

NEWS  
AND BEST  
PRACTICE IN  
SUPPORTING  
FAMILIES  
AFFECTED BY  
DRUGS AND  
ALCOHOL

# families up front

MARCH – MAY 2012 ISSUE 4

- > **In focus: outcomes and evidence**
- > **Drugs, alcohol and the new public health system**
- > **Local structures: surviving the transition**



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you can't take  
mental health away  
from substance  
use issues

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impact measurement  
doesn't have to be  
difficult or expensive  
to set up

PAGE 15

one of the qualities of a  
'super-practitioner' is their  
openness to feedback

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### Adfam's services include:

- Policy briefings to help keep the sector better informed
- Training for families and professionals to be better motivated
- Publications for different family members and people working with them
- Consultancy around providing the best possible services for families
- Regional forums for family support professionals to be better together

## Support+

Adfam's new Support+ package will also support professionals to be:

- Better supported by the peer support forum for family support workers
- Better trained and motivated through discounts on training and publications
- Better informed through subscription to *Families UpFront* magazine
- Better connected through priority access to events and seminars

Visit [www.adfam.org.uk](http://www.adfam.org.uk) for more details.

# Welcome



**A**T Adfam our focus is very much on equipping our supporters to stay ahead of the curve as political, cultural and practical changes come into effect. As you will see in this magazine, the breathless pace of change continues unabated and, as ever, families are right at the heart of it.

'Troubled families' appears to have solidified its status as the next big buzzword in our sector, like 'Big Society' beforehand. And just as community services have been keen to emphasize their Big Society roots, many will now try to demonstrate their relevance to the troubled families agenda – even though drug and alcohol problems were conspicuous by their absence in the list of official criteria for these families. It's not possible to predict how many of these families have drug and alcohol problems, but any professional engaging with them needs to be up to speed on substance use issues, as they can often be a hidden concern.

The approach to 'troubled families' fits into the Government's wider attempts to foster a change in public attitudes towards accountability and personal responsibility, for example through imposing stricter conditions on jobseekers and those in receipt of welfare benefits; in times of budget cuts, this is being mirrored in approaches to service delivery too, with more strict conditions on the provision of funds and an enhanced focus on effectiveness and justifying expenditure. This is why we have chosen to concentrate on outcomes and evidence in this issue – turn to page 10 for our In Focus section. As well as this, we also have features on the transfer of powers in the health service, and information on our new guides to surviving the transition and improving organisational health. As ever, we hope that this issue of *Families UpFront* will prove a valuable tool in negotiating today's difficult terrain.

**Vivienne Evans** OBE, Chief Executive, Adfam

## Families in the age of austerity

The Family and Parenting Institute (FPI) has commissioned and published a wide ranging report covering how families are being affected by the changes to the provision of various state services. *The Impact of Austerity Measures on Households with Children* indicates that these changes, especially to the benefit system, will see families with children lose an average of 6% of their income, against just 2% for working households without children. Non-working lone parents are projected to lose as much as 12%. The report suggests that absolute child poverty (as defined in the Child Poverty Act (2010)) will increase between 2010–11 and 2015–16 by around half a million.

[www.familyandparenting.org](http://www.familyandparenting.org)



## The road to recovery

The National Treatment Agency released in February its report *Drug Treatment in England: the Road to Recovery*. It stresses that drug taking levels are at their lowest since comprehensive records began sixteen years ago: less than 0.5% of the population have ever used heroin or crack, and 2.9m people have self-reported using drugs in the last year. The report also covers the types of treatment available to substance users, and states that four-fifths of adults currently in treatment are heroin users. Positive public attitudes towards treatment and its value for money are emphasised, with the estimate that for every £1 spent, £2.50 is saved for society further down the line. It is also stated that 1.2million people are affected by drug use in their family, mostly in poor communities.

[www.nta.nhs.uk/uploads/dtie2012v1.pdf](http://www.nta.nhs.uk/uploads/dtie2012v1.pdf)

## TRAINING: CARERS SUPPORT OUTCOME PROFILE (CSOP) TOOL

On 28th March Adfam is running a training course on how to use the CSOP outcome measurement tool in your organisation. CSOP is specifically designed to monitor a family member's outcomes as they receive support.

Places are limited, so please email [training@adfam.org.uk](mailto:training@adfam.org.uk) or call 020 7553 7640 if you are interested.



## Troubled families announcement

The Government has pledged to invest £448m to turn around the lives of 120,000 'troubled families' through intensive intervention; this money will be distributed on a Payment by Results basis and, crucially, the £448m is only 40% of the money required to undertake the work, with local areas needing to source the other 60% themselves. The key characteristics of these families, according to the Department for Communities and Local Government, which is managing the scheme, include worklessness, overcrowded housing and maternal mental health problems; however, as Adfam noted in its response to the announcement, drug and alcohol issues are conspicuous by their absence. The key markers of success were said to be school attendance (for children) and securing employment (for adults); but as the Payment by Results schemes are fine-tuned in local areas, it is likely more indicators will be added to the list.

