

*A Social Return on Investment (SROI) analysis of Double
Impact citywide services in Nottingham for people
recovering from alcohol/drug dependence*



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1 INTRODUCTION

This is a **Social Return on Investment (SROI)** analysis, commissioned by **Double Impact (DI)** and carried out by Lodestar. Established in 1998, DI is a registered charity and 'not for profit' organisation based in Nottinghamshire providing Drug and Alcohol recovery Services for adults. Over the past 15 years it has helped thousands of people to get back on their feet and to rebuild their lives.

Lodestar works in support of organisations that wish to be more proactive in measuring their impact. It's consultants are experienced in the SROI methodology, both from a training/mentoring viewpoint as well as facilitating approaches to undertaking SROI analyses. Lodestar's approach involves the development of the capacity of the organisation to take their SROI reporting forward into the future.

Double Impact required that an SROI analysis be designed to examine the social value created by services based in Nottingham City Centre. The approach has been developed and led by Lodestar but has evolved through close co-operation with key DI staff, who made it possible to have access to information and to interact with service users and other stakeholders experiencing significant outcomes as a result of services delivered. This analysis is an examination of those outcomes.

In general terms, SROI is an approach to understanding and managing the value of the social, economic and environmental outcomes created by an activity. It is based on a set of principles that are applied within a framework for capturing value that is created through that activity. In a number of instances the real value to an organisation of the outcomes it helps create for stakeholders may not be accounted for in normal project financial accounting. SROI is a more comprehensive approach to accounting for value, used to structure thinking and understanding as part of a process of getting closer to stakeholders, and involving them in the account of how value is created for them.

This commission commenced in October 2012 and has involved the following main elements:

- Initial training of selected senior members of DI staff in SROI methodology
- Working alongside DI staff to create an SROI model suitable for the analysis of current and future work.
- Parallel work with DI staff in gathering data to verify initial theories of change for key stakeholders.
- The development of an impact map and evaluative account of material outcomes to key stakeholders of the agency's activities.
- Supporting the enhancement of existing monitoring processes to enable the organisation to continue to track the on-going occurrence of social value.
- Leading in organisational/work plan recommendations that flow from the results of the SROI study including any aspects of change management that emerge.

DI staff and Lodestar collaborated in gathering the data for the study culminating in this report. The final analysis that flows from initial stakeholder engagements and the completion of the report has been undertaken by Lodestar.

THE TASK

The SROI analysis was carried out on programmes of activities provided at DI's largest single service base in Nottingham City, which is where the service originated in 1998. The programme has formed the basis for other programme development over the years. From an SROI perspective, the tasks associated with the analysis divided into the following aspects:

1. Identifying stakeholders

The very basis of this analysis has been driven by questions around what changes for stakeholders. Team members met initially to establish who the stakeholders were. The determination was based on those likely to experience material change; stakeholders experiencing outcomes considered to be the most significant and relevant, flowing from the activities under study. This involved asking stakeholders directly what outcomes they experienced as a consequence of DI activities.

2. Understanding and mapping the most important outcomes

Following stakeholder engagement, a Theory of Change was developed to predicate outcomes based on stakeholder feedback. The analysis would address questions like:

- What were the key changes (outcomes) experienced?
- What was the result of engaging stakeholders in conversations about the relative importance of outcomes to them and how might they measure and value these?
- How could outcomes be understood in terms of potential impact that would be important for the projects to manage on behalf of stakeholders?
- What elements of the impact claimed resulted from the activities studied, and what elements came from the actions of others?
- What could the organisation learn and change as a result of having SROI available to understand and manage impact?

The creation of an Impact map for the analysis provides an opportunity to demonstrate the relationship between **inputs** (the resources that go into running the activity), the **outputs** (the activities themselves) and the **outcomes** that result from the activities.

3. Evidencing and valuing outcomes

The next step was to identify indicators and examine external research that put together would demonstrate that outcomes actually took place. Following SROI convention, appropriate financial proxies were identified as a means of valuing the outcomes. The monetisation of outcomes is one of the unique selling points of SROI

and leads to an expression of the return value resulting from the investment in the activity.

4. Establishing Impact

This allowed for adjustments to be made to the value of outcomes to ensure that what was claimed was attributable to the activity, taking account of what would have happened anyway, as well as value that was contributed to by others in addition to the activity. The process used and decisions taken are detailed later.

5. Calculating the SROI ratio into a social account

This provided a social value of return compared to the investment required to create the value claimed.

6. Reporting the social value account and applying results to future practice

The SROI analysis is the culmination of a clear story of change for key stakeholders. It is important that as well as reporting the SROI return ratio, the analysis is transparent about how the ratio is determined, enables the sharing of findings with stakeholders, brings the organisation to an understanding of how impact would be better accounted for, managed and embedded into systems to track material outcomes into the future.

2 SOCIAL RETURN ON INVESTMENT

Organisations that wish to get closer to their stakeholders in order to generate improved outcomes, increase value and become more sustainable in harder economic times, know that actions, activities and the way they work with others can add to the 'value' of what they create. Consequently, any evaluation of organisational impact will be incomplete if it is not tracked, considered, measured and accounted for comprehensively – across the full range of stakeholders who experience change as a result of their activities.

As a social accounting framework SROI provides a set of tools for undertaking an analysis of social value that is created (or destroyed) for key stakeholders in particular activities. It has been specifically designed to identify, capture and account for their full value by looking beyond the outputs that organisations produce to determine what happens in terms of change (or outcomes).

SROI tracks and accounts for social value

Social value can be defined as the value of change that results from a given activity in terms of the **valuation of outcomes**. For example, social value outcomes include the creation of social capital or other change, leading to increased wellbeing of stakeholders, regardless of whether or not the activity was designed with an intention to lead to such outcomes. One of the strengths of SROI is that it places a value on material outcomes experienced by stakeholders, so that the value of return from an activity can be expressed in relation to the investment in it. More than this however, SROI seeks to include the values of people that are often excluded from markets in the same language as used in markets, that is to say, in monetary terms - in order to give them a voice in resource allocation decisions.

The Social Value Act - Public Services (2012) has become live during the period of this analysis. It requires commissioners and procurers of public services to take into account how social value may be created in the context of the procurement decision and as part of the delivery of goods and services themselves.

The Act requires that:

'The authority must consider—

(a) How what is proposed to be procured might improve the economic, social and environmental well being of the relevant area, and

(b) How, in conducting the process of procurement, it might act with a view to securing that improvement'

SROI enables stakeholders to map social value creation and to communicate how activities make an impact. The framework used in this analysis is becoming more widely known, and has been supported financially by the UK and Scottish

governments, for example, through the Office for Civil Society funding of the 'Measuring Social Value' project led by the SROI Network and resulting in the publication of The SROI Guide.

SROI is a way of telling a story about what changes as a result of an activity and about the stakeholder contributions that made the changes possible. It is based on seven principles:

1. **Involve stakeholders** - Understand the way in which the organisation creates change through a dialogue with stakeholders
2. **Understand what changes** - Acknowledge and articulate all the values, objectives and stakeholders of the organisation before agreeing which aspects of the organisation are to be included in the scope; and determine what must be included in the account in order that stakeholders can make reasonable decisions
3. **Value the things that matter** - Use financial proxies for indicators in order to include the values of those excluded from markets in the same terms as used in markets
4. **Only include what is material** - Articulate clearly how activities create change and evaluate this through the evidence gathered
5. **Do not over-claim** - Make comparisons of performance and impact using appropriate benchmarks, targets and external standards.
6. **Be transparent** - Demonstrate the basis on which the findings may be considered as accurate and honest; showing that they will be reported to and discussed with stakeholders
7. **Verify the result** - Ensure appropriate independent verification of the account

These principles are reflected in the production of this analysis.

There are a number of terms specific to SROI that are used in this report. It may help the reader new to SROI to look at terms used purely in this context. A glossary can be found in **Appendix A**.

3 SCOPE OF THIS STUDY

The Policy Context for Substance Misuse Services

The 2010 Drug Strategy¹ outlines the UK Government's '... approach to tackling drugs and addressing alcohol dependence, both of which are key causes of societal harm, including crime, family breakdown and poverty [this requires] ... that instead of focusing primarily on the harms caused by drugs misuse [we will].. go much further and offer every support for people to choose recovery as an achievable way out of dependency.'

While the Drug Strategy contains no single definition of 'recovery' it does identify it as an individual and person centred journey that involves three overarching components i.e. wellbeing, citizenship and freedom from dependence. However, a consensus 'vision' suggests that:

'Recovery is about building a satisfying and meaningful life, as defined by the person themselves, and involves participation in the rights, roles and responsibilities of society [it] .. embraces inclusion, or a re-entry into society, and the improved self-identity that comes with a productive and meaningful role.'²

The centrality of self-definition is reinforced by the importance of recovery being '.. voluntarily-sustained in order to be lasting [whilst recognising] that it may sometimes be initiated or assisted by 'coerced' or 'mandated' interventions.'³

This means an acceptance of their being no right or wrong way to achieve recovery, that the individual needs to be at the centre of any recovery system, and the range of services offered has to be tailored support to promote it. Improving and sustaining overall health and wellbeing requires the development of 4 types of recovery 'capital' i.e. social - arising from improved personal relationships; physical - having money and somewhere safe to live; human - in terms of skills and opportunities for meaningful occupation and/or employment; and cultural - the individual values and beliefs that support the determination to improve life chances.⁴

As an active governmental policy choice, recovery is therefore seen as a more holistic response to problematic substance misuse than one based solely on attempting to contain the harms it creates for both individuals and society.

¹ Drug Strategy 2010 – Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life (2010) Home Office

² UK Drug Policy Commission Consensus Group: a vision for recovery, UKDPC 2008

³ Ibid

⁴ Best, D. and Laudet, A.B. The Potential of Recovery Capital, RSA

Implications for Commissioning of Services

This policy context has set the scene for outcome focused commissioning that aims to achieve:

- Freedom from dependence on drugs or alcohol
- Prevention of drug related deaths and blood borne viruses
- Reduction in crime and re-offending
- Sustained employment
- Access to suitable accommodation
- Improvement in mental and physical health and wellbeing;
- Improved relationships with family members, partners and friends

This requires a holistic approach based on integrated care planning, 'end to end' support and shared delivery of services that creates bridges between different systems (e.g. criminal justice and community) ensuring that service users don't fall down the gaps between them. In addition, it must promote recovery networks and communities that generate greater engagement with mutual aid groups and delivers better support for families and carers.

Double Impact's Role as a Substance Misuse Service Provider

Double Impact was founded by someone in recovery who recognised the need for a service which would engage with people once they had completed detox or rehab and help them move forward, primarily through access to education and training and suitable accommodation. Their stated mission is to be '...a quality service which promotes recovery and community integration for people who have experienced problematic drug and alcohol use.'

Over time, the organisation has grown and developed its services from its initial founding concept to address all the issues facing recovering people. Currently, they work in Nottingham city and across the county of Nottinghamshire providing groupwork and accredited courses to build self-esteem and employment skills, housing support, specialist debt advice, volunteering experiences, advice for family members and safe places for people to socialise and support each other.

DI's clients consist of people who have either recently stopped using substances and are aiming to maintain complete abstinence, or have reduced and stabilised their usage and wish to maintain this. While DI's city service interventions are delivered from a single location in the city centre, it's county services work across a large rural area from a number of localities.

From January 2013 DI has been part of the 'Recovery in Nottingham' (RiN) partnership of five service providers, commissioned to deliver a personalised and integrated whole system approach, designed to achieve sustained recovery from all types of substance misuse. DI is responsible for delivering the 'aftercare' elements to

service users in the city of Nottingham, which aims to enhance their social functioning, improve their independence, and support them to remain abstinent.

It is important to note that while DI's services are primarily aimed at people who have reached at least enough of a level of stability in their substance use to be able to engage with their service offer, many are continuing to address multiple and chronic needs. Consequently, much of the organisations work is focused on co-ordinating packages of support for individuals in partnership with other providers. The 'Recovery in Nottingham Partnership' is therefore a commissioned response to the recognised need for more 'seamless' integration of drug and alcohol treatment, homelessness, housing support, primary care and criminal justice services.

The period of analysis for this SROI study was the 12 months prior to the commencement of the RiN contract (i.e. the 2012 calendar year) during which the range of activities provided by DI (and considered by this analysis) were:

- Psycho-social interventions designed to promote recovery from substance misuse and improve overall health and well-being
- A range of accredited and non-accredited courses equipping service users with life skills, employment skills and qualifications
- Specialist debt and financial management advice
- Support in accessing housing and provision of abstinence based accommodation
- Structured recovery pathways into community services and mainstream provision
- Specialist 12 Step Facilitation structured alcohol treatment & recovery programme
- A mentoring programme training service users to gain a mentoring qualification and support peers within the treatment system
- Provision of a volunteering academy working across the public and private sectors providing training, volunteering and work opportunities

Individuals accessing services in the city service typically work with their keyworker to devise a bespoke 'recovery plan' from the menu of interventions. Progress is monitored through regular review sessions, with staff facilitating service users to increasingly direct their own support over time. Engagement with the service can last from 3 months to a couple of years, with longer term service users tending to become involved with mentoring and volunteering programmes offered by DI. Within Nottingham City these services, taken together, effectively provide a local 'recovery community', based upon structured formal and informal peer support, visible recovery champions and strong links to mutual aid networks, including Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery UK.

NATIONAL & LOCAL TRENDS IN ALCOHOL & DRUG MISUSE

Historically, there has been a tendency in the UK to separate policy responses to problematic drug and alcohol misuse; on the basis that (excluding prescription drugs) misuse of the former is illegal, while the latter is legal. However, since those who

engage in problematic substance misuse don't really acknowledge such a distinction in terms of their consumption behaviour, the relevance of reporting integrated treatment activity data has been recognised, on the basis that the misuse of both drugs and alcohol causes significant individual and societal harms.

Indeed, the misuse of alcohol is both directly linked to deaths from a number of diseases and is a major contributor to the demands made on NHS services. For instance, about 70% of Accident & Emergency hospital attendances (between midnight and 5 a.m.) are alcohol related.⁵ In addition, the number of hospital admissions with a primary diagnosis for alcohol-related diseases has increased by 66% from 1997/98 (41,504) to 2009/10 (65,825);⁶ the total costs of alcohol harm has been estimated to be between £17.7bn and £25.1bn p.a. (of which the cost to the NHS is £2.7bn); while alcohol-related crime is thought to cost the taxpayer between £8bn and £13bn p.a. and an estimated 1.6m people in England are dependent on alcohol⁷.

The National Drug Treatment Monitoring System (NDTMS) was established by the former National Treatment Agency for Substance Misuse (NTA) which has been incorporated into Public Health England (PHE) since April 2013. The key purpose of collecting substance misuse performance data is to assist local commissioners and providers to assess how well their services are meeting local need. Table 1 summarises the key variables for England as a whole.

Variable	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Successful Completions	11208	13717	18274	24970	23680	27969	29855
Numbers in Effective Treatment	145051	163886	182775	194572	192367	191129	185428
Numbers In Treatment	175869	194173	200805	210815	206889	204473	197110

TABLE 1: NDTMS TREATMENT DATA: ENGLAND

This highlights that in the latest year for which data is available, 185,428 adults engaged in all problematic substance misuse treatment (for 12 weeks or more, or if leaving treatment, did so free of dependency) while 29,855 successfully completed drug treatment free of dependency.⁸ PHE also reports that 108,906 adults are receiving alcohol treatment, of which 38,174 have successfully completed it.⁹ In NDTMS, successful 'completion' of treatment is judged in terms of service users being 'free of dependency' (i.e. no illegal drug use) judged by their clinicians - recognising that they may be an occasional user of a drug on which they are not dependent. This means that: '*.. the overall category of treatment completed is key*

⁵ Alcohol Harm Reduction Strategy for England (2004)

⁶ NHS Hospital Episode Statistics online 2009/10

⁷ Key statistics and facts, Alcohol Concern online (2013)

⁸ National Drug Treatment Monitoring System on line, Headline Information - England, All Years (2013)

⁹ Facts & Figures, Public Health England, online (2013)

*to judging the contribution of the treatment system towards recovery. This metric is incorporated in the public health outcome indicators used by local authorities after April 2013, and ... all drug partnerships are incentivised to maximise the number of successful completions.'*¹⁰

The performance data for Nottingham City is summarised in Table 2 and shows that there were 1865 adults in effective treatment, with 375 successful completions. In comparative terms, this means that the treatment system in the city is ranked as 11th of 149.

Variable	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Successful Completions	211	296	317	306	367	314	375
Numbers in Effective Treatment	1538	1726	1722	1870	1934	1973	1865
Numbers In Treatment	1805	1928	1941	2039	2102	2113	2012

TABLE 2: NDTMS TREATMENT DATA: NOTTINGHAM

EARLY DECISIONS – STAKEHOLDERS INCLUDED, EXCLUDED AND WHY

As a commissioned substance misuse service provider in Nottingham City, Double Impact has a number of internal and external 'stakeholders'. In SROI, these are defined as those who experience change as a result of the activity under analysis, or those who have an effect on how the activity is delivered. However, this definition could lead to a long list of stakeholders (and claimed outcomes) some of which are not as relevant or significant as others. So to answer the question about what are the most important changes that the work of Double Impact creates, a 'materiality' filter was used on all the possible outcomes to create a picture of the most relevant and significant outcomes. Later in the analysis a materiality test was used and some outcomes were excluded, but at the earliest stages of the analysis, a judgement was needed on which stakeholders were most likely to experience material change.

Anticipating the most relevant and significant outcomes requires that the analysis of change should not exclude any element that would lead to a different decision, if it were not included (and decisions on inclusion and exclusion of outcomes took place throughout the analysis). But in the first instance, the decisions were concerned with which stakeholders to include. This was achieved through discussion with the DI staff, who had a wide range of experience of the work and required both an organisational perspective and knowledge of the nature of the organisation's relationships with those whom it engages.

The range of Double Impact stakeholders who were initially identified as potentially experiencing important change included:

¹⁰ Ibid

- Service users (categorised in terms of gender, age, ethnic origin, parental status and sexual orientation)
- Other treatment service providers
- Volunteers scheme partners (organisations that accepted volunteers)
- Volunteers/mentors
- Significant others (parents, partners and children of service users)
- Nottingham City Service Commissioner
- Other state agencies (Social Services, DWP etc.)

Stakeholders Included

The following stakeholders were included in the analysis because they were expected to experience significant change attributable to the activities under analysis.

Stakeholders	Reason for Inclusion
SERVICE USERS	
Men under 30	Core beneficiaries who engage in Double Impact's activities
Men over 30	Core beneficiaries who engage in Double Impact's activities
Women under 30	Core beneficiaries who engage in Double Impact's activities
Women over 30	Core beneficiaries who engage in Double Impact's activities
Significant others (parents, partners and children)	Double Impact activities could contribute to be making their lives better as a consequence of the improved health and wellbeing of their loved one.
Volunteers/mentors	Core beneficiaries who engage in Double Impact's activities and are potentially likely to develop skills through becoming volunteers
Judiciary & Prison Service	Double Impact's contribution to lower crime levels produces a potential reduction in the numbers of people engaged in substance misuse being prosecuted in the courts and spending time in custody
NHS	Double Impact's activities make a potential contribution to an improvement in health outcomes for people engaged in substance misuse
DWP	Double Impact's activities make a potential contribution to reducing the costs of benefits of people engaged in substance misuse through increasing the number of hours of employment per week they are able to work
Social Services	Double Impact's activities make a potential contribution to a reduction in the amount of time that social workers spend in supporting families with a chaotic lifestyle linked to substance misuse

TABLE 3: STAKEHOLDERS INCLUDED

Stakeholders excluded

Stakeholders were excluded at this early stage, only if it was determined that they were very unlikely to experience outcomes that should be included in the analysis.

One stakeholder group, **employers** who provided volunteer scheme placements, were excluded because they were not expected to experience significant impact

attributable to the activities considered. Whilst another group, **agencies in the area that were also substance misuse treatment providers** were excluded on the basis that the work of DI would not create change for the organisations themselves. However, it should be noted that other organisations, particularly other providers most likely provide a contribution to the outcomes of DI's service users, and this is dealt with later in the analysis.

