Public Health England

Protecting and improving the nation's health

Estimating the social return on investment of treating substance-misusing parents: a guide to collecting local data

1. Introduction

This briefing advises local authorities on how to collect data to estimate the social return on investment (SROI) of treating substance-misusing parents from a family perspective. It is aimed primarily at alcohol and drugs commissioners.

Families affected by parental substance misuse often have multiple complex needs. In addition to drug and/or alcohol dependency, they may experience problems relating to mental health, housing, unemployment, education and domestic violence, which can cause severe and lasting problems. The costs of addressing these can be substantial and can fall across local authority housing, education, antisocial behaviour and children's services, as well as the criminal justice and health systems.[1]

SROI is a framework that can help demonstrate the costs and benefits associated with parents receiving treatment for their substance misuse. It involves understanding the relationship between the inputs (eg, treatment and staffing costs), outputs (eg, number of parents in treatment) and outcomes (eg, reduced domestic violence incidence), and giving them a value.[2,3] PHE's alcohol and drugs prevention, treatment and recovery SROI tool (due 2016-17) will estimate the crime and health benefits from people receiving treatment in each local authority. It will not include the benefits to families, as there is a dearth of evidence and no national dataset on the children and partners of people in treatment that can be matched to the National Drug Treatment Monitoring System (NDTMS). So to conduct an SROI analysis, local authorities need to collect the relevant information themselves.

2. Feasibility and data sharing

To test the feasibility of conducting a social and economic evaluation locally, we worked with four pilot sites. Each site explored what appropriate data they held locally and analysed readily accessible information to understand the gaps in care delivery

[1] For example, the government estimated the cost of a 'troubled family' is an average £75,000 per year. See: www.gov.uk/government/uploads/system/uploads/attachment_data/file/68744/The_Cost_of_Troubled_Families_v1.pdf

[2] SROI is about value rather than money, though applying the framework can lead to financial benefits. Money is simply the common unit used to compare the benefits of different interventions.

[3] For more information refer to 'A guide to social return on investment for alcohol and drug treatment commissioners': www.nta.nhs.uk/uploads/a-guide-to-social-return-on-investment-for-alcohol-and-drug-treatment-commissioners.pdf

and data collection. All found interrogating data useful as it revealed learning points around local data collection, joint working and factors associated with positive/negative outcomes for families. However, pilot sites were inhibited by the extent to which they could understand the relationship between interventions and outcomes, because of various data issues, namely lack of consistency in collecting and updating records, and lack of detailed data sharing protocols between treatment and other local services.

Examples of high-level outcomes observed by pilot sites:

- treatment can provide major benefits to parents and their children; the earlier the intervention, the better the safeguarding opportunities
- co-ordinated multi-agency responses were key to supporting early identification of substance misusing parents
- dedicated lead officers were effective in linking children and treatment services ensuring regular information sharing, identification of substance-misusing parents and supporting access to treatment, particularly before more intense social care support was required
- parents who positively engaged with both treatment and social services were more motivated to address their dependency and more likely to improve their ability to look after their children
- parents with recovery and social capital, specifically housing, employment and living with their children (where there was no safeguarding risk) were more likely to recover
- parents who lived with their children were less likely to use heroin and/or crack cocaine and so were in a better position to recover than other substance misusers receiving treatment
- parents who received treatment individually tailored to their needs (and that of the family) had higher success rates
- where there was a safeguarding risk identified in a household, or parents did not live with their children, the treatment needs were more complex and the parents had worse treatment outcomes

While sharing information can cause anxiety among those working in treatment services about breaking patient confidentiality, appropriate information sharing between services does not contravene confidentiality. It is good practice to have data-sharing protocols in place as they outline why, how and when it is appropriate to share information. Robust protocols promote effective communication and working relationships between local agencies, which in turn helps to improve family outcomes. Also, data resulting from protocols can inform joint strategic needs assessments as it can highlight how well organisations are working together, help identify ways of improving care pathways and outcomes, and support arguments for continued investment.

The Local Government Association (LGA) devised a template protocol that local authorities may wish to use and adapt.[4] The template serves only as a guide to the type of information required and we advise that any protocol is written in conjunction with relevant legal representatives and partners so that any information sharing is in accordance with agency specific legal, statutory and common law duties.