The fact that the funding is being provided by a number of different departments (including health, justice and education) is testament to the many different services and agendas which families with multiple needs touch upon. Also, though localism has been a common strand in many Government policies, the 'troubled families' announcement demonstrated willingness to take a leading role where it is considered necessary.

## 210,000 people potentially at risk from alcohol

Doctors have warned that failure to reform alcohol policy and legislation could prove highly detrimental to public health, possibly leading to 210,000 preventable deaths in England and Wales in the next 20 years. These figures, produced by Professor Ian

Gilmore, a former President of the Royal College of Physicians, Dr. Nick Sheron, from the National Institute for Health Research and members of the British Society of Gastroenterology, represent a 'worst-case scenario' estimate based on no change to alcohol policy. They warn that Britain is now at a "potential tipping point" in terms of addressing the loss of life caused by alcohol and are putting pressure on the Government to do more ahead of the launch of its alcohol strategy later this year.



## Public Health Outcomes Framework released

The new Public Health Outcomes Framework has been published by the Department of Health, setting out the criteria by which the health of the nation will be judged. The indicators are split into four main domains: improving the wider determinants of health (including children in poverty and road casualties); health improvement, for example low birth weight in babies and diabetes; health protection, which looks at air pollution and vaccination indicators; and preventing premature mortality, which focuses largely on deaths from causes considered 'preventable', such as liver disease. The only mentions of drugs and alcohol are in the indicators for successful completion of drug treatment, alcohol-related hospital admissions and people entering prison with drug dependence issues who were not previously known to treatment services. Under the health service reforms, it will be up to local areas to decide how to allocate funding to meet the various, sometimes competing health needs of the community; see page 6 for a full explanation of these reforms.

Available from [www.dh.gov.uk](http://www.dh.gov.uk)

## Communities champion takes aim at alcohol

Baroness Newlove, the Government's Champion for Active, Safer Communities, has released another report on strengthening neighbourhood empowerment and activism. A particular focus is on helping local communities tackle violence and antisocial behaviour caused by drinking, which 'wreaks havoc' in town centres. The report, *Building Safe, Active Communities*, also announced a new £1m fund, with which 10 communities will be given up to £50,000 each over two years to address problem drinking in the local areas. Bidding for this money, which will be managed by the Department for Communities and Local Government, will be based on partnership applications from local police, community groups, retailers and residents.

In anticipation of a new national alcohol strategy, the report also calls for a greater recognition of the role that parental example plays in young people's drinking behaviour, as well as work on the benefits of peer mentoring.

[www.communities.gov.uk](http://www.communities.gov.uk)



Baroness Newlove with community activists at the launch of 'Building Safe, Active Communities: Strong foundations by local people'.

## Alcohol Concern urges action on minimum pricing

Alcohol Concern has urged the public to write to their MP to call for the minimum pricing of alcohol ahead of the imminent national alcohol strategy. Prime Minister David Cameron recently instructed Whitehall officials to look at minimum pricing options, having frequently spoken out on the topic of cheap alcohol, but the Health Secretary Andrew Lansley is thought to prefer voluntary action through the Responsibility Deal. Minimum pricing has been at the forefront of national alcohol policy debates, especially after the release of research from the University of Sheffield modelling the probable benefits. Supporters often allude to the statistical link between rising consumption and the falling relative price of alcohol.



Opponents like those in the alcohol industry, however, contend that minimum pricing is too blunt a measure and could possibly infringe EU legislation. The Scottish Government also had an Alcohol Bill introduced in late 2011, aimed at reducing alcohol consumption and therefore alcohol-related harm. [www.alcoholconcern.org.uk/alcohol-concern-in-action/minimum-pricing](http://www.alcoholconcern.org.uk/alcohol-concern-in-action/minimum-pricing)

## 'Families tsar' steps down

Emma Harrison, the head of welfare-to-work company A4e, has stepped down from her voluntary role as the Government's 'families champion' in the wake of fraud allegations at the firm. It is alleged that in 2010, the A4e staff made false claims about successfully placing clients in work.

A4e, which handles more than £200m of Government contracts, is currently a large provider of the flagship Work Programme, which uses a Payment by Results model to pay services who find jobs for the unemployed.

The investigation adds to recent criticisms from Margaret Hodge, Chair of the House of Commons Public Accounts Committee, who said A4e's record in delivering a previous Pathway to Work scheme was 'abysmal', and media coverage of executive pay at the Government-funded organisation.

In a statement, Harrison said that she did not want the "current media environment to distract from the very important work with troubled families".