SROI Approach Used

There are essentially two types of possible SROI approaches to an analysis i.e. forecast or evaluative. While the former seeks to predict social value (where an activity may not yet have taken place) the latter gathers currently accessible data so that the social value account can represent a real time statement of the value of outcomes for key stakeholders.

This study began with a process of initial stakeholder engagement to provide a basis for a theory of change for important stakeholder groups. The outcomes that emerged from this initial engagement were then tested for validity across a more representative sample of stakeholders. All these stakeholders were immediate past or current service users that had experienced outcomes as a result of DI's activities. In turn, the outcomes identified have been tested for relevance and significance for full inclusion in the study or exclusion at a later stage. This process, of ensuring that the most relevant and significant outcomes become the focus of the analysis (referred to as materiality decisions) is described in more detail in later sections.

This report is an evaluative SROI analysis – in which the social value claims are derived from stakeholder engagement through a process of open ended questioning, backed up by a wider data gathering process involving a survey. As this was the first approach to SROI data gathering for the organisation, it was agreed that the monitoring mechanisms already in use would be modified to include the main outcomes identified in this study (as well as providing capacity for the identification of new outcomes) for the purpose of continuing future analysis. In addition, the existence of some outcomes has been further supported with reference to secondary research; discussed in a later section. There are a number of key questions that this analysis set out to address. The most relevant of which are - whether or not the service that DI provides results in any important change for stakeholders; what is the nature of this change and for whom does it occur? It is also important to determine whether or not the change claimed can properly be attributed to DI's activities themselves, what is the relative importance and value of change for stakeholders, and how can we describe the value of change compared to the cost of funding it?

Timescale

This report covers investment in the programmes and the projected social value for stakeholders experiencing change over the course of the period January 2012 to December 2012 inclusive. Outcomes projected forward in the study are considered to begin during the investment year.

4 EXECUTIVE SUMMARY

This report uses the Social Return on Investment (SROI) framework to analyse and tell the story of the work of Double Impact (DI) with people who are recovering from their problematic substance misuse. It is an evaluative SROI analysis where the social value claims are derived from stakeholder engagement with a process of open ended questioning, backed up by a wider data gathering process involving a survey. As this was the organisation's first approach to data gathering in the area of Social Impact measurement it was agreed that the monitoring mechanisms already in use by the organisation would inevitably need to be reviewed as part of the analysis process. (Providing the capacity to track outcomes and identify any new outcomes into the future).

The purpose of the analysis is to enable Double Impact to recognise and understand the social value it creates, to identify improvements in order to extend it's capture, and to highlight potential areas of negative social value, should they arise. It also aims to inform stakeholders about how DI manages social value creation and begin the means of reporting to funders the types and the extent of social value that their investments are creating.

The study began with a process of initial stakeholder engagement to provide a basis for a theory of change addressing questions like:

- What were the key changes (outcomes) experienced?
- What was the result of engaging stakeholders in conversations about the relative importance of outcomes to them and how might they measure and value these?
- How could outcomes be understood in terms of potential impact that would be important for the projects to manage on behalf of stakeholders?
- What elements of the impact claimed resulted from the activities studied, and what elements came from the actions of others?
- What could the organisation learn and change as a result of having SROI available to understand and manage impact?

Initially the following groups were involved:

Stakeholders	Reason for Inclusion
SERVICE USERS	
Men under 30	Core beneficiaries who engage in Double Impact's activities
Men over 30	Core beneficiaries who engage in Double Impact's activities
Women under 30	Core beneficiaries who engage in Double Impact's activities
Women over 30	Core beneficiaries who engage in Double Impact's activities
Significant others (parents, partners and children)	Double Impact activities could contribute to be making their lives better as a consequence of the improved health and well being of their loved one.
Volunteers/mentors	Core beneficiaries who engage in Double Impact's activities and potentially likely to develop skills through becoming volunteers

Judiciary & Prison Service	Double Impact's contribution to lower crime levels produces a potential reduction in the numbers of people engaged in substance misuse being prosecuted in the courts and spending time in custody
NHS	Double Impact's activities make a potential contribution to an improvement in health outcomes for people engaged in substance misuse
DWP	Double Impact's activities make a potential contribution to reducing the costs of benefits of people engaged in substance misuse through increasing the number of hours of employment per week they are able to work
Social Services	Double Impact's activities make a potential contribution to a reduction in the amount of time that social workers spend in supporting families with a chaotic lifestyle linked to substance misuse

Some stakeholders were excluded. Stakeholders are excluded at this early stage, only if it is determined that they are very unlikely to experience outcomes that pass a relevance and significance threshold. This threshold, referred to as 'materiality' is used to identify the most important outcomes. One stakeholder group, **employers** who provided volunteer scheme placements, were excluded because they were not expected to experience significant impact attributable to the activities considered. Another group, **agencies in the area that would also be substance misuse treatment providers** were also excluded as the work of DI would not create change for the organisations themselves.

Double Impact's overall charitable aim is to 'promote and protect the health and recovery of those with alcohol and drug misuse problems, by the provision of information, advice and support in order to alleviate their needs'. The organisation aims to develop services that respond to services users needs and promotes their recovery and reintegration; while the organisational means of achieving these key objectives includes, focusing on developing partnerships with other agencies that both supports the charity's beneficiaries better and improves their ability to do so sustainably.

Double Impact provides services that respond to services users needs and promotes their recovery and reintegration. Consequently, the activities offered include provision of structured interventions that:

- Build skills and confidence
- Reduce relapse into substance misuse and promote choices, including abstinence
- Remove barriers to education, vocational training, employment and housing
- Support social and financial inclusion
- Promote improvements in health and well being
- Reduce relapse into criminal activity
- Provide an environment offering peer support and mutual respect
- Involve service users in all aspects of their delivery

The total cost of providing activities for the year under study is £457,224. This is the sum used to compare the value of outcomes returned for this investment. This figure represents the inputs to the programme, the outputs are the actual programme activities and the outcomes resulting from these are the focus of an SROI analysis. The stakeholder engagement and follow up survey produced some notable service user statistics:

- 32% had improved their employment situation (half of these moved from unemployed to full time work)
- 53% increased their engagement in education
- 44% increased their involvement in volunteering
- 46% reduced their involvement in crime
- 63% said that overall they felt that they were 'a great deal' more settled and positive about their future (and a further 27% were 'to some extent')
- 66% said that overall they felt 'a great deal' happier and healthier in themselves (and a further 27% 'to some extent')
- 92% were currently free from dependency on drugs and alcohol
- 88% said they had fully achieved goals around alcohol dependency, 85% fully achieved their goals around drug dependency

However, the theory of change for specific groups of stakeholders and in particular the chain of change – considering the links between parts of outcomes and at what point in the chain outcomes are valued – was more logically constructed through the development of an Impact Map. The resulting analysis asserts outcomes for the following stakeholders who experience material change:

- **Male service users**
- **Female service users**
- **Service user volunteers**
- **Family members (Parents, partners and children of service users)**
- **State Agencies (also experiencing outcomes as a result of the activities)**

The following is an example of the outcomes for male and female service users that are expanded upon in the wider report along with those of other stakeholder groups.

SERVICE USER OUTCOMES – Men & Women
Reduced fear
Improved physical health
Improved mental health
Improved relationships with parents, partners and children
Avoided increased likelihood of early death
Less likely to be involved in crime
Improved ability to manage debt and finances
Avoided homelessness
Increased feeling of being a responsible parent
Increasing qualifications
Finding employment

The wider report, as well as telling the all-important story of change in order to contextualise claims of social value, does provide a breakdown of value projections and the ratio of return to investment. The story deals with struggle and slow but sure recovery, some relapse - but in the main the emergence of a safer and more responsible lifestyle for many beneficiaries as well as the resulting benefits for their loved ones. The story has strong messages as well for state agencies and the benefits to them of having the service available.

The following is a snapshot of the results of the social return analysis:

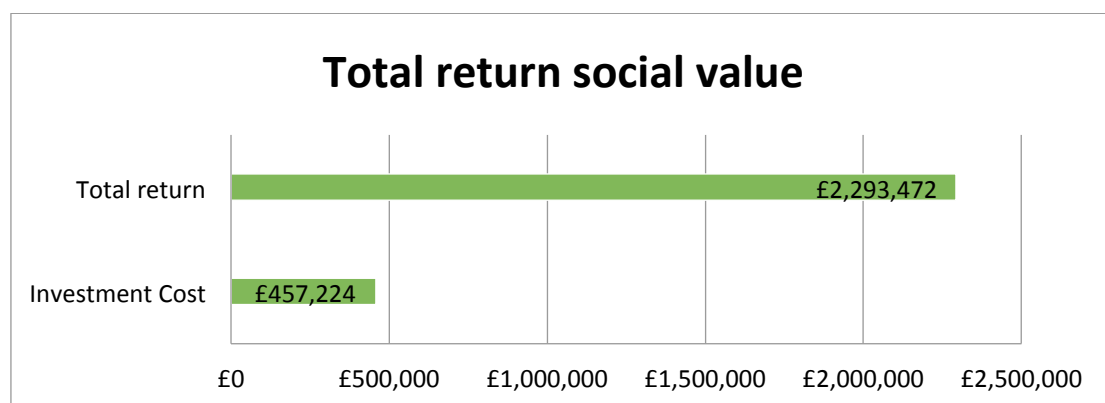
The SROI ratio; the return value from the activities expressed as a ratio of the investment:

Total Value	£2,373,743
Total present value (discounted at 3.5%)	£2,293,472
Investment cost	£457,224
Total value less investment cost	£1,836,248
Ratio of return	£4.02: £1

The Net present Value is the value of outcomes less the cost of the investment needed to create them. The Ratio here is therefore the return value of outcomes derived from dividing the added value by the investment cost.

Based on the data produced by the study, DI returns just over £4 for every £1 invested in the programmes detailed here. The result of just over £4 is the total ratio of outcomes value to investment.

Social Return on Investment:



There are some reporting conditions and assumptions that are inherent in the development of the social account, and these are subjected to sensitivity analysis in order to judge the robustness of the result. Attribution values have been tested to ascertain whether or not beneficiaries have under-reported the amount of impact that could be due to other factors outside the direct Double Impact intervention. For example it could be argued that other providers in the area, wider societal influences, the experience of stigma in the past, influence of children and partners/parents as well as media messages could all contribute something to the achievement of the impact alongside the DI programme.

Outcome quantities in this analysis are derived from data from a representative sample of the cohort. These have been reduced to observe the effect. The value of the largest value outcome has been tested. The duration of outcomes is set in the analysis at 1 year due to the indisputable strength of the causal link between being on the programme and the reduced chance of relapse. We noted that stakeholders considered the effect of the programme as likely to last longer – average around 4.5 years across all outcomes. We think this is too optimistic given the nature of the problem the service is aimed at. We have however tested the sensitivity of longer durations in this section. In this study outcomes with a value of less than £5K have been excluded on grounds of significance (see materiality section in wider report). We have also tested values of less than £15K in sensitivity.

The table below shows the variables tested and the effect on the final ratio

Item	Baseline Value	New Value	Baseline Ratio	Ratio Change
Attribution	Variable - average 40% across all outcomes	Increased to average 60% across all outcomes	£4.02	£2.58
Outcome quantities	Variable – across various outcomes and numbers of stakeholders	Reduce quantities by 25%	£4.02	£2.76
Largest single value outcome – value of £454K for avoided custodial sentencing costs for state.	£454,000	Reduce by 25%	£4.02	£3.78
Outcomes durations	1 year for all outcomes	Increase outcomes to 2 years	£4.02	£7.92
Outcomes durations	1 year for all outcomes	Increase outcomes to 4.5 years	£4.02	£14.03
Materiality Threshold (significance)	All outcomes with value lower than £5k excluded	Exclude all outcomes with value less than £15k	£4.02	£3.82

The analysis exposed some gender variations in the value of very similar sets of outcomes. For example, male service users are more likely to achieve outcomes around staying substance dependency free leading to a significant reduction in the likelihood of being involved in crime (42% of males compared with 8% of females) whereas, female service users were more likely to achieve outcomes around reducing chaos in their lives leading to better personal stability and therefore improving their ability to manage debt and finances (as reported by 42% of females compared with 21% of males).

There is also a very marked trend that clearly shows increased social value attached to the additional outcomes that take place for volunteers which has important implications for the 'volunteer' aspect of future Double Impact's work in terms of its importance to the contribution to the recovery model.

The changes reported for service users also contributed to more frequent contact, with their son or daughter. Whereas for partners and children of service users, the stability that replaced their chaotic lifestyles contributed to the restoration of more stable relationships, reduced stress and also facilitated reduced problematical substance misuse in respect of some of their children.

The analysis also demonstrates that Double Impact's expertise in working with those who have to deal with the consequences of problematic substance misuse (service users, their families and communities) will inevitably have an indirect bearing on the consequent likelihood that state agencies will benefit.

In summary, this report evidences that Double Impact enables service users who engage in their activities to:

- Improve and sustain their ability to maintain abstinence from problematical substance misuse
- Avoid involvement in acquisitive substance misuse related crime and related anti-social behaviours
- Benefit from their participation in terms of the development of self-confidence
- Find their voices and share experience with others and as part of a recovery community
- Gain or regain stability in terms of improved relationships with peers, parents, partners and children
- Eat healthier diets, take exercise and develop the focus and self-awareness required to pursue job-related training and gain qualifications and, for some, employment
- Achieve improved physical and mental health
- Enable volunteers to have an increased their likelihood of achieving key outcomes

For families, Double Impact's effect on the lives and behaviour of service users enabled:

- Parents to regain trust in and reduce their anxiety about their offspring, and as a consequence restore relationships with both their children and grandchildren
- Partners to benefit from the reduction in conflict within their relationships and to regain some lost stability
- Children to reconnect with their 'lost' parents and, for some, to remodel their own problematic substance consumption in the context of successful parental 'recovery'

In more general terms, a very unified message coming across during stakeholder engagement was about how the structure, the safe, the supportive environment and the commitment from staff at Double Impact enabled service users to make significant changes in their lives.

The analysis has a number of implications for the future design of Double Impact services. The resulting **recommendations** are that Double Impact:

- Seeks to understand the gender variations in outcomes for service users and take any appropriate action to ensure that there is a greater consistency for men and women
- Given the proportionately higher social value created, examines how to communicate the additional value that participation in their volunteering activity offers, and pursue the means by which this element of the programme in particular can continue to be resourced to meet all demand that may be placed upon it in the future.
- Considers how the hitherto unaccounted for social value they create for families of service users (and for which they are not directly funded) can be better recognised.
- Considers how they can use SROI approaches as a contribution to better communicating the outcomes of their work with problematical substance misusers, and to demonstrate to funders the return on their investment.
- Reviews its monitoring systems to integrate or, if not possible, create a tracking mechanism for the existing material outcomes identified by this analysis, for continuing to engage with stakeholders experiencing material outcomes and for picking up potentially new outcomes in the future, all aimed at capturing and tracking social value creation.
- Explores how commissioners can support them to continue being innovative recovery champions and contributing to positive solutions within the wider local substance misuse treatment system
- Considers the means by which the kind of positive value creation achieved by Double Impact can be replicated for the delivery partnership as a whole.

5 ACTIVITIES AND RESOURCES REQUIRED

Double Impact was founded by someone in recovery who recognised the need for a service which would engage with people once they had completed detox or rehab and help them move forward, primarily through access to education and training and suitable accommodation. Consequently, its overall charitable aim is to 'promote and protect the health and recovery of those with alcohol and drug misuse problems, by the provision of information, advice and support in order to alleviate their needs'.

From a strategic perspective this requires them to focus on maintaining and improving service quality and developing new and innovative responses to their service users needs promoting their recovery and reintegration. From an operational viewpoint, the organisational means of achieving these objectives includes focusing on developing partnerships with other agencies that support the charity's beneficiaries better, and improves their ability to do so sustainably.

The activities offered to service users in pursuit of the achievement of their organisational objectives include provision of structured interventions that:

- Build skills and confidence
- Reduce relapse into substance misuse and promote choices, including abstinence
- Remove barriers to education, vocational training, employment and housing
- Support social and financial inclusion
- Promote improvements in health and well being
- Reduce relapse into criminal activity
- Provide an environment offering peer support and mutual respect
- Involve service users in all aspects of their delivery

INPUTS

In order to look at social return values we need to determine everything that is viewed as the investment in the activity. Although this could purely be the funder investment, there may also be other inputs to the activity that need to be valued, since the outcomes could not take place without them.

The Nottingham City Service has a number of standard and predictable types of running costs ranging through staffing to material costs, including buildings rental and other running costs. DI allocates central management costs on a proportional basis across the various services.

An important additional element of the investment has been the time of volunteers. This is substantial and accounts for a significant input to ensure that activities are run consistently as well as being an active part of the recovery model. DI has calculated that there is a recurring input of some 20 volunteers each week, each carrying out 16 hours of duties with an average of 15 weeks per year commitment from each volunteer. This equates to the equivalent of 2 paid staff members.

Taking an applicable hourly rate for the nature of the work the average wage in the local economy has been identified by DI staff and rounded down to £10 per hour. The monetary value therefore of the volunteer input over the investment period (12 months) is: $20 \times 16 \times 15 \times 10 = £48000$. Table 3 below outlines the full input or investment costs.

Breakdown of Investment costs	£
Staff costs	£298,324.00
Sessional staff costs	£6,000.00
External staff input costs	£12,500.00
Equipment	£2,000.00
Publicity / Communications costs	£1,500.00
Training costs	£3,000.00
Volunteer time input value	£48,000.00
Volunteer support costs	£1,500.00
Buildings rental and running costs	£46,000.00
Central management costs	£25,000.00
Insurances	£5,400.00
IT Support	£8,000.00
Total input costs	£457,224.00

TABLE 3: TOTAL INPUT/INVESTMENT COSTS

OUTPUTS

Table 4 outlines the key activities of Double Impact's programme, which are all related to the list of interventions identified in section 3 above. For instance, psycho-social interventions, life skills training and debt management advice. These are designed both to promote recovery and enable service users to develop the capacity to engage in self-help activities and recovery communities, (and for some of them to graduate through the volunteering 'academy') as they progress through their treatment journeys.

STAKEHOLDER	OUTPUTS
WOMEN	Women's support group activities, Family therapy, Social activities, Relapse prevention classes, Emotional management
	Dance, Yoga, access to Gym, accredited courses, skills training, Creative writing, poetry group, Word processing
MEN	Attending sessions on drug awareness, relapse prevention & emotional management
	Skills sessions in IT, Maths, English, Art classes and Creative writing
	Involved in giving and receiving peer support, involved in voluntary work
VOLUNTEERS	Mentoring, fundraising skills, PR skills training, Group work skills, peer support work
	On job work experience within Double Impact

TABLE 4: DOUBLE IMPACT OUTPUTS (ACTIVITIES)

These outputs represent the range of possible activities that service users may choose to engage in. Lodestar practitioners met service users on a number of occasions and it was obvious that while observing the normal day to day operation of the building, service users were crucial to the running of the programme.

This could be volunteering time to Double Impact by carrying out receptionist duties, or taking part in the arrangements for a service user support session.

So varied were the activities that a typical day for a service user could be quite

I started accessing Double Impact in 2005; I was given a support worker, who was always there for me when I needed to bend his ear. He was always honest with me and very straight talking. It was nice to know I had someone who had also suffered with addiction, and remembered what it was like when you first 'cleaned up' and the issues and struggles that come with it. Through this support worker we formed a 5-a-side team and we had some right fun times, and the bonus was we also won our league in the second season.

I used D.I. most days and formed some friendships in there; Friday afternoon always was popular, because that was the day of CAKE! Complementary therapies also played a huge part of my time at D.I. I always tried to be the first through the door on those days. They helped me out when I got into debt, and helped me sort out some problems. I will never forget what Double Impact and its staff did for me - I will be forever in their debt.

different from individual to individual. A typical day can include, family therapy, drug awareness and relapse prevention as well as emotional management sessions, dance, yoga, accredited courses, literacy and numeracy skills training, and word processing creative writing classes and poetry group.

In addition, women can participate in their own support group activities, while all are able to be involved in on-going peer support (e.g. through participation in Narcotics/Alcoholic Anonymous or Smart UK self help sessions) and in voluntary work. A typical week can consist of a key work session, 2 gyms sessions, an

holistic therapy, one or two groups (an accredited one such as drugs awareness, mentoring practical or emotional management, and an unaccredited one such as Health and Nutrition or creative writing), peer socialising in open access, some use of the computer and some advice on housing or benefits/debts.

