
The parameters used in the impact map in order to calculate the impact of each outcome and the total impact were somewhat subjective. In the course of the last Appendix we've discussed possible alternate values.

Assuming a "best case" scenario, we use the largest positive values from each impact (as calculated from its parameters), summed, over the smallest likely investment. This gives us the maximum possible SROI.

The "worst case" scenario takes the opposite approach and gives us a minimum possible SROI.

The impact of each stakeholder on the SROI ratio is given in the enclosed charts. Note that pie charts do not show negatives, so these charts show the absolute impact.

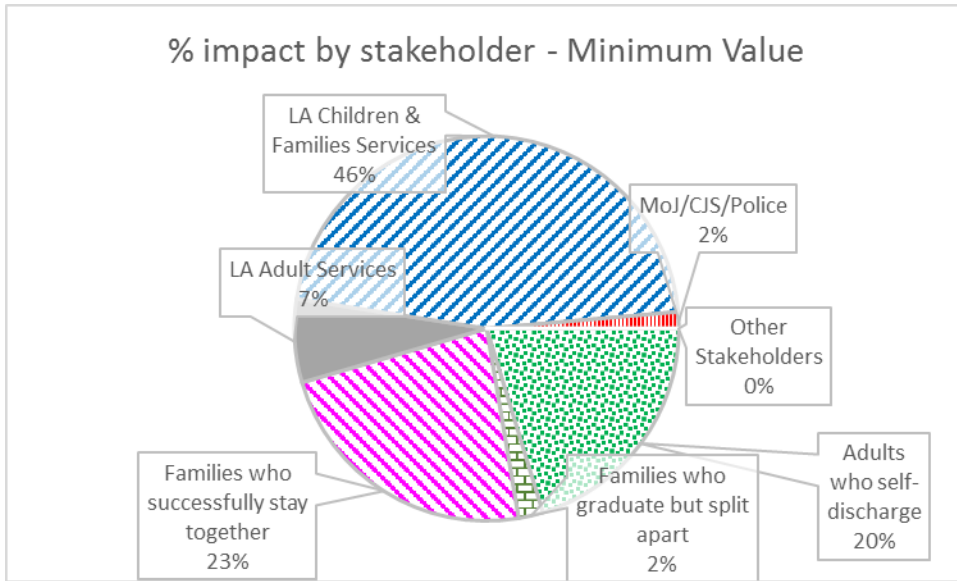
MOST LIKELY VALUES FOR ALL OUTCOMES



The MOST LIKELY illustration shows that Local Authority Children & Family Services gain the most with just under £3million in resources released, Adult services gain £2.3million in resources released (including the Quality of Life factor), and the families who stay together gain £2.1million in estimated value – the expressed preference for living together as a family.

Adults who self discharge experience a counterfactual negative impact (confetti green slice above), however this is counterfactual – evidence suggests that they are not more likely to commit suicide.

MINIMUM VALUES FOR ALL OUTCOMES

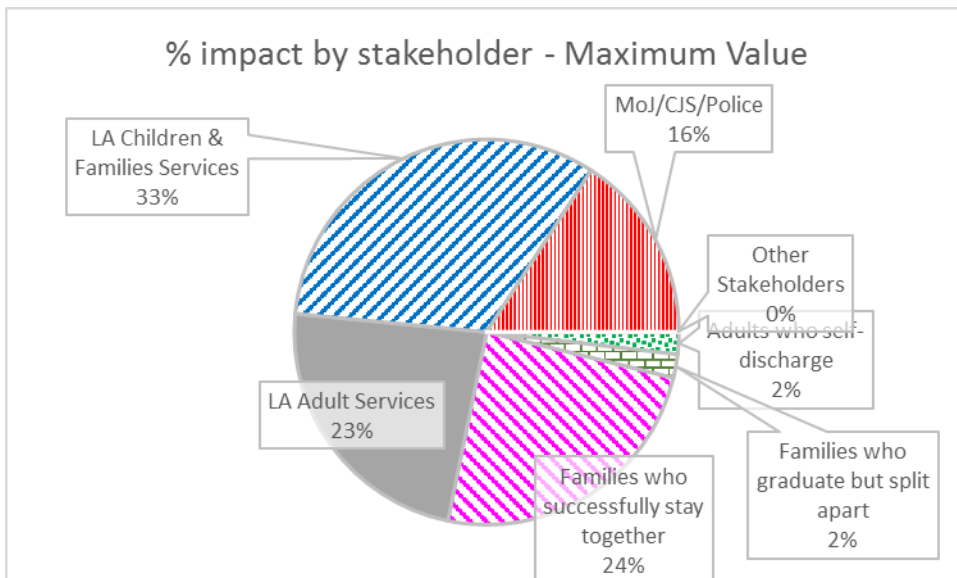


In this second illustration, the positions are reversed.