Provider data collection examples

Client case management system: one treatment provider has developed a case management system to capture safeguarding issues. The module records information on the nature of the safeguarding concern, client identifiers, other agency/services contact details, home visits (including observation of the children), referrals made, and actions to mitigate and manage identified risks. The system has mechanisms in place to flag reviews of safeguarding issues within a week of initial assessment and every subsequent month where a risk has been identified (although workers can input relevant information and reviews earlier if necessary). Where no risk has been identified, the system reminds workers to review safeguarding status every 12 weeks. The setup of the system ensures that risk is recorded and dealt with appropriately from the start, and holds involved parties to account. Future analysis of the data will enable the provider to assess how their services impact the wellbeing of children affected by parental substance misuse, in addition to the outcomes of the parents.

TOP plus: another provider has developed a 'TOP plus' form, building on the standard Treatment Outcomes Profile (TOP)[5] form, to measure the outcomes specific to the families where parental substance misuse is an issue.

3. The 'Families – SROI data collection tool': gathering data

The 'Families – SROI data collection tool' supplementing this briefing is designed to be added to the 'Local alcohol and drugs prevention, treatment and recovery SROI tool' so that commissioners can demonstrate the fiscal, economic and social value benefits of alcohol and drugs interventions to the individual, their family and the wider community. The families SROI tool captures information not included in the local SROI tool to avoid duplication.

The tool presents the multiple issues potentially affecting the family of someone receiving treatment, and as such it reflects how costs and savings are borne by various agencies. Once added to the local SROI tool, the results can be used in local strategic meetings, eg, health and wellbeing boards, to demonstrate to stakeholders

[4] www.local.gov.uk/c/document_library/get_file?uuid=d9912331-53c4-40be-b664-c934f2e223be&groupId=10180

[5] The Treatment Outcomes Profile (TOP) measures changes in key outcome indicators, such as substance use and health, for people receiving drug and alcohol treatment. The outcomes information it produces can be used as a clinical, management and commissioning tool that can help your treatment system improve outcomes. For more, see www.nta.nhs.uk/healthcare-TOP.aspx

the importance of joint working and the social return on investment that treatment can bring to the individual, their family and the local community.

It is important to remember that while the aim of the economic analysis is to demonstrate savings resulting from investment in treatment, it is possible that in some cases the costs of social care will increase reflecting the work that social care teams do to ensure the safety and security of children in their area.

Costs

Similar to the cost savings calculator developed for the Troubled Families programme, the families SROI tool reflects the costs and potential savings to multiple services that may be working with a family. We present data by service area so it is clear which services are affected by a particular event (eg, children's services looking after a child) and where any potential benefits lie (eg, a saving for the local authority).

Already included in the tool are costs taken from the New Economy Manchester's unit cost database[6] in 2014-15 prices and adjusted for local market forces to account for differential staffing and building costs across the country. The tool converts costs into per day or per event. We have not captured other costs and savings associated with a parent receiving treatment because of a lack of national data, eg, targeted family support and young carers' services in the event of the common assessment framework not being in place. If local data is available, these can be added to the 'Other' section of the tool to be included in overall calculations of local benefits.

The tool breaks down costs and benefits by fiscal, economic and social value. Users are able to use or disregard any combination of the three. Below are the definitions consistent with those in the New Economy database, which treats the value categories as mutually exclusive.

Fiscal value: costs/savings to the public sector resulting from treatment (eg, reduced police costs).
Economic value: net increase in earnings or growth in the local economy.
Social value: wider gains to society such as improvements to quality of life; reduced fear of crime and disorder in a community (NB: it is not always possible to monetise social values).

When exploring the financial case for an intervention, fiscal values should be considered.

It is important to be aware that although fiscal benefits reduce financial burden, they may not be 'cash-releasing' or 'cashable'. A cash-releasing saving is one where the

[6] http://neweconomymanchester.com/stories/832-unit_cost_database

money freed-up by drug treatment, for example, could be reallocated elsewhere. Even if cost savings are cash-releasing they might not be released at a local level. For example, if a prison closed due to a reduction in new prisoners, this would be a cash-releasing saving for the Ministry of Justice and not for the local authority.

When assessing the SROI of treatment, all three benefits should be included in the analysis (except for transfer payments such as out of work benefits). While social value benefits do not represent cashable benefits and cannot always be monetised, they should be considered in local and national decision-making, particularly as the Public Services (Social Value) Act 2012 requires commissioners to include economic and social benefits in their public service contracts considerations. A quality-adjusted life year (QALY) is one such value: a health outcome measure, comprising life expectancy and quality of life. QALY measures play a key role in public health evaluations and resource allocation. For example, in the category of domestic violence in the families SROI Tool, QALYs capture the emotional and physical impact such abuse can have on survivors.