If one looks at this in terms of activity volumes, Double Impact offers service users around 30 sessions per week with an average of 10 attending per session; while between 60 & 65 service users attend on a daily basis.

In addition, those who have graduated to become volunteers will be mentoring other service users, planning and getting on with fundraising activities, developing their group work and peer support skills, and on job work experience within Double Impact.

One service user commented:

'Double Impact drew out a talent I didn't know I had, I write poetry through creative writing. When I started poetry my work was dark and sounded painful. Now I write with a comedy feel as my confidence is becoming stronger'.

6 INVOLVING STAKEHOLDERS

HOW STAKEHOLDERS WERE ENGAGED

As noted previously, the first principle of SROI is about involving stakeholders in talking about their experiences of change. Significant service user stakeholder engagement activity was undertaken during the winter of 2012/13, with Lodestar conducting a number of focus groups to identify possible outcomes, and Double Impact staff following these up with individual interviews.

Service User Stakeholder Segmentation

To aid decision making about the most appropriate way to segment service users for engagement, Double Impact's data was initially segmented by gender, age, ethnicity, parental status and sexual orientation. However, as a result of discussions with staff, it was agreed that gender, age and parental status were the most relevant factors to focus the analysis on. This led to the establishment of 5 focus groups: 1) men between 30 and 50; 2) men over 50; 3) all women; 4) both genders, with and without parental responsibilities; and 5) volunteers. DI staff introduced the sessions and then 3 Lodestar practitioners conducted discussions. The main approach was through posing questions to the groups to consider and respond to. Responses were openly recorded on flipcharts and consensus and priorities identified by the groups. As the main end users of the service, group participants were also asked about what changes for them as well as other aspects relating to that change.

However, it was also recognised that the service would result in change for those in close every day relationships with service users – namely some of their family members. It was not possible to engage directly with family members, as they don't tend to have a relationship with the service provider. However, service users were engaged on a separate occasion to tell us what changes they had themselves observed in close family members that they would attribute in part to Double Impact activities.

At a later stage the analysis considers outcomes for stakeholders like the judiciary and NHS; and although these were not engaged with as such, indirect outcomes are included that result from changes for service users.

The following tables outline the breakdown of the relevant categories of stakeholders and the numbers of men, women and volunteers who participated over a 12-month period. The organisation at the time of engagement had 10 months service user data due to contract changes. The full 12 months service user numbers have therefore been extrapolated from the records for 10 months.

TOTAL SERVICE USERS BY GENDER

	NUMBER	% AGE
Men	346	68
Women	163	32
TOTAL	509	

MALE SERVICE USERS BY AGE

	NUMBER	% AGE
Under 30	42	12
30-50	238	69
OVER 50	66	19
TOTAL	346	

FEMALE SERVICE USERS BY AGE

	NUMBER	% AGE
Under 30	23	14
30-50	102	69
OVER 50	38	19
TOTAL	163	

TOTAL SERVICE USERS BY PARENTAL STATUS

	NUMBER	% AGE
Is a parent	323	63
Is not a parent	186	37
TOTAL	509	

Based on a later survey and confirmation from the service that representation was achieved, the total number of service users over a 12-month period (509), were divided into the following sub groups and these figures were taken forward to be considered in the analysis.

Stakeholders	Numbers in each group & considered in the analysis
Men	211
Women	105
Volunteers	193
Total	509

TABLE 5: STAKEHOLDER PARTICIPANTS BY GENDER/STATUS

Questions Used In Engagement

A consistent set of questions covering the areas required by the SROI analysis was agreed for use with each focus group as well as the basis for subsequent individual interviews. Table 6 outlines the questions and the SROI analysis aspect that they address. Questions 1 to 5 are about ‘outcomes’ and seek to elicit what actually changes for service users as a consequence of their participation in DI activities. While questions 6 & 7 are concerned with ‘deadweight’ i.e. what would have happened anyway without DI’s intervention, Question 8 is asking about ‘attribution’ in terms of what either other individuals or organisations may have contributed to the outcome Question 9 is looking for ‘indicators’ or ways to evidence and measure the identified change. Questions 10, 11 and 12 focus on ‘financial proxies’ i.e. valuations of outcomes, a step unique to SROI.

All of these aspects are important, since they identify elements that will be covered later in this report; for instance, expected, unintended or negative change – all of which are accounted for in SROI.

Q.1	What activities do you participate in/contribute to (and how often)?	Introductory
Q.2	What has changed for you as a result of coming to Double Impact?	Outcomes
Q.3	Do you do anything differently as a result, and if so, what?	Outcomes
Q.4	Were there any unexpected changes, and if so were they all positive?	Outcomes
Q.5	If not, what were the negative changes?	Outcomes
Q.6	What do you think would have happened to you if you hadn’t taken part in Double Impact activities?	Deadweight
Q.7	What other services do you think that you could have used if you hadn’t come to Double Impact?	Deadweight
Q.8	While you have been at Double Impact, did anything or anyone else contribute to the experience/change	Attribution
Q.9	How would you show that this change was real or how could someone else see that the change had really happened?	Indicators
Q.10	Can you compare the change to something just as important to you?	Financial proxy
Q.11	If you had to compare this change experience with another experience in your life, what would it be?	Financial proxy
Q.12	How would you place a financial value on the change?	Financial proxy

TABLE 6: SERVICE USER STAKEHOLDER QUESTIONS

Service User Engagement throughout the Process

Different stakeholder engagement methods (focus groups, individual interviews) ensured the reliable identification of the outcomes that service users reported they had experienced. Stakeholders were also asked to think about how they would value outcomes. Participant responses through individual interviews and the use of an online follow up survey, produced data for average attribution rates and deadweight to be established across the range of outcomes. (Please refer to later sections for detail on Attribution and Deadweight).

Overall therefore, the study engaged the main end users of DI's services in discussions about what changed for them, assessed the importance of that change, asked how they would value the change, as well as how much of the change they thought was down to the Double Impact activities they participated in. While the indicators used to demonstrate the actual occurrence of change were derived mainly from subjectively reported stakeholder responses, the online survey exercise was also critical to establishing how much change actually took place for specific outcomes.

Double Impact will share the results of the SROI analysis with service users as well as the wider stakeholder groups, to ensure that discussions continue about the nature of outcomes they experience as a result of their work.

Data Gathering

A survey was used to capture the outcomes identified throughout the chain in the Theories of Change, and to support some existing deadweight, duration and attribution data.

The questions were first piloted with staff and a small number of service users and the questionnaires were then sent out to additional stakeholders during April 2013.

A further wave of responses was sought (from 15th April 2013).

Finally, further service users were encouraged to complete a questionnaire at a Double Impact celebration event on 10th May 2013.

There were 58 responses to the survey in total. 62% were still receiving support from DI, 9% had finished less than 3 months ago and 30% finished more than 3 months ago.

Table 7 below outlines the details of the sample, which is considered to be broadly representative of the wider service users in terms of demographics, although males and females over 50 were slightly underrepresented and 30 to 50 year olds were over represented.

	% of service users	% from sample
Male	68%	66%
Female	32%	34%
Males under 30	12%	9%
Males 30-50	69%	76%
Males over 50	19%	15%
Female under 30	14%	12%
Females 30-50	63%	71%
Females over 50	23%	18%
Parent	63%	60%
Not a parent	37%	40%

TABLE 7: PARTICIPANTS AGE & GENDER

At this stage of the analysis some potentially important statistics emerged:

- 32% had improved their employment situation (half of these moved from unemployed to full time work)
- 53% increased their engagement in education
- 44% increased their involvement in volunteering
- 46% reduced their involvement in crime
- 63% said that overall they felt that they were 'a great deal' more settled and positive about their future (and a further 27% were 'to some extent')
- 66% said that overall they felt 'a great deal' happier and healthier in themselves (and a further 27% 'to some extent')
- 92% were currently free from dependency on drugs and alcohol
- 88% said they had fully achieved goals around alcohol dependency, 85% fully achieved their goals around drug dependency

Other specific changes where a high percentage of respondents said that they had improved 'a great deal' were:

- Feeling more confident in self/own abilities (63%, and a further 35% said 'to some extent')
- Feeling you can be trusted more (61%, and a further 33% said 'to some extent')
- Take more care of yourself (60%, and a further 34% said 'to some extent')
- Your day is more structured (57%, and a further 40% said 'to some extent')

(Percentages above do not include non-responses)

38% (22) of the total sample stated that they had increased volunteering since starting at Double Impact. The following subgroups were therefore created:

	Sample numbers	%
Volunteers	22	38%
Male	24	41%
Female	12	21%

TABLE 8: SUBGROUP SAMPLE NUMBERS

Quantities of the outcomes can be modelled up from the survey sample numbers to represent the total number of services users.

7 UNDERSTANDING CHANGE

WHAT STAKEHOLDER ENGAGEMENT REVEALED

Changes for Service Users

Change for service users (including those who become volunteers and mentors) concerns the interplay between improved personal stability, less chaotic lifestyles, better self-care, with the resultant outcomes around improvement in physical and mental health and a reduction in the likelihood of involvement in crime.

For example, men in the 30 to 50 group talked about the importance of - having a safe environment, increased confidence, self-esteem, self awareness and ability to cope with everyday life; not getting judged and avoiding serial relapsing. So when asked 'what has changed as a consequence?' they said that they - had been given a purpose in life, the opportunity to be more useful to others and were able to achieve better time management; feeling more employable, more trusted and making plans and looking to the future. One man in this age group talked about just being able to 'feel' things again in contrast to going through life in a numbed state.

Another male service user said that:

"I have gone from not caring whether I lived or died, to having a brighter outlook on my future."

And another that:

'I'm more independent, I'm supported/understood'

There were a number of responses that were typical of the discussion in this focus group including:

Service users recognising that their family members trusted them once again; children expressing a sense of 'getting their Dad back'; service users behaving more responsibly towards family and children; having more peace of mind and living life in a less aggressive state.

An interesting negative feeling expressed by one of the group members was the sense of no longer being able to escape oneself through substance misuse – the recovery situation forcing self-acceptance and having to face the world as he was. This could bring additional stresses.

This SROI analysis notes that the male stakeholders in the over 50-age range did not report significantly different changes from the others. Although a separate focus group was held to test this aspect, the outcomes were much the same. These included things like experiencing reduced isolation, better structure to every day and

taking on more responsibility in a personal sense as a result of reduced fear and an improving social life.

One man commented that his reduced state of aggression was helped by his realisation that he personally was less judgemental about how others in the community perceived substance misusers.

Others in this group reached a consensus on their changes around things like:

- Able to be accountable to people again
- Better management of relationships
- Increase in positive loving relationships
- Recovery from position of very low trust
- Feeling good as a more accepted member of society again.

One individual commented on a negative outcome for him that was about missing the enjoyment and satisfaction of being able to have a drink, missing out on life celebrations that involved the use of alcohol and missing friends who expected the social engagement with them to focus around social drinking. This could give a feeling of a restricted life that could lead to bouts of low morale.

This was a small focus group, but it is worth noting that 3 out of 7 participants stated categorically that they felt they would not be alive today to take part in the discussion had they not been involved with Double Impact. Another commented on the quality of life, stating that being in recovery felt to him like being spared being confined to a wheelchair for the rest of his life – a reflection on how confining he felt his addiction had been.

Women stakeholders were engaged with in a women only focus group. They stressed the value of a safe environment while emphasising the relevance of it being 'supportive', which leads to increased trust, reduction in negativity and therefore creating the ability to address fears and to take better care of themselves. The improvements they associated with these changes were - feeling that they were able to give something back and no longer a burden; having hope for the future based on the new structures and healthier routines in their lives that created security and stability.

Reflecting on this, one woman service user said that she had:

'.. been processing lots of buried emotions which have been tumultuous but am moving to a calmer place'

Women also talked about the importance of working, studying, being debt-free, being back with family and able to support children; indeed many said that they felt that they now had their 'whole life' back. One woman described how it had been so long since she had felt happy that she didn't recognise the sound of her own laughter.

Women also talked about no longer feeling stigmatised – the ‘us and them’ feeling where others tended to view them as a bit of a nuisance, constantly anxious and angry. One woman said that she was now able to go to college and mix with others, without feeling that she was different to the other students, which would have stopped her from engaging before.

Another woman talked about the stigma and how she was viewed by other agencies, for example the police would deal with her regularly and started to refer to her as a ‘Skag’ (derogatory term for heroin addict); she described how she didn’t feel that she had any other identity so she took that one thinking;

‘Is that who I am then?’

She also highlighted the importance of the constant positive reassurance, and challenging of low self-esteem, from Double Impact staff and others to regain a sense of self-worth. Along with other service users she had been involved in developing new skills in writing poetry and setting up a poetry group that had boosted her confidence in herself. She described how she had performed her poetry to around 200 people at a recent DI event but had not been nervous because she felt supported.

The peer support from other service users was considered important in both initially engaging with the service and then being able to move forward. Many said that knowing there were other people in their situation, and they wouldn’t be labelled or judged, helped them to feel at ease accessing the service and building trust.

Some of the women had strong views not only about the benefit of the service but also a vision of what might otherwise have happened to them and, for example, their children had they not had the recovery programme with Double Impact:

- Felt they could be dead
- Become mentally ill or mentally incapable
- Felt they could easily have been in prison

Some felt they could have taken a path that led to being disowned by family, a much increased potential for homelessness, loss of control of children, or children taken into care, prostitution through economic meltdown and potentially becoming suicidal. One woman described how her son would constantly check her drink, and would wait outside to make sure that she went into Double Impact– as if their roles had been reversed and he was the parent. Over time however he was able to take a step back from this sense of responsibility, although many said that it takes a while for family members to trust that the change will last.

Some also said that they were able to improve relationships with family members by recognising destructive behaviour or patterns that had led to relapse in the past, and consequently had learnt to set appropriate boundaries to protect themselves. A

consensus theme for women was around again gaining integrity, knowing right from wrong, and the personal knowledge that re-assured them that they could have confidence around having a future.

Women talked about the increasing ability to address their fears and the increased self-esteem that led to improved self-care. Important too was the feeling of being able to do new things, gain new skills and be more involved in society which was the counterbalance to feelings of exclusion and being a burden on society.

Other outcomes for women service users included improved relationships with partners and children, a positive feeling about being able to be a parent again - based on being 'trusted' and the consequent increase in both the quantity and quality of contact with loved ones.

Many women felt that the structure to their week provided by Double Impact enabled them to feel part of the real world again and start to take responsibilities for normal day to day tasks. They were unable to do this before as some felt unable to leave their homes.

One service user summed up the feelings of many when she described the value of Double Impact as:

"An aftercare service, it gives the most a service can give, indirectly gives you an integrity to create your future and give opportunities for it to happen - very grateful for the chance to change."

Changes for volunteers

Both men and women service users at Double Impact have the opportunity to extend their activities at an appropriate time to take part in volunteering activities. This could be internal with DI or outside with other organisations. The internal work could also involve mentoring other service users through their own early stages of recovery. Lodestar engaged volunteers, again as a separate focus group, to determine if there were potentially different outcomes for volunteers.

There was a strong resonance with previously reported feedback on change. Increased confidence and sense of self worth were prominent. There were advantageous feelings in being part of something positive, and volunteers almost unanimously reported the importance of increased feelings of pride and satisfaction at being able to contribute something to others through their work. The ability not just to receive support but also to provide it was recognised as a milestone in recovery. It helped individuals gain a perspective again on needing to be more dependable, and the increased self-reliance actually helped to improve their own recovery capacity.

There were however additional volunteer changes, the requirement and the ability to be more open and honest with others about themselves and their skills, the ability

to identify skills required and go about achieving these through training opportunities available, the ability to shoulder responsibilities and be seen to do this successfully, all contributed to an improved structure to life, a more positive direction in life, an ability to step back into society and - most important for a number of volunteers - the ability to once again access paid employment.

Reconnecting with a social life and friends, the new direction in life and the ability to offer support to others prompted one volunteer to say that:

"I don't feel paranoid that people are looking down on me anymore"

Typical of the expressions of volunteers were the following:

- Able to have a sense of gratitude
- Able to give something back
- Feeling more secure and in a safer place in my life
- Good effect on my family
- Improved ability to work with others
- Learning to listen, be more humble and share my own life experiences
- Acceptance of self and ability to respect others again

There were some negative expressions, mainly around the pressure of responsibility. One person mentioned the 'feeling obligated' side of volunteering activity and others had concerns that taking responsibility for the recovery of others may become a pressure. There was the worry of getting things wrong and the need to juggle volunteering activity with other commitments including family.

Changes for families

Service users families (parents, children and partners) also gained indirectly from the services provided by DI. For their parents, service users reported that increased confidence that they were 'off' alcohol/drugs enabled the resetting of appropriate boundaries in their relationships, with a consequent increase in the frequency and quality of their contact. Typical of changes for these parents was improved relationships with their service user children.

This is reflected in discussions with service users who participated in discussions about the affect their participation in Double Impact's activities had on their own parenting abilities. They talked about the feeling that prior to treatment they had let their children down but now the combination of not 'using' had led to better relationships with their children and improved abilities to deal with day-to-day interactions with them.

Others stressed that being able to manage emotions and communicate feelings, adjusting to talking about more emotional things and being honest enabled them to demonstrate more self-awareness and therefore admit to their children that they had been 'selfish'.

For service users' children, the fact that their father or mother was leading a less chaotic lifestyle created the circumstances for renewed contact, an increase in the stability and security of their relationships, which as well as promoting a sense of pride in their parents, led to an outcome of children feeling more happy and relaxed. They also talked about their children being able to feel 'proud, of them, feeling mutual respect and that they (their children) are less likely to drink themselves.

One male service user said:

"As for my children, I have always maintained regular contact with them, however they are a lot happier now that I've remained sober and so our relationship is a lot healthier, as am I."

Service users commented on how their parenting skills could become dulled through substance misuse. One related their experience of feeling that they had regained or perhaps for the first time, learned emotional tools. They felt more aware of their tone and body language when communicating with children. The combination of not drinking alcohol and the consequent increase in available emotional tools led to better relationships with children. Again, of their children, one service user commented on changed life qualities for them:

'They have hope, they sleep well, they feel proud'

Engagement with service users also revealed potentially important change for partners or perhaps ex-partners in relation to interaction with jointly parented children. There was reduced conflict and a consequent improved relationship. This increasing stability in the relationship enabled the partner in some cases to re-engage with the service user leading to them doing more things together as couples, reducing stress as a consequence and a potential improvement in the sustainability of the relationship in the longer term.

There was a significant message across beneficiary focus groups about how the structure, the safe, the supportive environment and the commitment from staff at Double Impact enabled service users to achieve these important life changes.

THEORY OF CHANGE

The above is a description of the indicative change that was taken forward to a fuller survey of stakeholders to test for these across the wider cohort. The following description of the chain of outcomes has been established from this wider picture.

The diagrams below represent the theories of change for key stakeholders, derived from the focus groups, individual interviews and survey responses, as well as staff views of the experience of the process of change, observable through the staff /service user relationship.