LA Children & Families lose £2.1million in extra costs due to the counterfactual estimation that delayed placement results in children being unable to bond with adults and living in care homes, at a huge cost to the state of over £141,000 per year and with results for children that are less than satisfactory.

Families who successfully stay together still benefit in expressed preference around £1million, although the overall effect is negative – the negative calculations from the main counterfactual components of adult depression due to self discharge and children unable to bond due to failure to join their parents outweigh the positive impacts in this scenario.

MAXIMUM VALUES FOR ALL OUTCOMES



In this scenario, the SROI ratio is 4.75, and the stakeholders who gain the most are the Local Authority Children & Families, LA Adult Services, the families that stay together, and the Criminal Justice System. They all gain a much more even share of the total benefit, although it is made up of different components:

Social Return on Investment (SROI) report

- LA Children & Families – resources released by not having to look after children who stay with their parents. However they do incur a cost of safeguarding visits
- LA Adult services – resources released through not having to pay for housing and community drug rehabilitation, also a measure of Quality of Life which they use for decision-making
- Families who stay together – almost entirely expressed preference valuation based on how much the adults are prepared to give up to be with their children, and the estimate of the improvement in children's behaviour when with their parents
- Criminal Justice System – resources released through reduced drug-related crime as families stay together

Appendix III. Notes on the methodology and calculations

Adjusting to present day - the Consumer Price Index (CPI)

Costs to the public purse and to victims were determined from a number of sources in the literature, as is standard practice in SROI.

Because these sources were published at different times, we have standardised all prices to 2012 prices using the “Inflation Calculator” on the Bank of England web site [79, 80], and Consumer Prices Index (CPI) from Office for National Statistics [81]. The CPI includes indices for changes in prices in different areas of daily living – for example, the CPI for telecommunications has generally come down over the period. Wherever possible, we’ve used the appropriate CPI; for example the CPI termed **CPI Misc inc Medical and Education** was used for health and social care costs, whereas **CPI Housing** was used for housing costs. Where not possible to distinguish which CPI should be used, we’ve used the **CPI Overall** (for general costs) or **CPI Services** (where all components are costs to public purse). The authors developed a CPI change calculator in MS Excel to ensure the conversion was consistent, and this has now been lodged with the SROI Network Resources Database [65].

Materiality – what to include

All of the outcomes of the NSFS in this study have been expressed in financial terms. This is the SROI convention, and allows a more direct comparison between the impacts and what they actually mean.

Some of the outcomes represent direct savings that can be achieved – they are CASH RELEASING (CR). For example, if a person recovers from their substance addiction, then all of the costs that a local authority had to pay out in terms of support for homelessness, community programmes etc will not be incurred on behalf of that individual. The money can be spent on other services.

Some outcomes represent money that is nominally saved, but can’t be turned into actual cash. These are termed NON-CASH RELEASING (NCR); an example is the reduced use of Emergency Services. In spite of an individual no longer requiring an ambulance, on average, the ambulance service still has to have ambulances on standby for emergencies – over the longer term it will be possible to adjust the numbers of staff and vehicles to reflect the requirements but in the short term the costs are still incurred.

Some outcomes are more difficult to express in financial terms. The improvement in quality of life of an individual does not result in actual money that can be spent elsewhere; in reality it may actually result in greater spend by that individual on things that they would like to spend their money on. We’ve termed these SOFT or FINANCIAL EQUIVALENT benefits.

Any discussion on types of outcomes and on putting a value on the outcomes would not be complete without a comment on the materiality, or the size of the outcomes.

As far as possible, the main outcomes have been recorded. These range from (over 5 years) over £6million saving to local authority because people referred to NSFS are no longer dependent on drugs and no longer need community support for drug misuse, to less than 1% of this, £40,000 financial equivalent for children ascribed to the faster decision on which permanent carer is the correct carer.

The valuations differ greatly. However the smaller figure is still very relevant to that specific stakeholder (the child), so it is included in the report and is part of the total value realised by

Social Return on Investment (SROI) report

the NSFS. Children are an important stakeholder, as are the parents, and although their outcomes do not equate to large sums of money, they are relevant.

Conversely, Social Services incurred relatively small costs providing social work support for some aspects of substance misuse and families, which would be saved when the parent rehabilitated. The size of this saving was sufficiently small that it would not materially affect the SROI ratio, so it was excluded using the Materiality principle.

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