Market forces factor (MFF)/ local authority adjustments

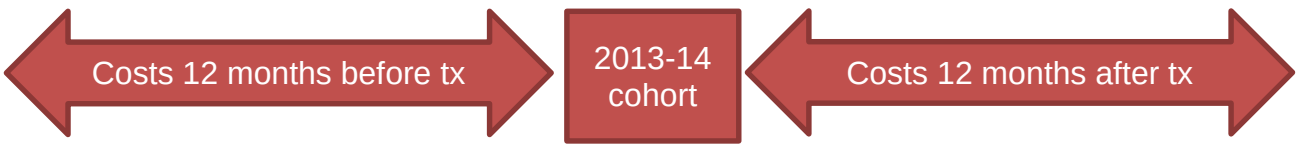
The MFF estimates the unavoidable cost differences across the country of providing healthcare and is used in the tool to adjust national unit costs accordingly. It is therefore important that users of the tool select their local authority when using the tool. The MFF values we use are presented in the 'MFF tab' of the workbook.

Number of cases and average number of days

Users of the tool must identify a cohort of people for whom they can gather pre and post-starting treatment data. Some categories, eg, foster care placement, require users to input the number of foster care placements and the average number of days spent in foster care, while others require only the number of events, eg, number of ASBOs.

Ideally both pre- and post-treatment data would represent at least 12 months, so that there is enough data to be considered fairly robust – a shorter timeframe may be more statistically noisy – and so it is consistent with the annual calculations in the local SROI tool.

One way this could be done is to select a cohort of drug and/or alcohol misusing parents starting structured treatment in 2013-14 and collate the relevant information from multiple agencies covering at least 12 months before and at least 12 months after their treatment start dates. It is important that the pre- and post-timeframes are the same so that the before and after comparisons are fair.



Time adjustments (prorating)

If less or more than 12 months' worth of data is collected, the benefit needs to be adjusted so that it amounts to an equivalent of a full year. This is because the local SROI tool presents annual costs and benefits. The families tool assumes that the inputted data represents 12 months, though this can be easily amended and the tool will update automatically.

Attribution

Attribution is an assessment of how much of an outcome is due to the contribution of other organisations. Treatment alone is rarely enough to address families' complex needs: treatment providers, children and families services and other local support services all work together to provide a basis for recovery. Attribution (the proportion of the outcome that is attributable to an organisation) is calculated as a percentage and in the tool is set at 50% as a default. Commissioners can determine whether they think this is higher or lower for certain categories. It will never be possible to get a completely accurate assessment of attribution, but it is important to note that an activity from a specific service may not be the only factor contributing to an observed change in a client.[7]

Social return on investment

Once all the data is complete, users will have the gross fiscal, economic and social benefits in their local authority automatically calculated. This information can then be added to the local SROI tool (due 2016-17) to calculate the social return on investment that treatment can bring to the individual, their family and the local community.

4. Recommendations to local authorities

Based on the work carried out by the pilot sites, several recommendations have been identified to support consistent and reliable data collection. While getting access to relevant information may be challenging at first, taking time to establish the right processes will make it easier in future.

- information sharing, data collection, reporting and recording should be built into all contracts and service specifications to ensure that relevant data is available for joint strategic needs assessments. Data sharing protocols are important to support this work and provide public confidence on anonymity, data security and protection
- commitment to information sharing and analysis from senior managers in treatment and social services should be sought so that any recommendations for improvement/ future work are actioned

[7] Be careful not to attribute outcomes to organisations that are being paid out of the investment fund, as the investment already represents their contribution.

- dedicated safeguarding roles in treatment services should be in place to link social care and treatment services. This would ensure regular information sharing, identification of substance misusing parents and supporting access to treatment, particularly before more intense social care support was required
- evaluators should determine what outcomes are to be measured, and be clear on what data is available locally and who is responsible for it. Consideration should be given to data that will benefit other partners in their planning to improve familial outcomes and monitoring progress of interventions, and action should be taken to address gaps in data provision/ collection/ recording as early as possible
- a robust data-management system used by all services working with families should be in place to facilitate analysis and monitoring of outcomes. Data should be consistent, collected in such a way so that the same family in different data sets can be matched, and quantitative so that data is easily analysed
- information from other local projects should be used to help measure, map and monitor the issue, eg, Hidden Harm strategies and the Troubled Families programme
- evaluators should make use of tools to support SROI analysis, eg, ‘Local alcohol and drugs prevention, treatment and recovery SROI tool’ and ‘Families – SROI data collection tool’

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