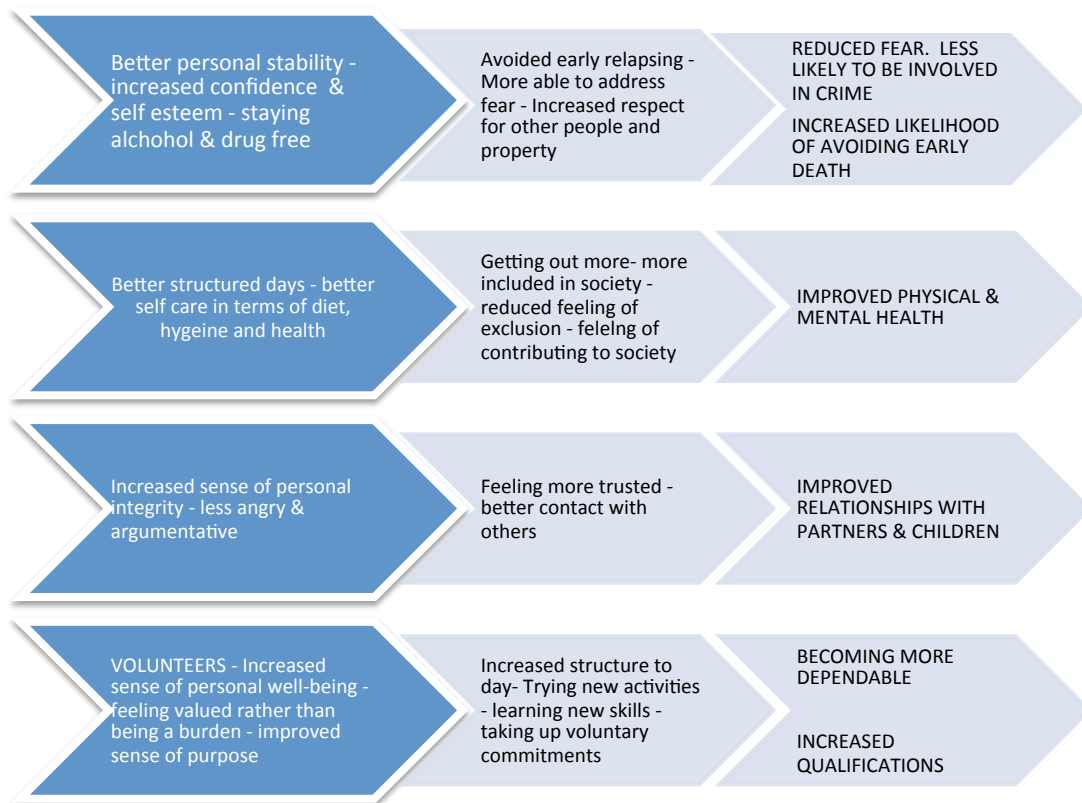


FIGURE 1: SERVICE USER & VOLUNTEERS OUTCOME CHAINS

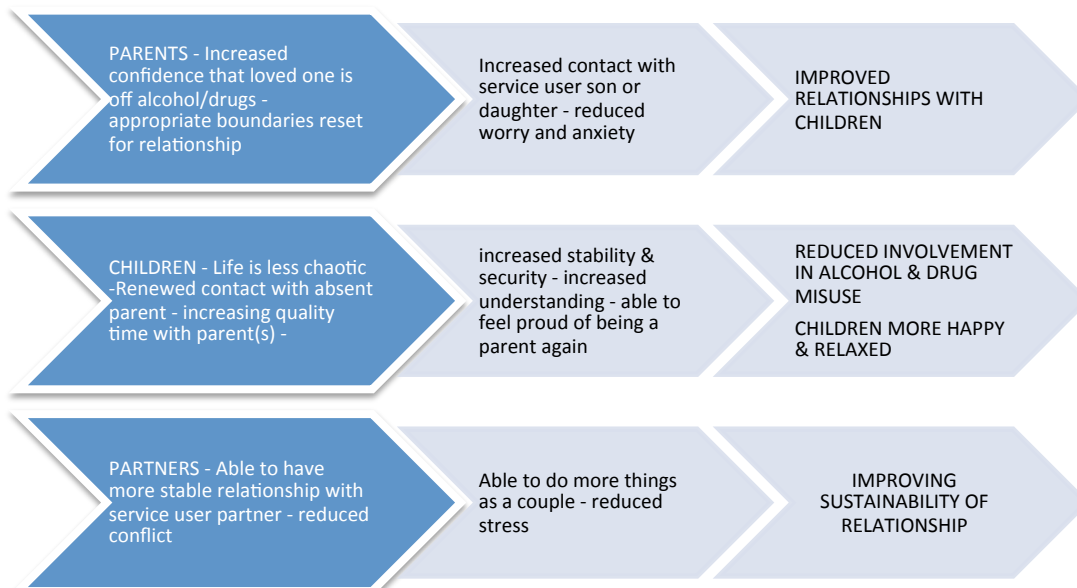


FIGURE 2: FAMILY OUTCOME CHAINS

STAKEHOLDER OUTCOMES

The outcomes that appear in this section are those that have been valued in the social account. They represent points in the chain of change where the outcomes do not progress further for groups or sub-groups of stakeholders. Please refer to the section on the application of Materiality which follows for a discussion on why some outcomes were excluded. For a full picture of the outcomes, the indicators attached to outcomes (indicators are used to support the existence of outcomes and identify how much change has taken place) and the valuations used for each outcome, please refer to **Appendix B**

This SROI study has undertaken a process of stakeholder engagement to construct the theory of change, followed by additional meetings and survey monitoring to gather data that supports the existence of the outcomes identified for stakeholder groups.

The resulting analysis asserts outcomes for the following stakeholders who experience material change:

- **Male service users**
- **Female service users**
- **Service user volunteers**
- **Family members (Parents, partners and children of service users)**
- **State Agencies (also experiencing outcomes as a result of the activities)**

Service User Outcomes

The SROI framework enables a view of created social value through tracking the interest of multiple stakeholders who are likely to experience material change. For service users, including those who are also volunteers and mentors, there is a high level of consistency between their material outcomes (summarised in table 9).

SERVICE USER OUTCOMES – Men & Women
Reduced fear
Improved physical health
Improved mental health
Improved relationships with parents, partners and children
Avoided increased likelihood of early death
Less likely to be involved in crime
Improved ability to manage debt and finances
Avoided homelessness
Increased feeling of being a responsible parent
Increasing qualifications
Finding employment
VOLUNTEERS (Additional outcome)
Become more dependable

TABLE 9: SERVICE USER OUTCOMES

One of the most significant changes for service users was the contribution that DI made to their ability to sustain abstinence. The length of time that they had been abstinent was reported as a badge of pride; for instance, in the male group this ranged from 13 to 42 months.

As a consequence, they were able to gain or regain stability in terms of their relationships with their loved ones; to lose the fear often associated with their previous failure to engage positively with them; eat healthier diets, take exercise and develop the focus and self-awareness required to pursue job-related training and gain qualifications.

Women service users reported similar changes, emphasising the importance of regaining confidence, finding their 'voice' and no longer feeling 'isolated'; as a result both of their participation in DI activities and through sharing similar experiences with others as part of a 'recovery' community. 'Becoming more dependable' and, for some, getting a job was also a key change for service users who had graduated to become volunteers and mentors. This was reflected in their increased sense of 'security', feelings of being valued (as opposed to being a burden) and the ability to 'step back in' to society.

I was staying in a rehabilitation centre in Nottingham for 28 days treatment for alcoholism. After I was discharged I was very reluctant to go to my second appointment at Double Impact. I was full of fear, lost all confidence in myself and suffered from panic attacks constantly. I made a big effort and managed to get there. Besides going into rehab, going to Double Impact was the best thing I have ever done for my recovery. I have never looked back. A friendly face welcomed me straight away and I could feel myself getting more at ease and safe. I've had so much help and support from all the staff and other service users and a big thank you to my keyworker, Jason. For the last 3½ years, after taking a GATE mentoring course, voluntary work at Double Impact has given me more than I would ever have dreamed possible. When I was in the madness of King Alcohol, I would never have thought at some point in my recovery I would be able to help myself, but to be able to give back to others is a wonderful feeling. Double Impact has definitely given me, and many others, a new way of life.

Volunteers were also more likely than non-volunteers to achieve outcomes around reduced fear, physical health, mental health and relationships with others. For example, the survey work identified that 73% of volunteers had 'reduced fear' (compared with 50% of women and 33% of men); while 55% of them reported 'improved mental health' (compared with 25% of women and 21% of men).

One volunteer reported that:

"Learning to deal with my problems gives me a sense of accomplishment and makes me happier. Free gym keeps me fit and has a knock on effect to my mental health."

It is also interesting to note that for all service users around 35% of the outcomes were expected to happen without Double impact. However, as a group, this was slightly lower for volunteers who were less likely to feel that outcomes would have happened without DI. In addition, service users felt that 46% of outcomes were due to other influences, which included both the effects on them of other people that had met through DI and other services they had accessed. This is reflected in the view expressed by one service user who said that:

“I see DI as a road map. It points me in the right direction but it's me that has to travel down the road, street or motorway, and no matter what bends, road works or any other obstacles that are.”

Family Outcomes

The following outlines the outcomes for family members.

PARENTS
Improved relationships with service user son or daughter
CHILDREN
More happy and relaxed
Reduced involvement in substance misuse
PARTNERS
Improved sustainability of relationship
Reduced stress (as a consequence of reduced conflict with service user partner)

TABLE 10: FAMILY MEMBERS OUTCOMES

I seriously considered what Double Impact had to offer in Jan of 2010, and during this time, decided that I was unable to control my drinking and that I had to abstain completely, for an indeterminate period of time, if I was to get any sort of positive quality and meaning of life back together. Having agreed a recovery care plan with my key-worker (I detoxed myself by gradual reduction), I really 'went for it' 100%, to stay sober and improve my life.

I started attending the educational support groups Double Impact had on offer, and then moved on to the accredited courses, and soon had a building portfolio of qualifications, based on self-understanding, and maintaining abstinence. My self-esteem grew, as did my ability to maintain abstinence, and I started volunteering (Peer Mentor), for DI, in June 2010.

I have since (no alcohol since Jan 28 2010) as a volunteer, progressed through DIVA placements (Double Impact Volunteer Academy), in other care agencies, worked as a Senior Mentor, represented DI at other agencies, supported DI groups, and attended external sector educational groups (Nottingham Recovery College).

In December of 2012, following the announcement of the emergence of "Recovery In Nottingham", I was informed through DI that there were positions being created which I would be able to apply for, and the Recovery Peer Support Worker was what I had been working towards. I applied, was successful, and I am now in full-employment, happy and more optimistic about my future, thanks to Double Impact and its committed members, service users and associates.

The changes for service users, in terms of improved relationships were also reported as important to their families. For example, of those who had parents, 41% spent a 'great deal' more quality time with them. Consequently, parents saw their offspring's improved self-confidence as getting back something that had been lost, with a consequent reduction in their levels of anxiety about them.

Partners tended to emphasise the importance of stability in terms of reduction in conflict and therefore improved sustainability in their relationships. This was reflected in their experience of conflict in their relationships, where 33% said they were a great deal more likely to compromise rather than get angry. For children who may also have been drawn into problematic substance misuse, their parents' 'recovery' was reported as reducing their own alcohol and drug consumption; and where they lived apart from their children, 33% of service users said that they had a great deal more contact with them (42% of the sample had no children).

State Agencies Outcomes

Double Impact staff knowledge of other agencies working in Nottingham and their experience of working alongside substance misuse service users, leads to the view that state agencies are likely to experience the outcomes outlined in Table 11 as a result of their work.

STATE AGENCIES
JUDICIARY & PRISON SERVICE
Re-allocation of resources as a consequence of savings in court time
Re-allocation of prison costs for avoided custodial sentencing
NHS
Re-allocation of resources as a consequence of reduced demand for emergency services
Reduced need for on-going community mental health services for people who are taking increased responsibility for improved self-care
Reduced resources expended on physical health needs of people with low self care management resulting from alcohol and drugs misuse
DWP
Reduced costs of benefits for DI clients increased hours per week in employment
LOCAL AUTHORITIES
Avoiding the costs associated with homelessness

TABLE 11: STATE AGENCIES' OUTCOMES

The outcomes for state agencies are substantially concerned with their ability to potentially reallocate resources as a consequence of the impact of DI's work. So for the Courts Service, this is a result of reduced time spent on disposing of offences driven by alcohol or drugs misuse; and for the prison service, being able to spend their scarce resources on fewer substance misuse related disposals from the courts. However, while these are 'savings' in the sense that the identified resources are not being spent on 'recovered' individuals who would otherwise have been sentenced and imprisoned, there is no additional 'cash' made available as a result; rather, they are able to redirect the spending to cover other competing demands in their systems.

Similarly, the NHS benefits both from a reduction in the demand for emergency health services in respect of those admitted to A&E in an advanced stage of intoxication, and from a reduced need for on-going community mental health services for those who are taking responsibility for improved self-care. However, as is evident from on-going media coverage in respect of the increasing demands on the NHS, it could be argued that as a result of societal trends (e.g. an ageing population) and political decisions taken in other parts of the wider health and social care system, these organisational gains may merely be replaced by the latest demands. This tendency is also applicable in respect of the gains made by Department for Work & Pensions (as a consequence of the reduced costs of benefits for DI service users increased hours per week in employment) and for Local

Authority savings (as a result of avoiding the costs of supporting other agencies to meet the costs of homelessness for a short period of time). Consequently, while the value of reduced spend to the judiciary, the NHS, DWP and LA are considered material, and therefore included in the social account, it is clear that in the current economic climate the budgetary benefits for the respective agencies fit into the context of 'doing more for less'.

Unintended Change

Some of the change that has been valued in this analysis could be said to be expected insofar as DI has known in its organisational 'heart' that the work it has been carrying out has produced considerable good for its clients. Consequently, outcomes for service user men and women, as well as volunteers are positive and might be expected. However, the outcomes for volunteers in this study, which proportionately show significantly higher social value compared to stakeholders who do not undertake voluntary work is well worth noting for future development. However, apart from general trends, the advantage of the SROI approach is that the organisation can move beyond the broader claim of achieving positive outcomes to a point of actually measuring and placing a value on these. It is in this latter context that the analysis of any unexpected outcomes is useful.

It is arguably the case that outcomes identified in this analysis that were experienced by close family members, fall into the category of unintended change. This may be so because no funding stream to date for Double Impact will have supported or required accountability for such outcomes. Another way to view these outcomes is to regard their value as something DI has not accounted for before, and in this sense they are additional value resulting from the work. It would therefore be the case that of the total social value claimed in this study, some 11% is accrued indirectly through outcomes experienced by family members and not before accounted for.

Negative change

There is no social value reporting worth its salt that does not take account of the possibility of negative outcomes and hence include potentially negative values. In this study there was no consensus on negative outcomes that would therefore lead to a material negative value. However for an initial period in the analysis we included a potentially negative outcome that was mentioned by a few stakeholders around the following chain of change:

'Losing means of escaping life problems - increased sense of restriction - missing sense of freedom through self-medicating - missing feelings of escaping problems - increased stress'.

This was not supported in the survey or through any external research and so the decision was taken that although it would be important for DI to be aware of this and to think about tracking it into the future, for now it is not going to be a material outcome and so has been excluded from the social account.

MATERIALITY

The term material or materiality has been mentioned above. In SROI materiality is concerned with the information and evidence that should be included to give a true and fair picture, and to enable stakeholders to draw reasonable conclusions about impact. It is judged by reference to a form of testing for 'relevance' and 'significance'.

Relevance of an outcome is judged according to 'fit' with one or more of the following:

- Is it important to stakeholders?
- Is it important to the organisation's policies?
- Is it important to the aims of partners or peers?
- Does it fit with societal norms?
- Does it achieve short-term financial impact?

Significance of an outcome means that magnitude of impact would influence decisions and actions. In this study, significance screening was determined by isolating any outcome that was less than £5k in value after significant reductions in value, either due to having a low value attached in the first instance or due to later deadweight/attribution/ drop-off adjustments, or there simply not being a high enough incidence of outcome quantities to reach a value past this threshold.

The table below shows the stakeholder outcomes considered and included or excluded at a later iteration of analysis on materiality grounds.

STAKEHOLDER OUTCOMES	Material relevance test	Material significance test
ALL SERVICE USERS & VOLUNTEERS		
Reduced fear	Important to DI objectives and fit with societal norms	Significant value
Improved physical health	Important to stakeholders, organisational objectives and societal norms	Significant value
Improved mental health	Important to stakeholders, organisational objectives and societal norms	Significant value
Improved relationships with parents, partners and children	Important to stakeholders, organisational objectives and societal norms	Significant value
Avoided increased likelihood of early death	Not material for women service users but important to other stakeholders, their families in reduced costs to the state	Significant value
Less likely to be involved in crime	Important to stakeholders, their families in reduced costs to the state	Significant value
Improved ability to manage debt	Important to stakeholders, their	Significant value

and finances	parents, partners and children	
Avoided homelessness	Important to stakeholders, their families in reduced costs to the state	Significant value
Increased feeling of being a responsible parent	Important to stakeholders and their families	Significant value
Increasing qualifications	Important to stakeholders	Significant value
Finding employment	Important to stakeholders, their families in reduced costs to the state	Significant value
MALE SERVICE USERS (Additional outcome)		
Improved relationships with partners and children	Important to stakeholders, their families in reduced costs to the state	Significant value
Increased stress (associated with losing means of 'escaping' life problems)		No significant value
VOLUNTEERS (Additional outcomes)		
Improved sense of pride		Included in chain of other outcome. Excluded to avoid double counting.
Become more dependable	Important to stakeholders	Significant value
Paid employment	Important to stakeholders, organisational objectives and societal norms	Significant value
PARENTS		
Reduced worry and anxiety		No significant value due to low incidence of outcome
Improved relationships with children	Important to stakeholders, organisational objectives and societal norms	Significant value
CHILDREN		Significant value
Reduced involvement in substance misuse	Important to both the service user the children concerned, societal norms and costs to the state	Significant value
Children more relaxed and happy	Important to both the service user and the children concerned	Significant value
PARTNERS		Significant value
Improved sustainability of relationship	Important to both the service user and the partner concerned	Significant value
Reduced stress	Important to both the service user and the partner concerned	Significant value
STATE AGENCIES		
JUDICIARY & PRISON SERVICE		
Re-allocation of resources as a consequence of savings in court time	Important to stakeholders, and in reduced costs to the state	Significant value
Re-allocation of prison costs for avoided custodial sentencing		Significant value
NHS		
Reduced need for on-going community mental health services for people who are taking increased responsibility for	Important to stakeholders, and in reduced costs to the state	Significant value

improved self-care		
Re-allocation of resources as a consequence of reduced demand for emergency services	Important to stakeholders, and in reduced costs to the state	Significant value
DWP		
Reduced costs of benefits for DI clients increased hours per week in employment	Important to stakeholders, and in reduced costs to the state	Significant value
SOCIAL SERVICES		
Re-allocation of resources as a consequence of needing to provide reduced support		No significant value – due to low incidence of outcome
LOCAL AUTHORITIES		
Avoided costs on supporting other agencies to meet the needs of homeless individuals for a short period of time	Important to stakeholders, and in reduced costs to the state	Significant value

TABLE 12: MATERIALITY OF STAKEHOLDER OUTCOMES

Materiality testing at different stages throughout the analysis process, led to the outcomes in 'red' in the above table being excluded from the final social account. For example, as mentioned in the discussion above on 'negative' change, the 'increased stress' outcome (associated with losing means of 'escaping' life problems through substance misuse, as a result of participating in treatment) was excluded on the grounds that while potentially important, it was only reported by one participant and was not supported by secondary research. While for volunteers their 'improved sense of pride' was not valued on the basis that it would have been double counting change valued elsewhere in the analysis in a similar chain that related to improved self worth.

Two outcomes were also excluded on the basis that they did not prove to be material (and the quantities of these outcomes were not significant) i.e. for parents, their 'reduced worry and anxiety' as a result of their loved ones being 'off' drugs/alcohol); and for Social Services, the potential 'reallocation of resources' (in terms of reduced time providing support to families with a chaotic lifestyle linked to alcohol and /or substance misuse). Another outcome ('avoided increased likelihood of early death') was excluded for women service users, again because the quantities experiencing the outcome were not significant enough to reach the materiality threshold set at a value of £5k.

Indicators of Change

Indicators are a way of measuring that an outcome has been achieved or a change has happened as well as the amount of change that has taken place.

For most outcomes, the service user follow up survey was used to evidence the change. Each outcome in the chain that lead to the final outcomes (e.g. employment) was considered and respondents were asked whether they had improved 'to some extent' or 'a great deal'. Outcomes were only counted if service

users stated that all the changes in the chain had happened ‘a great deal’. This ensured that *only* those who had experienced *significant* changes as described throughout the chain were included and valued.

To cite a couple of examples – where a service user stated that relationships had improved but they did *not* feel they could be trusted more (initial part of the chain), they would not be counted as achieving this outcome. Or, if they had increased qualifications, but **had not** learnt new skills, they would not be counted as achieving the outcome. The rationale for this is that without achieving all the outcomes in the chain, we cannot be confident that the final outcome has significant value and has been achieved through the positive theories of change identified through the stakeholder engagement.

The other sources considered were DI client exit surveys (60) and data system reports. While these reports were not complete enough to be used to measure outcomes, they were useful in sense checking results from the follow up survey. Secondary research was also considered and used primarily to support initial data on some outcomes..

Table 13 outlines a number of examples of how these outcomes are evidenced and measured.

Stakeholder and outcome	Indicator used	Indicator source
Males: Increased sense of personal integrity - less angry and argumentative - feeling more trusted - better contact with others - Improved relationships with parents partners and children	1. Number of male service users stating 1) they are less angry (a great deal), 2) they feel they can be trusted (a great deal) and then 3) have improved relationships with children, parents OR partners (a great deal)	Service user follow up survey
Stakeholder and outcome	Indicator used	Indicator source
Volunteers: Increased structure to day - feeling valued rather than a burden - trying new activities - learning new skills - taking up voluntary commitments - increasing qualifications	Number of volunteers stating 1) their day is more structured (a great deal), 2) they have learnt new skills (a great deal), and 3) they have increased level of qualifications or started new course	Service user follow up survey
Stakeholder and outcome	Indicator used	Indicator source
Children: Renewed contact with absent parent - Increasing quality time with parent or both parents - increased understanding - able to feel proud of parent again - children more happy and relaxed	1. Number of service users stating that 1) they increased contact with children (a great deal) and 2) have improved relationship with children (a great deal)	Service user follow up survey

Stakeholder and outcome	Indicator used	Indicator source
Females: More structure and increased routines in life - increased security and stability - reduced chaos - avoided homelessness	Number of service users reporting improved housing situation	Client Exit Survey

Stakeholder and outcome	Indicator used	Indicator source
Judiciary and Prison Service: Reduced court time spent on prosecuting crime driven by alcohol and /or substance misuse - re-allocation of resources	Numbers of service users who state that 1) they are substance dependency free and 2) they have reduced crime significantly	Service user follow up survey

For two outcomes, secondary research was used alongside service user outcomes to evidence the change.

Stakeholder and outcome	Indicator used	Indicator source
Avoided serial relapsing - avoided chaotic life - increased likelihood of avoiding early death	Secondary research - Rate of expected early death for dependent drinkers in England	"Annual number of alcohol related deaths in England (6,669) (Alcohol-related deaths in the United Kingdom, ONS, 2010) and the estimated total number of dependent drinkers in England (1.6million)

Stakeholder and outcome	Indicator used	Indicator source
Re-allocation of prison costs for avoided custodial sentencing	1. Service users reporting and outcome inferred (drink and drug related crime levels that reach prosecution.) 2. Secondary research.	Derived from evidence of outcomes for stakeholders above and rates of prison sentences

TABLE 13: EXAMPLES OF OUTCOMES & INDICATORS

Since avoiding negative outcomes are difficult to measure, secondary research was explored to evidence the expected outcomes that had been avoided through Double Impact.

Quantities of change

The quantities of outcomes have been provided in this study primarily through the follow up survey for service users, alongside the client exit survey data and secondary research on expected outcomes for this service user group. The quantities from the follow up survey samples were scaled up to represent the proportion from the total number of service users in that stakeholder group.

It is important to note, from an SROI perspective, that the study has gathered outcomes data directly through asking stakeholders what changes for them and then

checking these responses across the whole cohort. In the example below, 70 out of 211 males reported reduced fear as an important outcome. SROI poses the question 'what happens to the others?' For this study, due to the survey method and the chain of change that identifies outcomes discreet from one another, it was assumed that the remainder don't experience a given outcome. Nor do they experience different outcomes in the chain of change that have not been picked up in other outcomes included in this report. This approach ensures that double counting of outcomes does not become a feature in the final social account.

Table 14 provides a sample of the quantities across the male service user outcomes.

Outcome	Total in group	Numbers experiencing outcome
Males - Becoming more stable - More able to address fear - reduced fear	211	70
Males - Increased confidence - improved self esteem - better self care in terms of diet hygiene and health - Improved physical health	211	53
Males - Better structured days - getting out more - more included in society and reduced feeling of exclusion - feeling of contributing to society - Improved mental health.	211	35
Males - Increased sense of personal integrity - less angry and argumentative - feeling more trusted - better contact with others - Improved relationships with parents partners and children	211	26
Males - Avoided serial relapsing - avoided chaotic life - increased likelihood of avoiding early death	211	0.88
Males - Staying alcohol/drug free - increased respect for other people and property - less likely to be involved in crime	211	88
Males - Reducing chaos in life - better personal stability - increased ability to deal with day-to-day responsibilities - improved ability to manage debt and finances.	211	44
Males - More structure and increased routines in life - increased security and stability - reduced chaos - avoided homelessness	211	37

TABLE 14: EXAMPLE OF OUTCOME QUANTITIES

In most cases the quantity is immediately appropriate to the calculation from the follow up survey or client exit survey and scaled up to represent number of services users over one year. However, for the outcome of avoiding early death, further measurement was required, since it could not be gauged through a survey. Instead, data was explored on the annual number of alcohol related deaths in England¹¹ (6,669) and the estimated total number of dependent drinkers in England (1.6million)¹². From this we can extrapolate an annual rate of alcohol related deaths for dependent drinkers (0.42%) This was then applied to the three service user groups to estimate the number of deaths avoided in one year.

¹¹ Alcohol-related deaths in the United Kingdom, ONS, 2010

¹² Adult psychiatric morbidity in England, 2007 (ONS, 2009)

Moreover, the outcomes of reduced prison costs also applied research on the custody rate for indictable offences (25.3 per cent in 2011)¹³ to the number of service users who stated that their involvement in crime had reduced significantly.

See **Appendix C** for the full table of quantities, numbers from each stakeholder group experiencing outcomes, outcome durations and resulting values.

SUPPORTING RESEARCH

Many of the outcomes identified hitherto can be supported by existing research. In summary, these outcomes included:

- Reduced fear
- Improved physical and mental health
- Improved relationships
- Avoidance of early death
- Reduced crime
- Debt and homelessness
- Being a more responsible parent
- Increased engagement with employment and education.

Where outcomes for other stakeholders are assumed from the service users' responses, in the absence of evidence of the direct effect on other stakeholders, secondary research was required to support the claim that other stakeholders also benefit. This applies to the following outcomes:

- Children's reduced involvement with substance misuse
- Reduced costs of crime
- Reduced costs of health (mental and physical) issues
- Reduced costs of housing issues

Impact on children of parent's substance misuse

The research on the impact of parental substance misuse on children is complex. There is some (although not as great as previously thought) evidence that adult offspring of substance-misusing parents have greater problems in terms of substance misuse or areas of adulthood adjustment¹⁴. Johnson (1995) found "female offspring" more likely to experience depression "regardless of the parental disorder", i.e. mental health or substance use problems, and that male children suffered more drug abuse problems. This was supported by other studies that tended to find female adult children suffering psychiatric problems and male adult children suffering alcohol and drug problems (Matthew et al., 1993).

¹³ Facts and Figures, sentencing council

¹⁴ Understanding and modifying the impact of parents' substance misuse on children, R. Velleman and L. Templeton APT 2007, 13:79-89

However, research suggests that it is problems that are associated with or arise from the (parental) substance misuse, along with a wide range of environmental factors, which can have a stronger negative impact than does the misuse per se. Hence there is a need to view parental substance misuse as part of a far wider, multi-dimensional, picture¹⁵. While acknowledging that the process of keeping children shielded from drug-related activities and their negative impacts is by no means straightforward, one study (Richter & Bammer, 2000) modelled directly from qualitative work with heroin-using females, describes a hierarchy of strategies that these mothers use to reduce harm to their children from maternal substance misuse.

This hierarchy is:

1. Stop using
2. Go into treatment
3. Maintain stable small habit
4. Shield children from drug-related activities
5. Keep home environment stable, safe and secure
6. Stay out of jail
7. Place with a caregiver and maintain as active a parental role as possible

This supports the assumption that supporting parents in a holistic way should improve the life chances for children.

Association between crime and substance misuse

The association between substance misuse and crime has been well documented. Most evaluations of drug treatment show a significant positive impact in terms of reductions in crime. Following the 1995 White Paper on drugs, a government taskforce was appointed to help measure the effectiveness of treatment services. As part of this, the taskforce commissioned the National Treatment Outcome Research Study (NTORS). This study looked at a subset of four treatment types, selected because they were representative of the main types of treatment programme in the UK. Crime costs for service users were considerably high, totalling £5.8m in the three months prior to entering treatment. Types of crime included in the study were shoplifting, burglary, robbery, fraud, and drug offences. A year after entering treatment, crime costs had fallen to £1.8m, although after two years they had increased again to £3.0m¹⁶. This supports the decision in this analysis to model the duration of outcomes (the period that stakeholder outcomes are likely to last) at one year; equal to the intervention period.

¹⁵ Looking Beyond Risk. Parental Substance Misuse: Scoping Study L. Templeton, S. Zohhadi, S. Galvani and R. Velleman, Mental Health Research & Development Unit January 2006

¹⁶ Godfrey et al. (2004) "Economic analysis of costs and consequences of the treatment of drug misuse: 2-year outcome data from the National Treatment Outcome Research Study (NTORS)"

The most influential theory to explain the connection between drug use and crime is that of 'economic necessity' i.e. drug users commit crime to fund their drug habit. However, the connection between alcohol and crime should also be given attention. The severity of alcohol related crime varies widely from relatively low-level offences, such as rowdy drunkenness and public order offences, to serious offences such as violent assault and murder¹⁷. In 2003, in the UK nearly two thirds of sentenced male prisoners (63%) and four fifths of female sentenced prisoners (39%) admitted to hazardous drinking prior to imprisonment¹⁸. A more recent study undertaken at Winchester Prison, found that 35% of prisoners believed that they had a problematic relationship with alcohol, with nearly half (46%) believing that alcohol was linked to their offence¹⁹. There is no evidence of a direct causal relationship between domestic abuse and alcohol consumption - perpetrators use violence both with and without alcohol. However, drinking is known to increase the frequency and seriousness of incidents²⁰.

The evidence supports the assumption that supporting service users in staying substance dependency free while supporting them to address relationships, responsibilities and feeling valued is likely to significantly reduce crime costs.

Association between health and substance misuse

As reported earlier, about 70% of Accident & Emergency hospital attendances between midnight and 5 a.m. are alcohol related; the number of hospital admissions with a primary diagnosis for alcohol-related diseases was 65,825 in 2009/10, and the total costs of alcohol harm has been estimated to be between £17.7 and £25.1bn p.a. of which the cost to the NHS is £2.7bn.

As well as emergency health costs of reaction to substance misuse there are also long-term physical and mental health issues associated with it. Alcohol-related diseases account for 1 in 8 NHS bed days (around 2 million) and 1 in 8 NHS day cases (around 40,000²¹). While 1 in 5 patients presenting to primary health care are likely to be excessive drinkers, and based on the average list size, each GP will see 364 excessive drinkers in a 12 month period. Problem drinkers also consult their GPs twice as often as the average patient²². In addition, long-term alcohol abuse can lead to numerous health problems, including liver and kidney disease, acute and chronic pancreatitis, heart disease, high blood pressure, depression, stroke, foetal alcohol syndrome and several cancers²³.

¹⁷ Alcohol Concern briefing for Police and Crime Commissioner candidates, 2012

¹⁸ Prison Reform Trust (2004) Alcohol and Re-Offending – Who cares?

¹⁹ Institute of Alcohol Studies (2007) Over one-third of prisoners 'have a drink problem', Alcohol Alert 2007, Issue 2,

²⁰ Brecklin, L. R. (2002) The role of the perpetrator alcohol use in the injury outcomes of intimate assaults, Journal of Family Violence, 17(3), pp185-197.

²¹ Local Alcohol Profiles for England data set 2011

²² Heather N and Kaner E, Brief interventions Against Excessive Alcohol Consumption, in Warrell DA, Cox TM, Firth, JD and Benz EJ (eds) Oxford Textbook of Medicine (4th Edition) Oxford Medical Publications 2002

²³ What's your poison: a sober analysis of alcohol and health in the media (NHS Choices, 2011)

Alcohol is the second biggest risk factor for cancer after smoking²⁴ and almost all drinkers seeking help, report symptoms of anxiety and depression. Prolonged drinking can lead to profound and long lasting mood swings, although symptoms of alcohol induced depression can subside during abstinence. While drinking may not cause depression, its effect on personal circumstances, alongside feelings of guilt and hopelessness may increase the likelihood of depressive episodes²⁵. Between 16 and 45% of suicides are thought to be linked to alcohol and 50% of those 'presenting with self harm' are risky drinkers²⁶. This research supports the assumption that supporting service users is likely to lead to a reduction in need for emergency, and longer term physical and mental, health service

Association between homelessness and substance misuse

Substance misuse is both a cause and a result of homelessness. According to Didenko and Pankratz (2007), stable housing during and after treatment decreases the risk of relapse.

However, 'visible' forms of homelessness - including the use of services like hostels or applying to the council as homeless, commonly happen after contact with non-housing agencies, for example mental health services, drug agencies, the criminal justice system and social services. They also occur after periods of 'invisible' homelessness such as sofa surfing²⁷.

This suggests that there may not be straight forward cost savings in supporting services users to improve their housing situation although supporting them to manage bills and live less chaotically is likely to reduce the escalation of issues leading to homelessness.

²⁴ House of Commons Health Committee (2009) Alcohol: First Report Session of 2009-10 London: Stationery Office Limited

²⁵ Alcohol concern, Factsheet 17: Alcohol and Mental Health

²⁶ Prime Minister's Strategy Unit (2003): Strategy Unit Alcohol Harm Reduction Project: Interim Analytical Report. Cabinet Office. London.

²⁷ Tackling homelessness and exclusion: Understanding complex lives, JRF, 2011

8 VALUING OUTCOMES

An important principle of SROI is the valuation of outcomes. Financial proxies are used to value all the outcomes that have been found to be material to this stage, to ensure that they are given an appropriate weighting in the analysis. Valuations can be arrived at by a number of methods.

Stakeholder comments on valuations

The values of outcomes were discussed in the stakeholder engagement workshops and one-to-one interviews. While, many thought that it was impossible to put a price on the changes they had experienced, others said that they felt it was similar to the cost of treatment for cancer, a brain transplant, or no longer needing a wheelchair, as they felt like they had got their lives back.

When asked what they would be prepared to pay or forego to achieve similar outcomes, answers included that they would rather choose Double Impact than a mansion, a cruise, a Porsche or winning the World Cup or the lottery.

One woman quoted the cost of The Priory (a private recovery clinic) at £5,000 a week but felt that Double Impact was worth more because it also helped to integrate her into the community. Many described the experience as being born again/reborn, or as significant as having children, with a number saying that they would be dead without Double Impact. However, service users found it difficult to separate out the values of different outcomes as they felt they all contributed towards having a normal/whole life.

While service user values have been taken into account in terms of priorities given to outcomes in relation to the relative values between them, it is felt that service user values have tended to 'over state' and as a result other sources of valuations have been applied in the study.

Service users were also asked about value to their families. They said that children had their parent back and now spent quality time and could plan holidays together; parents of service users were able to show positive emotions again and partners were able to have family nights together - comparing it to the value of gaining respect and dignity, similar to the outcomes from relationship counselling. They felt that the most significant value was to children, because partners had the option to leave. These comments were taken into account when exploring appropriate financial proxies.

VALUATION METHODS

Where no easily accessible market value exists, the SROI valuation process is interested in the consensus of value, by reference to stakeholders and/or other research.

There are a number of approaches that exist in the field of valuation, some of which is driven by UK government planning processes e.g.

Revealed preference – where value is approximated by looking at people’s choices in similar markets

Stated preference – where value is approximated by asking people what they would be willing to pay to achieve or avoid the outcome

The main approach used in this study is to explore what people may choose to pay for to achieve a similar outcome. For example, for the outcome of ‘regaining trust leading to being more dependable’, it could be determined that a person would need to attend a number of sessions of relationship counselling over a period of time to achieve the equivalent outcome.

It should be noted that valuation here is more concerned about establishing a marker for the likely market value for the equivalent outcome, and does not take into account affordability for the stakeholder. The aim is to achieve a likely consensus on value, based on what is being or could be purchased in the local market place.

Table 15 outlines some examples for illustration purposes.

Stakeholder & outcome	Financial proxy	Unit value	Source of value data
Females - Improved confidence in abilities to function - better able to support own children again - increasing regular contact with children again - increased feeling of being a responsible parent again	Cost of bringing up child responsibly - Average spend of raising child (taking the annual spend on food (£1,770) and clothing for children (£1,021)	2791	Liverpool Victoria Study http://www.lv.com/life-insurance/useful-information/cost-of-a-child

Stakeholder & outcome	Financial proxy	Unit value	Source of value data
Males - Avoided serial relapsing - avoided chaotic life - increased likelihood of avoiding early death	The value to individuals of extended years of living (assumed for this stakeholder at average 15 years) as represented by the UK average savings for pension which is £12251 - representing monetary value that people save for a perceived satisfactory quality of life in the future	12251	"The average pension saving in the UK: SROI Network VOIS database in Veenhoven, Journal of Happiness Studies (2008) where connection made between life quality and added years of life: Veenhoven, R., World Database of Happiness, Erasmus University Rotterdam, The Netherlands
Males - Increased sense of	Average annual family	3125	Family Spending 2009 edition - A

personal integrity - less angry and argumentative - feeling more trusted - better contact with others - Improved relationships with parents partners and children	spending on recreation and culture to represent quality family time	report on the Living Costs and Food Survey 2009,ONS, page 2
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Stakeholder & outcome	Financial proxy	Unit value	Source of value data
Volunteers - Boosted self-esteem -more open and honest with others - increasing skills and abilities in working with others- able to take responsibility - paid employment	The difference between the net increase of disposable income, including tax credit in employment compared to benefits based on working full time with an average salary of £15,921 and being on benefits £9040	6881	Remploy Data, Benefits calculation average from Reducing dependency, increasing opportunity, options for the future of welfare to work by David Freud (DWP) and tax calculations from HM Revenue and Customs

Stakeholder & outcome	Financial proxy	Unit value	Source of value data
Parents of service users - Appropriate boundaries reset for relationship - increased contact with service user son or daughter	1. Market cost for stakeholder to access some quality time with adult son or daughter - cost of two social outings per month. Evening meal out and travel cost: taxi £15 food costs £60 - £75 x 24 = £1800.	1800	Estimated cost of social occasions conducive to interaction and discussion.

Stakeholder & outcome	Financial proxy	Unit value	Source of value data
Judiciary and prison service - Reduced court time spent on prosecuting crime driven by alcohol and /or drugs misuse - re-allocation of resources	1 cost of initial overnight custody at time of offence - £385/night. 2. Court and prosecution costs for alcohol related offences - £330 (Scottish costs)	715	The Societal Cost of Alcohol Misuse in Scotland for 2007, University of York, The Scottish Government. (2009) Proxy 1 from p44 and proxy 2 from page 46

Stakeholder & outcome	Financial proxy	Unit value	Source of value data
NHS - Reduced resources expended on physical health needs of people with low self care management resulting from alcohol and drugs misuse	Assumption of service delivery avoided per person per year: 5 GP surgeries (£36 - £180). 3 GP home visits (£121 - £363). 12 prescription costs (£41 - £492). 10 Hrs Nurse GP Practice (£51 - £510). 10 Hrs Community Physiotherapist (£34 - £340).	1885	PSSRU - Unit Costs of Health & Social Care - 2011 - Sections: 9.1, 10.8b, 10.6 pp133, 146-148

Stakeholder & outcome	Financial proxy	Unit value	Source of value data
LA - Avoided costs on supporting other agencies to meet the needs of homeless individuals for a short period of time	Expenditure avoided by Local Authority. Average cost arising from homelessness, including social costs of homeless and costs of emergency accommodation that local authority would otherwise incur (e.g. B&B)	2665	Refuge, Department for Work and Pensions, Housing Benefit Reform – Supported Housing, Oct 11

TABLE 15: FINANCIAL PROXY EXAMPLES

For the value of avoided homelessness for the Local Authority, two financial proxies were considered. The first was the cost of housing a homeless person over a year (£24,500) including average housing benefit. However, research suggested that often those dependent on substances are considered the ‘invisible’ homeless (e.g. sofa surfing), and it may not be until they come into contact with services that they are given support with housing.

This value was therefore felt to overstate the value of avoiding homelessness to the state as housing benefit may still be required to support those out of work or on a low income who do not become homeless.

The financial proxy of the costs of emergency accommodation, e.g. B&B, (£2,665) was therefore used to represent the value of this outcome to the Local Authority.

The full list of outcomes and how they have been measured (demonstrating that they do take place and how much they take place for a given stakeholder) and valued (using financial proxies) appears at **Appendix B**

IMPACT ADJUSTMENTS

Although service users were often keen to give credit to Double Impact for the changes to their lives, it is important to recognise other factors that have contributed towards positive change. For example, many service users referred to their own personal strength in overcoming substance dependency and often felt that without this they would not have stayed engaged with Double Impact through the initial difficult stages when they had to face their own fears and difficulties. Some also mentioned other services that they had accessed for support, or that the people who they met at Double Impact had actually contributed towards their achievements, through sharing experiences and supporting each other. It is important to take account of parts of the value of outcomes that are created by others, as well as parts that would have happened in any case for stakeholders, without support from Double Impact

The following concepts have been applied in making impact adjustments to the social account:

Deadweight – The proportion of each outcome that would have happened anyway without Double Impact.

Attribution – The proportion of each outcome that was due to other influences, in addition to the work of Double Impact.

Duration and Drop-Off – The number of years that an outcome is reasonably expected to last for, and the proportion of the outcome that is expected to drop off each year, taking account of the fact that value attributable to the work of Double Impact will not be constant but tail off over time.

Displacement – The proportion of the outcome that should be discounted because they are produced from activity that does not result in additional change but just prevents someone else experiencing the change; for example in creating a job for an individual are we just preventing another individual having that job?

Deadweight

The deadweight values in this analysis are derived from the stakeholder engagement, the follow up survey and secondary research. Service users were asked what would have happened without Double Impact in the service user focus groups. As indicated earlier, the responses conveyed the significant impact that they felt Double Impact had made to their lives stating that they would be dead, homeless, isolated, have no contact with children, or have a much slower recovery if they had not accessed Double Impact. While other alternative services were mentioned, many felt that there were no other services available that supported them holistically the way that Double Impact did, through providing a safe supportive environment, daily structure and commitment from staff. Some had accessed counsellors, or other services once a week, but were not able to make the changes they had made with Double Impact. Some said that they felt stigmatised accessing other services because they weren't with others in the same situation as them; while others said that they felt other services were able to offer practical help but Double Impact was about educating them to be able to move forward independently.

The responses from the one-to-one engagement reiterated the huge impact that they felt Double Impact had made: 'I'd be dead' (female) 'probably in prison or dead or seriously injured in some way' (male) 'I'd have committed suicide' (male).

In the follow-up survey, the outcomes identified and measured were grouped into three broad categories:

- Dealing with responsibilities
- Having positive social relationships with others
- Being part of society

Service users were then asked how likely it was that these outcomes would have happened anyway without Double Impact, to account for any variation between types of outcomes.

An example of the responses for the outcome 'dealing with responsibilities' is given in table 16 below:

Dealing with Responsibilities	Female	Male	Volunteers	Grand Total
Very unlikely	4	4	9	17
Quite unlikely	2	6	5	13
50:50	2	7	5	14
Quite likely	1	3	1	5
Very likely	2	1	1	4
Non-response	1	3	1	5
Grand Total	12	24	22	58

TABLE 16: SERVICES USERS RESPONSES

Percentages were then applied to each response so that an average deadweight could be assigned to each group:

Response	%
Very unlikely	5
Quite unlikely	25
50:50	50
Quite likely	75
Very likely	95

TABLE 17: ASSIGNED % FOR DEADWEIGHT CALCULATION

The following % deadweight were then assigned to the different groups of outcomes for the different service user groups to calculate the average deadweight:

	Female	Male	Volunteers	Total
Dealing with responsibilities	39.5	40.0	28.1	35.2
Having positive social relationships with others	37.3	39.3	29.0	35.6
Being part of society	32.7	38.2	29.0	34.2
Average for stakeholder group	36.5	39.2	28.7	35.0

TABLE 18: DEADWEIGHT % FOR EACH SERVICE USER GROUP ACROSS THE THREE DIFFERENT TYPES OF OUTCOMES

Volunteers were more likely to rate deadweight lower, stating that they felt that more than 70% of the outcome would not have been achieved without Double Impact. This may be because the change was more significant for them, or because

they were more realistic about the likelihood of them making changes without support.

For the outcome of avoided death, which was measured using secondary research, the average deadweight for that stakeholder group was applied (37%, 39%, 29%). Research suggests that this may be under-claiming the impact, particularly for those dependent on drugs. Hser et al. (2008) analysed the trajectories of persistent heroin, cocaine and methamphetamine use over a ten-year period. Only 5% stopped using drugs after 3-5 years. For 95% average consumption either increased or remained stable over the ten-year period. This is despite the fact that some of these drug users received treatment.²⁸

Overall there was no a significant variation in deadweight between the types of outcomes, therefore, for outcomes for other stakeholders, the average deadweight of 35% was applied.

Attribution

The attribution values have been informed by the stakeholder engagement and the follow up survey. It is important that the impacts of other agents of influence that may have also contributed to service users making changes are not under-represented.

In the stakeholder workshops service users were asked who else contributed to the changes they made and how much. Alcoholic Anonymous, Narcotics Anonymous, Counselling Extra, Sanctuary, Oxford Corner (primary care), Woman's Aid, The Priority, Framework, Chillout and EVE were some of the other services mentioned, often as being part of the 'whole package'. Some described Double Impact as an 'umbrella service' under which all the other services could be accessed.

Some also mentioned other individuals who had helped, such as those in recovery who they met through Double Impact. They generally felt that more than half of the outcomes were due to Double Impact because they 'learnt principles, how to deal with normal life, challenge low self-esteem through constant positive feedback'. Some suggested attribution percentages given were 50%, 65%/70%, 80% and 90%.

As with deadweight, the follow up survey was used to support the attribution data and asked service users what proportion of the change was due to Double Impact. Again the outcomes were grouped into:

- Dealing with responsibilities
- Having positive social relationships with others
- Being part of society

²⁸ Specialist drug and alcohol treatment for young people – a cost benefit analysis, DFE, 2011

An example of the responses for the outcome of being part of society are given in table 19 below:

Being part of society	Female	Male	Volunteers	Grand Total
0-20%	3	1	2	6
20-40%	1	5	3	9
40-60%	2	5	2	9
60-80%	1	6	7	14
80-100%	2	5	7	14
N/A	2	1		3
(No response)	1	1	1	3
Grand Total	12	24	22	58

TABLE 19: SERVICES USERS RESPONSES - HOW MUCH CHANGE DUE TO DOUBLE IMPACT

The average proportions were calculated for each group and taken away from 1 to represent the proportion of the change that was not considered attributable to Double Impact

	Female	Male	Volunteers	Total
Dealing with responsibilities	53.6	45.5	40.5	46.2
Having positive social relationships with others	51.8	49.0	39.5	47.8
Being part of society	54.4	41.8	36.7	45.1
Average	53.3	45.4	38.9	46.4

TABLE 20: ATTRIBUTION %'s FOR EACH SERVICE USER GROUP ACROSS THE THREE DIFFERENT TYPES OF OUTCOMES

Again, the average attribution figure of 46% was used for outcomes related to other stakeholders, representing the impact of other services. A number of service users also mentioned attribution of other people they met through Double Impact. For example, a volunteer said:

'If I include other service users, that I met through D.I. it would be 100% virtually all the way! Scoring above is a 'staff' score.'

This may explain why female users tended to score the attribution of agencies outside of Double Impact slightly more than 50%. Again, volunteers may rate attribution as lower because of the more significant change to their lives and support from Double Impact in securing volunteering placements.

Deadweight and Attribution values have been derived through estimates informed by stakeholder views. This is considered a reasonably robust method of arriving at impact values that can be claimed as a direct result of Double Impact work, but for prudence nevertheless, the values arrived at have been subjected to sensitivity analysis testing, which is dealt with later in the report.

Duration and drop-off

Double Impact aims to support service users towards independence and to be part of society so that they are more likely to stay substance dependency free after leaving the service. The stakeholder engagement found that this aim was reflected in their responses to how long they felt outcomes would last for. Many felt that Double Impact prepares them for the real world /moving away from treatment. Many ex-service users stayed in this field of work, and were 'giving something back'. They felt that this helped to sustain recovery e.g. some were now mentors, volunteers, or had talked in schools to increase awareness. Many felt that they would not forget the skills/ confidence they had learnt at Double Impact but they needed to know that support was still there if they needed it. These comments represent the hope that outcomes would last but also the reality that it may still be difficult. Many had relapsed a number of times in the past and therefore were aware of the risks of going backwards.

In the follow-up survey service users were asked how long they expected outcomes to last for (between 0 and 5 years). Table 21 indicates the average response for each outcome group.

	Female	Male	Volunteers	Total
Dealing with responsibilities	4.6	4.6	4.3	4.4
Having positive social relationships with others	4.6	4.5	4.2	4.3
Being part of society	4.6	4.4	4.2	4.4
Average	4.6	4.5	4.2	4.4

TABLE 21: AVERAGE DURATION (between 0-5 years) FOR EACH SERVICE USER GROUP ACROSS THE THREE DIFFERENT TYPES OF OUTCOMES DURATION

This suggests that service users were relatively positive about the expected duration of outcomes, perhaps understandably over optimistic. Note that durations of outcomes for the baseline case of the analysis have been set at one year, equal to the intervention period. Volunteers were less optimistic although this may represent the difficulty in sustaining voluntary placements or maintaining outcomes both at home and work.

'I myself needed help and though I have ticked 5 years or more things in life change so fast its coping with the changes in life that can be hard to deal with. All that I have taken from Double Impact is positive.'

60% of the service users in the follow up survey were still receiving some support from Double Impact as shown in the table 22 below:

No, finished attending Double Impact more than 3 months ago	29.8%
No, recently finished attending Double Impact (less than 3 months go)	8.5%
Yes, still receiving support from Double Impact	61.7%

TABLE 22: SERVICE USERS RESPONSES TO WHETHER THEY ARE STILL RECEIVING SUPPORT FROM DOUBLE IMPACT

Those who had finished more than 3 months ago often had positive stories about staying substance dependency free. Research into 're-presentation' rates, i.e. the number of people who require a repeated treatment some time after their first treatment, suggests that a significant proportion of service users do relapse after accessing services. The re-presentation rate for adults is around 50% (41% for those who exit treatment in a planned way compared to 53% for those who leave before treatment is completed²⁹).

Therefore, to ensure that value is not over-claimed, a duration of just 1 year was used across all outcomes, as we do not have evidence that the outcomes last longer than this for Double Impact. This was tested in the sensitivity analysis.

Displacement

The majority of the outcomes that result from the work of Double Impact do not displace outcomes that could be experienced by others. One exception to this is the employment outcome. For this outcome a value of 50% displacement was applied to account for the fact that approximately half of the jobs could have been taken by another unemployed person. The types of employment mentioned were cleaning, carers, charity shop worker, working for Double Impact. 50% was felt to be an appropriate displacement proportion assuming that half of the jobs would not have been created or filled. The displacement for all other outcomes is set at 0%.

²⁹ Specialist drug and alcohol treatment for young people – a cost benefit analysis, DFE, 2011

9 THE SROI CALCULATION

THE SROI RATIO

In the study we have addressed the story of Double Impact's city services. It's a story about struggle and slow but sure recovery, some relapse but in the main, the emergence of a safer and more responsible lifestyle for many service users as well as the resulting benefits for their loved ones. The story has strong messages as well for state agencies and the benefits to them of having the service available. This section focuses on the monetary value of the outcomes that are claimed in the report. An important and unique aspect of SROI is the valuation of outcomes in order to view them as a return for the investment in the activities.

The method of valuation has been outlined previously. Table 23 below shows the value of outcomes experienced by the groups of stakeholders who are deemed to have experienced material change attributable to Double Impact.

Outcomes for	% Value	Social Value attributable to Double Impact
Women users	5%	£114,927
Men Users	15%	£367,236
Volunteer Users	28%	£672,200
Family members	11%	£258,399
Judiciary and Prison Service	21%	£493,950
NHS	13%	£310,291
DWP	3%	£72,552
Local Authority	4%	£84,187

TABLE 23: SOCIAL VALUE BY STAKEHOLDER GROUP

In the stakeholder groups above, men and women users are separated, but service users who also experienced additional outcomes as volunteers include both men and women. The higher value attributed to male stakeholders can partly be accounted for due to higher male numbers in the service. The higher value to volunteers comes from the additional outcomes experienced directly through the volunteering activity.

The following is a view of social value returned per head by stakeholder group:

Stakeholder	Total group value	Value per head
Women users	£114,927	£1,095
Men Users	£367,236	£1,740
Volunteer Users	£672,200	£3,483
Family members	£258,399	£508

TABLE 24: SOCIAL VALUE PER HEAD

The SROI ratio, the return value from the activities expressed as a ratio of the investment is set out below. Calculations include discounting to take account of reduced value of money over time (discounted at 3.5% as advised in Government Green Book for grant-aided investments). This results in the total present value shown below.

Total Value	£2,373,743
Total present value (discounted at 3.5%)	£2,293,472
Investment cost	£457,224
Total value less investment cost	£1,836,248
Ratio of return	£4.02: £1

FIGURE 3: SROI RATIO FOR DI ACTIVITIES INCLUDED IN THIS STUDY

The Net Present Value (NPV) is the value of outcomes less the cost of the investment needed to create them. The Ratio here is therefore the return value of outcomes derived from dividing the added value by the investment cost.

Based on the data produced by the study, DI returns just over £4 for every £1 invested in the programmes detailed here. The result of just over £4 is the total ratio of outcomes value to investment.

This result is based on the set of conditions that pertained at the time of data collection and on the considered view of staff and practitioners on the likely duration of outcomes, which for this study has been set at one year, equal to the intervention period. This is due to the strong causal link between the intervention and the likelihood of relapse, which is much less likely during this period. While this means that the outcomes are considered to take place during the year of engagement with the activities, for some users the outcomes could last longer. The social value in this case would be under-represented but to determine the validity of increasing durations for some service users, DI would need to undertake a longitudinal study of the duration of their interventions and relapse behaviours.

Beneficiaries may also have under reported on how much of the impact claimed is due to DI and how much was helped by other factors in addition to DI. Potential variation in the ratio due to some of these factors is discussed in the 'sensitivity' section, which follows this one.

Another way to set the return ratio in context is to consider the payback period – the amount of time that would need to pass before the return value is equal to the investment. **If the outcomes accrued value at a steady rate, they would return value equal to the investment in the activities of DI in 2.4 months.**

The charts below show the share of value experienced by different stakeholders and the proportion of stakeholder value relative to investment cost:

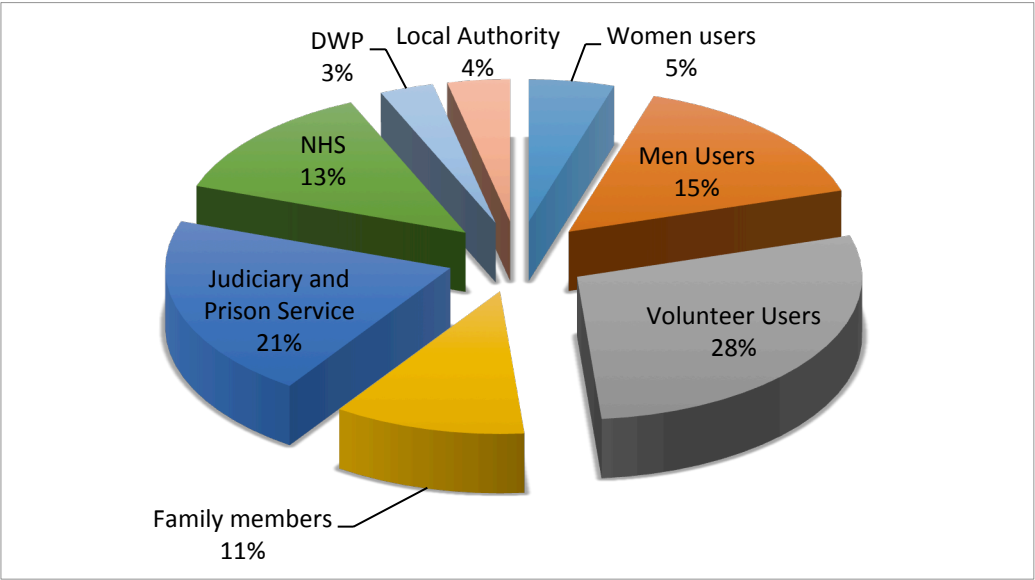


FIG 4. PERCENTAGE SHARE OF SOCIAL VALUE ACROSS STAKEHOLDER GROUPS

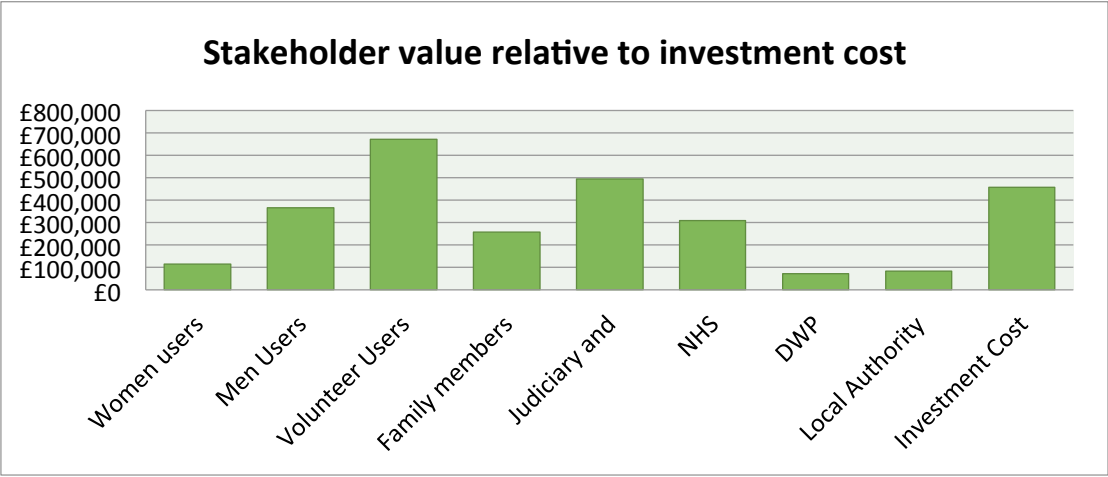


FIG 5. STAKEHOLDER VALUE RELATIVE TO INVESTMENT

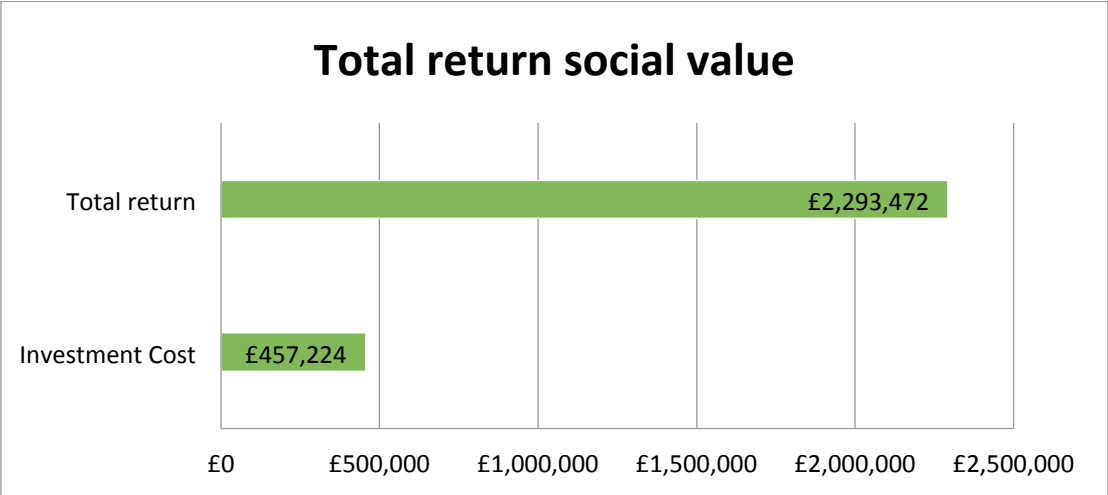


FIG 6 SOCIAL RETURN ON INVESTMENT

SENSITIVITY OF THE FINDINGS

There are some reporting conditions and assumptions that are inherent in the development of the social account, and these are subjected to sensitivity analysis in order to judge the robustness of the result. The implication is that should changes in assumptions related to existing assumptions produce a significant change to the result, then the original assumption is not sound and cannot remain. This is about recognising that where proximity to value is required any aspects that require this approach should be tested. The items included here are as follows:

- Attribution values - testing for a higher value than the baseline used
- Outcome quantities
- The largest value outcome in the analysis - an outcome that is proportionally higher in value in relation to other outcomes in the account.
- Duration of outcomes
- Materiality threshold

Attribution values have been tested to ascertain whether or not beneficiaries have under reported the amount of impact that could be due to other factors outside the direct Double Impact intervention.

For example, it could be argued that societal influences, the experience of stigma in the past, influence of children and partners/parents as well as media messages could all contribute something to the achievement of the impact alongside the DI programme.

Outcome quantities in this analysis are derived from data from a representative sample of the cohort. These have been reduced for prudence to observe the effect.

The value of the largest value outcome has also been tested; and the duration of outcomes is set in the analysis at 1 year due to the indisputable strength of the causal link between being on the programme and the reduced chance of relapse.

We noted that stakeholders considered the effect of the programme as likely to last longer – average around 4.5 years across all outcomes. We think this is too optimistic given the nature of the problem the service is aimed at. We have however tested the sensitivity of longer durations in this section.

In this study outcomes with a value of less than £5k have been excluded on grounds of significance (see materiality section earlier in report). We have also tested values of less than £15K here in sensitivity.

The table below shows the variables tested and the effect on the final ratio.

Item	Baseline Value	New Value	Baseline Ratio	Ratio Change
Attribution	Variable - average 40% across all outcomes	Increased to average 60% across all outcomes	£4.02	£2.58
Outcome quantities	Variable - across various outcomes and numbers of stakeholders	Reduce quantities by 25%	£4.02	£2.76
Largest single value outcome – value of £454K for avoided custodial sentencing costs for state.	£454,000	Reduce by 25%	£4.02	£3.78
Outcomes durations	1 year for all outcomes	Increase outcomes to 2 years	£4.02	£7.92
Outcomes durations	1 year for all outcomes	Increase outcomes to 4.5 years	£4.02	£14.03
Materiality Threshold (significance)	All outcomes with value lower than £5k excluded	Exclude all outcomes with value less than £15k	£4.02	£3.82

TABLE 25: SENSITIVITY TESTING

The attribution variable is slightly sensitive in that an increase in attribution of 20% reduces the final ratio by close to 30%.

This is not a substantial change but does need to be taken into account in terms of further data that might be acquired for this particular aspect. The key question is around whether or not service users are under reporting the effect of influences external to the DI programme that could be contributing to the impact and therefore not attributable to DI.

Most delivery organisations are tempted to overstate the stakeholder value that is attributable to their activities. For prudence we believe that the ratio achieved by DI could more accurately be expressed as a range between £2.58 and £4.02 on this element.

The less optimistic scenario used here though leaves a return ratio that is still very impressive – over 2.5 times return on the investment in it, even if a higher attribution to others rate were used.

The materiality threshold tested here does not reveal particular sensitivity. Outcome quantities are slightly sensitive but the data used here to ascertain outcome quantities is based on a representative sample across all the stakeholders using a survey and so the original position is based on solid assumptions.

Increased durations create a dramatic increase in the ratio, but prudence is maintained by leaving durations of outcomes equal to the intervention period, taking into account the potential high rate of relapse into old behaviours for the main beneficiary stakeholders. However, for some individuals, outcome durations could last longer.

If we said that the overall effect of some durations lasting for some service users for between 2-3 years (taking 2 years across all outcomes as an average) this would increase the ratio to £7.92: £1.

This would provide an upper range of the social value created by DI to lie between £4.02 and £7.92 for every £1 invested.

10 CONCLUSIONS & FUTURE IMPLICATIONS

The most recent advice to substance misuse commissioners from the Joint Commissioning Panel for Mental Health stresses that:

'Investment in drug and alcohol services gets results. Treatment, as part of a co-ordinated public health approach is proven to be cost effective for health services and society as a whole. Disinvestment brings with it a risk of reversing the progress made over recent years.

*A strong evidence base exists for the range of interventions that are effective in substance misuse. Commissioning should be based upon this evidence using NICE quality standards.'*³⁰

This guidance also highlights that effective drug and alcohol services can both combat the significant negative impact on individuals and wider society, and reduce the considerable economic costs associated with problematic substance misuse. Consequently, both government agencies and substance misuse commissioners recognise the importance of good drug and alcohol services for individuals, communities and society.

In these terms, Double Impact is clearly a successful organisation that both achieves a good return for the commissioners' investment and creates social value through positive change for a range of stakeholders. However, to determine the implications of DI's success for future service delivery, we must also understand what may lie behind any variations in some of this value for different service users, and examine how any currently unrecognised values are sustained and developed.

Social value for all service users

It is clear that those service users who participated in Double Impact's activities have benefited from improved levels of health and what might be described as general wellbeing, and through better relationships with parents, partners and children. This is reflected in their increased confidence, self-esteem and better self-care; avoidance of serial relapse, reduced chaotic lifestyles and therefore increased likelihood of avoiding early death. Improved personal and relationship stability also enabled many to be less likely to engage with the acquisitive crime associated with the need to fund their 'habits', and to re-engage with the day-to-day challenges of increasing their job searching skills and managing debt.

³⁰ Practical Mental Health Commissioning: Guidance for commissioners of drug and alcohol services, www.jcpmh.info (2013)

Social value by gender

The study exposes the fact that the value of very similar sets of outcomes are subject, in terms of value, to some gender variation; the most significant of which were that male service users are more likely to achieve outcomes around staying substance dependency free leading to a significant reduction in the likelihood of being involved in crime (42% of males compared with 8% of females) whereas, female service users were more likely to achieve outcomes around reducing chaos in their lives leading to better personal stability and therefore improving their ability to manage debt and finances (as reported by 42% of females compared with 21% of males). While these variations may reflect both statistical norms (more men than women prosecuted and sentenced for criminal activity, and in treatment for problematical substance misuse) and societal stereotypes (women's traditional control of household budgets and more oppressed by the prospect or actuality of family debt while their partners are still 'using') they are insufficient differences upon which to base practical social policy responses to the problems highlighted.

On the other hand, it is clear that the social impact that DI produces means that they are certainly doing something 'right' in terms of their contribution to service users achievements; for example, around reduction in likelihood of their involvement in crime and ability to deal with household debt. However, it is also evident that DI offers the context and the environment to enable service users to become part of 'recovery communities' that are vital to building individual resilience in the face of the continuing temptations to continue to 'use', and without which relapse would inevitably be higher.

To put this in context, approximately 46% of service user outcomes were thought to be attributable to other influences. This included other services provided by other organisations in the wider treatment system, which they were referred to or had accessed, as well as the impact of other people that had met through DI.

Social value for volunteers

There is a very marked trend in this report that clearly shows increased social value attached to the additional outcomes that take place for volunteers (additional to the value of outcomes for a service user had they not taken part in the volunteering programme). This has implications for the 'volunteer' aspect of future DI work in terms of its importance to the contribution to the recovery model.

In general, service users who 'graduated' to become volunteers also gained from an improved sense of pride and purpose, increased dependability and new skills that enable some of them to gain employment. Some volunteers also reported that improved reliability increased their feeling of being a responsible parent, which in turn had a positive effect on the quality of relationships for their families as a whole.

However, while volunteers achieved similar outcomes based on their gender, the skills and role status they attained enhanced their experience and the value they

derived. This is reflected in 72.7% of them reporting reduced fear (compared with 33.3% of males and 50% of females); 54.5 % said that they had better mental health (compared with 20.85 of males and 25% of females) and 40.9% reported improved physical health (compared with 25% of males and 33.3% of females); while 36.4% of volunteers felt that they had achieved improved relationships with parents, partners and children (compared with 12.5% of males and 16.7% of females). It is apparent therefore that volunteers are more likely than non-volunteers to achieve important outcomes with enhanced social value.

Additionally, it is likely that these volunteer values are an example of change that has not previously been valued separately by Double Impact. So taking account of their significance, it is important to recognise, acknowledge and sustain these significantly larger benefits than accrue from being a volunteer with Double Impact.

Social value for service users' families

The changes reported for service users (including those who had become volunteers and mentors) which produced quantifiable gains for them, also contributed to reduced worry and anxiety for their parents about the impact of the service users negative behaviours, and the related opportunity created for improved and more frequent contact, with both their son/daughter and their grandchildren. Whereas for partners and children of service users, the stability that replaced the chaotic lifestyles identified above, contributed to the restoration of more stable relationships, reduced stress and interestingly, has also facilitated reduced problematical substance misuse in respect of some of those same children who had been exposed themselves.

Social value for the Nottingham Commissioner

During the period of this analysis (January to December 2012) Double Impact were commissioned to provide integration (aftercare) services as a specialist provider (rather than as part of the integrated whole city treatment system which commenced in January 2013). From the commissioner's perspective, DI's part of the previous 'system' worked well for many individuals, and as an organisation they were ahead of their time in terms of 'recovery' focus and practice'. As a consequence they provided 'thought' leadership and acted as champions for recovery principles, before these were formally integrated into commissioning requirements.

Under the new contract, service users' perspectives are not a 'bolt on' at the end of treatment, but like the proverbial Blackpool rock, runs the whole way through service users' treatment journeys; and because of their depth of experience in it's principles and practice, Double Impact is a key driver of this change and brings significant professionalism to it.

Social value for state agencies

Although state agencies outcomes all have causal links to the service users outcomes (with the exception of the potential savings in social services budgets as a consequence of them having to provide less support to families with a chaotic lifestyle associated with substance misuse - which was excluded at the latter stages of this analysis on materiality grounds) Double Impact's expertise in working with those who have to deal with the consequences of problematic substance misuse (service users, their families and communities) will inevitably have an indirect bearing on the consequent likelihood that state agencies will benefit.

This is exemplified in potential resource changes for the NHS in terms of the DI impact on the future provision of both emergency and mental health services; for the criminal justice system through processing less alcohol and drugs related criminal activity; for the Local Authority as a result of avoided homelessness; and the DWP through the reduced cost of benefits that are no longer being claimed by DI clients' as a result of their increased hours per week in employment.

Summary of Conclusions

This report evidences that Double Impact enables service users who engage in their activities to:

- Improve and sustain their ability to maintain abstinence from problematical substance misuse
- Avoid involvement in acquisitive substance misuse related crime and anti-social behaviours
- Benefit from their participation in terms of the development of self-confidence
- Find their voices and share experience with others and as part of a recovery community
- Gain or regain stability in terms of improved relationships with peers, parents, partners and children
- Eat healthier diets, take exercise and develop the focus and self-awareness required to pursue job-related training and gain qualifications and, for some, employment
- Achieve improved physical and mental health
- Enable volunteers to have an increased their likelihood of achieving key outcomes

For families, Double Impact's effect on the lives and behaviour of service users enabled:

- Parents to regain trust in and reduce their anxiety about their offspring, and as a consequence restore relationships with both their children and grandchildren
- Partners to benefit from the reduction in conflict within their relationships and to regain some lost stability
- Children to reconnect with their 'lost' parents and, for some, to remodel their own problematic substance consumption in the context of successful parental 'recovery'

As a result of their expertise in working alongside service users and their families, and their consequent role as practice leaders for effective 'recovery' from problematic substance misuse in Nottingham, Double Impact's activities have also resulted in social value for partner organisations and state agencies.

FUTURE IMPLICATIONS

This SROI analysis demonstrates that as a consequence of activities focused on the 'recovery' of those who engage in problematic substance misuse, Double Impact generates significant social value for a range of its stakeholders.

The stakeholders are those for whom the DI service creates both very relevant and significant change, and these are the stakeholders that DI should continue to engage with and continually consult about the future sustainability of current and future services.

For Double Impact, the key implications of these findings for the future are concerned with doing more of the same, but doing it better in the context of knowledge about what future actions are likely to increase the creation of social value.

Having created a tool for measuring social impact, future development can include acting on evidence to ensure for example that they deliver equality of outcomes for both men and women; promote the additional value their volunteering opportunities create and secure the resources required to sustain them through the advantage of proactively being able to communicate the return on investment produced by DI methods of working.

For DI to continue to track social value creation as well as guarding against the potential creation of negative value, it will be crucial that the on-going monitoring and tracking of SROI outcomes is integrated into DI's existing data gathering systems.

DI will need to review their monitoring systems to capture SROI outcomes while enabling the data capture of potentially new outcomes that could take place in the future.

DI should consider implementing an internal reporting process that accounts for social value performance alongside its normal financial reporting process.

Externally, DI should continue to work with commissioners to secure support for their role as practice leaders and recovery champions within the Nottingham substance misuse treatment system.

While it is clear that DI's reputation and track record in recovery approaches is recognised both by the commissioner and other partners in the treatment system, since it was not within the scope of this analysis to engage with other providers, it has not been possible to value the impact of improvement in the 'recovery' focus of the treatment system in Nottingham as a result of Double Impact's innovation and good practice leadership.

However, the key strategic and effective service delivery implications for the Nottingham commissioner (and indeed for the achievement of the priority in the government's Drug strategy) are concerned with how the social value that Double Impact creates for its service users, their families and communities can be replicated by other providers in the wider substance misuse treatment system.

11 RECOMMENDATIONS

In essence 'recovery' from problematic substance misuse is determined by how well service users achieve control of their behaviour and the levels of improvement in their health and wellbeing, including the quality of their relationships with families, peers and local communities. Measured in these terms, Double Impact's work has significant impact on the lives of their service users and there is a strong causal link between the resources made available, staff expertise and the creation of outcomes with significant value, for a range of stakeholders. Consequently, this report highlights the social impact of the results achieved by Double Impact, acknowledged by the local commissioner and reflected in NDTMS performance data.

It is therefore recommended that Double Impact:

- Seeks to understand the gender variations in outcomes for service users and take any appropriate action to ensure that there is a greater consistency for men and women
- Given the proportionately higher social value created, examines how to communicate the additional value that participation in their volunteering activity offers, and pursue the means by which this element of the programme in particular can continue to be resourced to meet all demand that may be placed upon it in the future.
- Considers how the hitherto unaccounted for social value they create for families of service users (and for which they are not directly funded) can be better recognised.
- Considers how they can use SROI approaches as a contribution to better communicating the outcomes of their work with problematical substance misusers, and to demonstrate to funders the return on their investment.
- Reviews its monitoring systems to integrate or, if not possible, create a tracking mechanism for the existing material outcomes identified by this analysis, for continuing to engage with stakeholders experiencing material outcomes and for picking up potentially new outcomes in the future, all aimed at capturing and tracking social value creation.
- Explores how commissioners can support them to continue being innovative recovery champions and contributing to positive solutions within the wider local substance misuse treatment system

In addition, it is recommended that commissioners:

- Consider the means by which the kind of positive value creation achieved by Double Impact can be replicated for the delivery partnership as a whole.

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APPENDIX A – Glossary of terms specific to SROI

Attribution - An assessment of how much of an outcome was caused by the contribution of other organisations or people.

Deadweight - A measure of the amount of an outcome that would have happened even if the activity had not taken place.

Discounting - The process by which future financial costs and benefits are recalculated to present-day values.

Discount rate - The interest rate used to discount future costs and benefits to a present value.

Displacement - An assessment of how much of the outcome has displaced other outcomes.

Drop-off - The deterioration of an outcome over time.

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

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

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

Income - An organisation's financial income from sales, donations contracts or grants.

Inputs - The contributions made by each stakeholder that are necessary for the activity to happen.

Materiality - Information is material if its omission has the potential to affect the readers' or stakeholders' decisions. Material outcomes in SROI are determined by a test of both relevance and significance.

Monetise - To assign a financial value to something.

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

Outputs - A way of describing the activity in relation to each stakeholder's inputs in quantitative terms.

Outcome indicator - Well-defined measure of an outcome.

Scope - The activities, timescale, boundaries and type of SROI analysis.

Sensitivity analysis - Process by which the sensitivity of an SROI model to changes in different variables is assessed.

Social return ratio - Total present value of the impact divided by total investment.

Stakeholders - People, organisations or entities that experience change, whether positive or negative, as a result of the activity that is being analysed.

APPENDIX B - Outcomes, Indicators and Financial Proxies

The report references material outcomes claimed for included stakeholders in the SROI analysis. This section gives more comprehensive detail of outcomes and how they have been measured and valued.

Common Outcomes for Volunteer, Men and Women users attending programmes

Outcome	Becoming more stable - More able to address fear - reduced fear
Indicator	Number of people self-reporting. Number stating that they are more able to deal with their fears (a great deal)
Data source for indicator	Follow up survey
Financial proxy description for outcome	Market cost to stakeholder of counselling to achieve same outcome - 10 x 1 hour sessions of counselling at average cost of £35 per hour
Value Financial proxy (per unit of outcome)	350
Source of Financial proxy value	average hourly cost derived from a number of advertised locally available counsellors on site - accessed 12 June 2013 http://www.counselling-directory.org.uk/trauma.html

Outcome	Increased confidence - improved self esteem - better self care in terms of diet hygiene and health - Improved physical health
Indicator	1. Number of people self-reporting. Number stating 1) that feel more confident (a great deal) and 2) take more care of their health (a great deal) and 3) feel happier and healthier (a great deal) 2. Secondary research.
Data source for indicator	Follow up survey
Financial proxy description for outcome	1. Market cost for improved diet/healthy eating related to physical improvement. Annual cost of belonging to Weight Watchers - £250 per annum 2. Cost to stakeholder of maintaining a better physical fitness regime: Annual cost of local health club membership taken from lower end of cost range at £30 per month = £360
Value Financial proxy (per unit of outcome)	610
Source of Financial proxy value	1. http://www.weightwatchers.co.uk/plan/mtg/promos.aspx 2. Health club fees - http://www.crownspahotel.com/health_club/being_a_member.php

Outcome	Better structured days - getting out more - more included in society and reduced feeling of exclusion - feeling of contributing to society - Improved mental health.
Indicator	1. Number of people self-reporting. Number stating 1) that their day is more structured (a great deal), 2) they no longer feel excluded (a great deal) and 3) they feel they are contributing to society (a great deal)
Data source for indicator	Follow up survey
Financial proxy description for outcome	Counselling to reach the same level of improved mental health - (based on one hour per week for 6 months at £35 per Session
Value Financial proxy (per unit of outcome)	910
Source of Financial proxy value	average hourly cost derived from a number of advertised locally available counsellors on site - accessed 12 June 2013 http://www.counselling-directory.org.uk/trauma.html

Outcome	Increased sense of personal integrity - less angry and argumentative - feeling more trusted - better contact with others - Improved relationships with parents partners and children
Indicator	1. Number of people self-reporting Numbers stating 1) they are less angry (a great deal), 2) they feel they can be trusted (a great deal) and then 3) have improved relationships with children, parents OR partners (a great deal)
Data source for indicator	Follow up survey
Financial proxy description for outcome	Average annual family spending on recreation and culture to represent quality family time
Value Financial proxy (per unit of outcome)	3125
Source of Financial proxy value	Family Spending 2009 edition - A report on the Living Costs and Food Survey 2009,ONS, page 2

Outcome	Staying alcohol/drug free - increased respect for other people and property - less likely to be involved in crime
Indicator	1. Number of people self-reporting Number stating 1) they are substance misuse free and 2) have reduced their involvement in crime (a great deal)
Data source for indicator	Follow up survey
Financial proxy description for outcome	Opportunity cost in lost earnings (at national minimum. wage) of a 3 month custodial sentence
Value Financial proxy (per unit of outcome)	3218
Source of Financial proxy value	HM Revenue and Customs National Minimum Wage https://www.gov.uk/national-minimum-wage-rates -Assume national minimum wage (£6.19, 2012) 40 hours a week/ 13 weeks

Outcome	Reducing chaos in life - better personal stability - increased ability to deal with day-to-day responsibilities - improved ability to manage debt and finances.
Indicator	1. Number of people self-reporting Number stating 1) that their day is more structured (a great deal), 2) they feel more settled and positive about their future (a great deal) and 3) they are more able to deal with debts/manage money/pay bills (a great deal)
Data source for indicator	Follow up survey
Financial proxy description for outcome	Average cost of personal finance course - market cost for stakeholder to achieve same outcome
Value Financial proxy (per unit of outcome)	1281
Source of Financial proxy value	Open University http://www3.open.ac.uk/study/undergraduate/course/db123.htm

Outcome	More structure and increased routines in life - increased security and stability - reduced chaos - avoided homelessness
Indicator	1. Number of people self-reporting 2. Secondary research.
Data source for indicator	DI exit surveys
Financial proxy description for outcome	Market cost stakeholder would pay to avoid homelessness - 3 months rent in open market (£707 a month).
Value Financial proxy (per unit of outcome)	2121

Source of Financial proxy value	Zoopla, 2012 http://www.zoopla.co.uk/property-news/renting/uk-average-rental-prices-fall-801329447/
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Outcome	Improved confidence in abilities to function - better able to support own children again - increasing regular contact with children again - increased feeling of being a responsible parent again
Indicator	1. Number of people self-reporting Number stating 1) they feel more confident in their own abilities (a great deal) and 2) have more regular contact with their children
Data source for indicator	Follow up survey
Financial proxy description for outcome	Cost of bringing up child responsibly - Average spend of raising child (taking the annual spend on food (£1,770) and clothing for children (£1,021)
Value Financial proxy (per unit of outcome)	2791
Source of Financial proxy value	Liverpool Victoria Study http://www.lv.com/life-insurance/useful-information/cost-of-a-child

Outcome	Increased structure to day - feeling valued rather than a burden - trying new activities - learning new skills - increasing qualifications
Indicator	1. Number of people self-reporting Number stating 1) they have learnt new skills/tried new activities (a great deal) and 2) have increased their levels of qualifications or started a new course
Data source for indicator	Follow up survey
Financial proxy description for outcome	Average potential annual wage differential for level 2 (GCSE A-C) compared to no qualifications
Value Financial proxy (per unit of outcome)	3640
Source of Financial proxy value	Earning by Qualification, ONS 2011 http://www.ons.gov.uk/ons/rel/lmac/earnings-by-qualification-in-the-uk/2011/earnings-by-qualification-in-the-uk.html#tab=Earnings-by-Qualification-in-the-UK - based on 2080 hours a year and average wage

Outcome	Increased structure to life - increased job finding skills - finding employment
Indicator	1. Number of people self-reporting Number stating 1) their day is more structured (a great deal) and 2) they have moved from unemployment to full time employment
Data source for indicator	Follow up survey
Financial proxy description for outcome	The difference between the net increase of disposable income, including tax credit in employment compared to benefits based on working full time with an average salary of £15,921 and being on benefits £9040
Value Financial proxy (per unit of outcome)	6881
Source of Financial proxy value	Remploy Data, Benefits calculation average from Reducing dependency, increasing opportunity, options for the future of welfare to work by David Freud (DWP) and tax calculations from HM Revenue and Customs

Men only outcomes for users attending programmes

Outcome	Avoided serial relapsing - avoided chaotic life - increased likelihood of avoiding early death
Indicator	1 self reported. 2 Secondary research - Rate of expected early death for dependent drinkers in England
Data source for indicator	Annual number of alcohol related deaths in England (6,669) (Alcohol-related deaths in the United Kingdom, ONS, 2010) and the estimated total number of dependent drinkers in England (1.6million) (Adult psychiatric morbidity in England, 2007 (ONS, 2009)
Financial proxy	The value to individuals of one extended year of living (assumed during year of intervention) as

description for outcome	represented by the UK average savings for pension which is £12251 - representing monetary value that people save for a perceived satisfactory quality of life in the future
Value Financial proxy (per unit of outcome)	12251
Source of Financial proxy value	The average pension saving in the UK: SROI Network VOIS database in Veenhoven, Journal of Happiness Studies (2008) where connection made between life quality and added years of life: Veenhoven, R., World Database of Happiness, Erasmus University Rotterdam, The Netherlands Assessed on 4th July 2013 at: http://worlddatabaseofhappiness.eur.nl

Outcomes experienced by volunteers in addition to above

Outcome	Increased sense of pride and personal well-being - improved sense of purpose - become more dependable
Indicator	Number stating 1) they feel they can be trusted more (a great deal), 2) are more aware of their impact on others (a great deal)
Data source for indicator	Follow up survey
Financial proxy description for outcome	The cost to stakeholder of attending support sessions to review how dependability could be increased through behavioural change - the cost of support sessions at Relate - 1 per week for 6 months x £50 per session
Value Financial proxy (per unit of outcome)	1200
Source of Financial proxy value	http://www.relate.org.uk/faqs/l-relationship-counselling/index.html

Outcomes for service user parent/parents

Outcome	Appropriate boundaries reset for relationship - increased contact with service user son or daughter.
Indicator	1. Number of service users reporting on behalf of parents Number of service user who state 1) they are substance dependency free and 2) have better relationships with parents (a great deal)
Data source for indicator	1a Stakeholder engagement. 1b Survey
Financial proxy description for outcome	1. Market cost for stakeholder to access some quality time with adult son or daughter - cost of two social outings per month. Evening meal out and travel cost: taxi £15 food costs £60 - £75 x 24 = £1800.
Value Financial proxy (per unit of outcome)	1800
Source of Financial proxy value	Estimated cost of social occasions conducive to interaction and discussion

Outcomes for children of service users

Outcome	Renewed contact with absent parent - Increasing quality time with parent or both parents - increased understanding - able to feel proud of parent again - children more happy and relaxed.
Indicator	1. Number of people self-reporting Number of service users stating that 1) they have improved relationship with children (a great deal)
Data source for indicator	Follow up survey
Financial proxy description for outcome	If stakeholder had to pay market cost to achieve same outcome - cost of remote CBT therapy for anxious children - US\$749 =£491 at exchange conversion rate on 3 July 2013
Value Financial proxy (per unit of outcome)	491
Source of Financial proxy	Washington State institute for Public Policy - Remote Cognitive Behavioural Therapy (CBT) for

value	Anxious Children. Program Costs. http://www.wsipp.wa.gov/rptfiles/3900.RemoteCBTAnx.pdf
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Outcome	Life is less chaotic, increased stability and security - reduced involvement in alcohol and substance misuse.
Indicator	1. Number of people self-reporting. Number of service users who are parents who state that 1) their day is more structured (a great deal) and 2) they feel more settled and positive about their future (a great deal). 2. Secondary research.
Data source for indicator	Follow up survey
Financial proxy description for outcome	Stakeholder (family cost) of diversionary activities: Assuming annual average UK spend on child for Holidays, Leisure, Hobbies and Pocket money equates to positive lifestyle deflecting and minimising opportunities for negative behaviours - £1917
Value Financial proxy (per unit of outcome)	1917
Source of Financial proxy value	Liverpool Victoria - cost of a Child calculator - annual spend on assumed 11 year old until the age of 21 on lifestyle elements - Holidays £6,669, Hobbies & Toys £4,784, Leisure & Recreation £4,813, Pocket Money £2,908: http://www.lv.com/life-insurance/useful-information/cost-of-a-child

Outcomes for partners of service users

Outcome	Able to have more stable relationship with service user partner - able to do more things as a couple - improving sustainability of relationship
Indicator	1. Number of people self-reporting. Number of service users who state they have improved relationship with partner (a great deal) and they are aware of your impact on others (a great deal)
Data source for indicator	Follow up survey
Financial proxy description for outcome	The avoided legal costs to stakeholder of relationship breakdown - cost of divorce on average - £1300 per person.
Value Financial proxy (per unit of outcome)	1300
Source of Financial proxy value	Legal Ombudsman - quoted benchmarking study - the average cost of divorce at around £1300 per person: http://www.legalombudsman.org.uk/reports/divorce/index.html

Outcome	Reduced conflict with service user partner - reduced stress
Indicator	1. Number of people self-reporting. Number of service users (who mention a partner) who state that 1) they are less argumentative/more likely to compromise (a great deal)
Data source for indicator	Follow up survey
Financial proxy description for outcome	Cost in marketplace for stakeholder to achieve same outcome - Mindfulness-Based Stress Reduction Course (MBSR) - Counselling - £200
Value Financial proxy (per unit of outcome)	200
Source of Financial proxy value	Kingston College, London: http://www.kingston-college.ac.uk/course/586/mindfulness-based-stress-reduction-course---mbsr.html

Outcomes – Judiciary and prison Service

Outcome	Reduced court time spent on prosecuting crime driven by alcohol and /or drugs misuse - re-allocation of resources
Indicator	1. Service users reporting and outcome inferred (drink and drug related crime levels that reach prosecution.) Numbers of service users who state that 1) they are substance dependency free and 2) they have reduced crime significantly. 2. Secondary research.

Data source for indicator	Derived from evidence of outcomes for stakeholders above
Financial proxy description for outcome	1 cost of initial overnight custody at time of offence - £385/night. 2. Court and prosecution costs for alcohol related offences - £330 (Scottish costs)
Value Financial proxy (per unit of outcome)	715
Source of Financial proxy value	The Societal Cost of Alcohol Misuse in Scotland for 2007, University of York, The Scottish Government. (2009) Proxy 1 from p44 and proxy 2 from page 46

Outcome	Re-allocation of prison costs for avoided custodial sentencing
Indicator	1. Service users reporting and outcome inferred (drink and drug related crime levels that reach prosecution.) 2. Secondary research.
Data source for indicator	Derived from evidence of outcomes for stakeholders above and rates of prison sentences http://sentencingcouncil.judiciary.gov.uk/facts/facts-and-figures.htm
Financial proxy description for outcome	Annual average cost per prison place (in Scotland)
Value Financial proxy (per unit of outcome)	32358
Source of Financial proxy value	The Societal Cost of Alcohol Misuse in Scotland for 2007, University of York, The Scottish Government (2009) - page 47

Outcomes for NHS

Outcome	Reduction in the demand for emergency health services for people taken to hospital in advanced stage of intoxication from alcohol and /or drugs misuse - re-allocation of resources
Indicator	1. Number of people self-reporting. Number of service users who state that 1) they are substance dependency free, 2) they have achieved their goals around substance misuse and feel more settled/positive about the future (a great deal). 2. Secondary research.
Data source for indicator	1a Stakeholder engagement. 1b Survey
Financial proxy description for outcome	In-patient costs of providing intense care for a short period in hospital (assume 3 weeks) involving assessment, stabilisation and assisted withdrawal - £1029 per patient week.
Value Financial proxy (per unit of outcome)	3087
Source of Financial proxy value	PSSRU - Unit Costs of Health & Social Care - 2011 - Section 3.2 In-patient care for people who misuse drugs or alcohol. P.55

Outcome	Reduced need for on-going community mental health services for people who are taking responsibility for improved self-care.
Indicator	1. Number of people self-reporting. Number of service users stating 1) that their day is more structured (a great deal), 2) they no longer feel excluded (a great deal) and 3) they feel they are contributing to society (a great deal). 2. Secondary research.
Data source for indicator	1a Stakeholder engagement. 1b Survey: same as mental health outcome for service users
Financial proxy description for outcome	Average cost of mental health services per individual (anxiety and depression)
Value Financial proxy (per unit of outcome)	942
Source of Financial proxy value	Paying the Price, Cost of Mental Health Care In England to 2026 (King's Fund, 2008))

Outcome	Reduced resources expended on physical health needs of people with low self care management resulting from alcohol and drugs misuse
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Indicator	Number stating 1) that feel more confident (a great deal) and 2) take more care of their health (a great deal) and 3) feel happier and healthier (a great deal)
Data source for indicator	Same as physical health outcome for service users
Financial proxy description for outcome	Assumption of service delivery avoided per person per year: 5 GP surgeries (£36 - £180). 3 GP home visits (£121 - £363). 12 prescription costs (£41 - £492). 10 Hrs Nurse GP Practice (£51 - £510). 10 Hrs Community Physiotherapist (£34 - £340).
Value Financial proxy (per unit of outcome)	1885
Source of Financial proxy value	PSSRU - Unit Costs of Health & Social Care - 2011 - Sections: 9.1, 10.8b, 10.6 pp133, 146-148

Outcomes for Dept. of Work and Pensions

Outcome	Reduced cost of benefits from DI clients' increased hours per week in employment
Indicator	Number of service users stating that 1) they have moved from unemployment to full time employment,
Data source for indicator	Survey
Financial proxy description for outcome	Expenditure avoided in benefits paid when someone moves from job seekers allowance into work
Value Financial proxy (per unit of outcome)	7800
Source of Financial proxy value	Reduced cost of benefits from DI clients' increased hours per week in employment

Outcomes for Local Authority

Outcome	Avoided costs on supporting other agencies to meet the needs of homeless individuals for a short period of time
Indicator	Number of service users who avoid homelessness as measured elsewhere in Impact Map
Data source for indicator	DI Exit surveys
Financial proxy description for outcome	Expenditure avoided by Local Authority. Average cost arising from homelessness, including social costs of homeless and costs of emergency accommodation that local authority would otherwise incur (e.g. B&B)
Value Financial proxy (per unit of outcome)	2665
Source of Financial proxy value	Refuge, Department for Work and Pensions, Housing Benefit Reform – Supported Housing, Oct 11

APPENDIX C - Outcomes, quantities per stakeholder group and Social Value

Stakeholder	Outcome	Quantity experiencing outcome	Duration of Outcome (years)	Social value
Women users	Becoming more stable - More able to address fear - reduced fear	53	1	£5,071.50
	Increased confidence - improved self esteem - better self care in terms of diet hygiene and health - Improved physical health	35	1	£5,892.60
	Better structured days - getting out more - more included in society and reduced feeling of exclusion - feeling of contributing to society - Improved mental health.	26	1	£7,472.01
	Increased sense of personal integrity - less angry and argumentative - feeling more trusted - better contact with others - Improved relationships with parents partners and children	18	1	£16,537.50
	Avoided serial relapsing - avoided chaotic life - increased likelihood of avoiding early death	0.44	0	£1,597.37
	Staying alcohol/drug free - increased respect for other people and property - less likely to be involved in crime	9	1	£9,059.31
	Reducing chaos in life - better personal stability - increased ability to deal with day-to-day responsibilities -improved ability to manage debt and finances.	44	1	£15,468.08
	More structure and increased routines in life - increased security and stability - reduced chaos - avoided homelessness	18	1	£11,942.08
	Improved confidence in abilities to function - better able to support own children again - increasing regular contact with children again - increased feeling of being a responsible parent again	18	1	£13,865.69
	Increased structure to day - feeling valued rather than a burden - trying new activities - learning new skills - increasing qualifications	9	1	£10,247.33
	Increased structure to life - increased job finding skills - finding employment	9	1	£19,371.39

Items in blue font in tables above have been removed from the social account through repeated materiality testing (removed on relevance and/or significance criteria applied) – significance threshold for group or individual stakeholder outcomes has been set at those with a value of less than £5k.

Stakeholder	Outcome	Quantity experiencing outcome	Duration of Outcome (years)	Social value
Men Users	Becoming more stable - More able to address fear - reduced fear	70	1	£8,085.00
	Increased confidence - improved self esteem - better self care in terms of diet hygiene and health - Improved physical health	53	1	£10,568.25
	Better structured days - getting out more - more included in society and reduced feeling of exclusion - feeling of contributing to society - Improved mental health.	35	1	£11,453.26
	Increased sense of personal integrity - less angry and argumentative - feeling more trusted - better contact with others - Improved relationships with parents partners and children	26	1	£25,519.92
	Avoided serial relapsing - avoided chaotic life - increased likelihood of avoiding early death	0.88	1	£3,583.28
	Staying alcohol/drug free - increased respect for other people and property - less likely to be involved in crime	88	1	£101,254.37
	Reducing chaos in life - better personal stability - increased ability to deal with day-to-day responsibilities - improved ability to manage debt and finances.	44	1	£18,494.44
	More structure and increased routines in life - increased security and stability - reduced chaos - avoided homelessness	37	1	£28,220.33
	Improved confidence in abilities to function - better able to support own children again - increasing regular contact with children again - increased feeling of being a responsible parent again	53	1	£48,354.08
	Increased structure to day - feeling valued rather than a burden - trying new activities - learning new skills - increasing qualifications	44	1	£57,266.30
	Increased structure to life - increased job finding skills - finding employment	44	1	£54,436.97
	Losing means of escaping life problems - increased sense of restriction - missing sense of freedom through self-medicating - missing feelings of escaping problems - increased stress.	Not included	0	£0.00

Stakeholder	Outcome	Quantity experiencing outcome	Duration of Outcome (years)	Social value
Volunteer Users	Security of being in a safe place - feeling valued rather than a burden - able to step back into society - improved sense of pride	0	1	£0.00
	Increased sense of pride and personal well-being - improved sense of purpose - become more dependable	105	1	£56,506.19
	Increased structure to day - feeling valued rather than a burden - trying new activities - learning new skills - taking up voluntary commitments - increasing qualifications	79	1	£128,551.58
	Boosted self-esteem - more open and honest with others - increasing skills and abilities in working with others - able to take responsibility - paid employment	53	1	£81,563.59
	Becoming more stable - More able to address fear - reduced fear	140	1	£21,222.98
	Increased confidence - improved self esteem - better self care in terms of diet hygiene and health - Improved physical health	79	1	£20,806.10
	Better structured days - getting out more - more included in society and reduced feeling of exclusion - feeling of contributing to society - Improved mental health.	105	1	£42,850.53
	Increased sense of personal integrity - less angry and argumentative - feeling more trusted - better contact with others - Improved relationships with parents partners and children	70	1	£93,429.55
	Avoided serial relapsing - avoided chaotic life - increased likelihood of avoiding early death	0.81	1	£4,317.96
	Staying alcohol/drug free - increased respect for other people and property - less likely to be involved in crime	61	1	£88,392.95
	Reducing chaos in life - better personal stability - increased ability to deal with day-to-day responsibilities - improved ability to manage debt and finances.	70	1	£38,838.06
	More structure and increased routines in life - increased security and stability - reduced chaos - avoided homelessness	34	1	£32,256.59
	Improved confidence in abilities to function - better able to support own children again - increasing regular contact with children again - increased feeling of being a responsible parent again	53	1	£63,464.30

Stakeholder	Outcome	Quantity experiencing outcome	Duration of Outcome (years)	Social value
FAMILY MEMBERS				
Parents	Increasing confidence that loved one is off drugs / alcohol - reduced worry and anxiety	0	1	£0.00
	Appropriate boundaries reset for relationship - increased contact with service user son or daughter.	149	1	£94,138.20
Children	Renewed contact with absent parent - Increasing quality time with parent or both parents - increased understanding - able to feel proud of parent again - children more happy and relaxed.	176	1	£30,332.02
	Life is less chaotic, increased stability and security - reduced involvement in alcohol and substance misuse.	114	1	£76,706.84
Partners	Able to have more stable relationship with service user partner - able to do more things as a couple - improving sustainability of relationship	79	1	£36,047.70
	Reduced conflict with service user partner - reduced stress	123	1	£21,174.17

Stakeholder	Outcome	Quantity experiencing outcome	Duration of Outcome (years)	Social value
Judiciary and Prison Service	Reduced court time spent on prosecuting crime driven by alcohol and /or drugs misuse - re-allocation of resources	158	1	£39,643.82
	Re-allocation of prison costs for avoided custodial sentencing	40	1	£454,306.32
NHS	Reduction in the demand for emergency health services for people taken to hospital in advanced stage of intoxication from alcohol and /or drugs misuse - re-allocation of resources	131	1	£141,943.35
	Reduced need for on-going community mental health services for people who are taking responsibility for improved self-care.	176	1	£58,025.72
	Reduced resources expended on physical health needs of people with low self care management resulting from alcohol and drugs misuse	167	1	£110,321.93
DWP	Reduced cost of benefits from DI clients' increased hours per week in employment	53	1	£72,551.70
Local Authority	Avoided costs on supporting other agencies to meet the needs of homeless individuals for a short period of time	90	1	£84,187.35