## UK's only drug treatment centre for sex worker mothers to close

Bristol-based charity One25, which supported local sex workers with drug problems, was unable to get funding for the continued operation of its Naomi House project. As a result, Naomi House ceased providing services in February 2012. The treatment home cost £240,000 a year to run and two-thirds of women who underwent treatment at the centre overcame their drug problems and kept their children in their care, while the drug treatment outcomes were more than double the national average. The project provided counselling, parenting workshops, drama classes and massage therapy.

## Diary

### ● Leadership seminars

Clinks are running a series of seminars for their members, targeted at senior managers who wish to develop skills to enable their organisations to lead and facilitate local work with partners in an atmosphere of policy change. Each seminar will focus on and explore a different issue: representation, leadership, and responding to policy. Thursday 1 March – London, Friday 23 March – Leeds, Tuesday 17 April – Manchester. £20 per seminar. For details see [www.clinks.org/training/events/leadership-seminars](http://www.clinks.org/training/events/leadership-seminars)

### ● Safer Future Communities events

These briefing events aim to prepare voluntary and community organisations for changes in local policing priorities before the election of Police and Crime Commissioners in November 2012. Any organisation working in community safety – including substance misuse, domestic violence and youth crime services – are encouraged to attend the free events, which will take place in Taunton, York, Durham and Manchester throughout March. [www.clinks.org.uk/services/sfc](http://www.clinks.org.uk/services/sfc).

### ● Sixth annual conference of the International Society for the Study of Drug Policy

Hosted in Canterbury by the University of Kent, this conference will address a multitude of drug policy issues, with a focus on the influence of empirical studies on drug policies. International speakers have been invited. Wed 30 to Thurs 31 May – Canterbury. Booking details to be confirmed. For details see [www.drugscope.org.uk](http://www.drugscope.org.uk).



## We have started 2012 with a bit of a flurry of activity and we are busy hosting events, seminars and focus groups across the country.

We expect this to be an interesting and challenging year, but we are committed to doing everything we can to support people across the country working with families and ensure that they are on the agenda at a national level.

### COMMUNITY OF INTEREST

We started the year with a 'community of interest' meeting, which gathered together key thinkers and practitioners from both the drug and alcohol sector and the children and families sector. We wanted to create a space to discuss where families are being missed in the drugs and alcohol debate, and conversely where drug and alcohol issues are being missed in the families sector. There were lots of interesting points raised that we will take forward, but one of the central themes was that both sectors need to work closer together and are undoubtedly often working with - or at least talking about - the same families.

Obviously, as we are being asked to do 'more for less' in a time of funding cuts and increasing need, closer working relationships across different sectors and the breaking of 'silos' will be positive for the families involved.

### SURVIVING THE TRANSITION

The 'more for less' term has become almost ubiquitous in the social care field, and many people have expressed concerns over their ability to continue to offer certain services given the cuts they are facing; perhaps the reality will be that we end up doing 'less for less' as we struggle to find our feet in the new funding and delivery environment. We have produced some new tools which we hope will be useful to you as you try to navigate the new structures and will support you to continue doing the amazing work you do supporting families: these *Surviving the Transition* guides are available to download for free on Adfam's website, and their focus is on uncovering some of the key new decision-making processes and encouraging readers to reflect on their organisational health throughout the transition period.

**For more information on our *Surviving the Transition* guides, see page 8.**

### SEMINAR ON INTERVENTIONS

Alongside the idea of 'more for less', we are also all being encouraged to use evidence-based interventions which have a proven history of achieving positive outcomes and are therefore value for money. We were keen to highlight some of the well evidenced interventions for families affected by drugs and alcohol, and so hosted a seminar pulling together academic researchers, family support providers and civil servants. It was a great

showcase of the successful interventions being delivered out there and prompted participants to consider their own practices when working with families.

### FOCUS GROUPS

We are also busy talking to family members across the country about their experiences of the impact of stigma on themselves and their loved ones. It is well known that often people with history of drug use are heavily stigmatised and seen as blameworthy or to be feared; it is less discussed that this stigmatisation can be transferred onto their families and prevent people asking for help or seeking support from peers and support services. Families often describe being too ashamed to speak to anyone about



the drug or alcohol use or feel that they should be able to 'sort it out' themselves; parents in particular are concerned about disclosing their children's substance use, often because they are concerned that people will blame them. We want to highlight the real experiences of families and how often the judgements and negative perceptions of others can impact on their recovery as a family.

**If you have an experience that you would like to share, please contact us by emailing [policy@adfam.org.uk](mailto:policy@adfam.org.uk). The stigma report will be out soon, so watch this space.**

### TRAINING

This year we will be working to increase our reach so that more practitioners across the country can access important learning on families, drugs and alcohol. Look out for news of our new training calendar coming soon, or for any questions about how we can meet your training needs email [training@adfam.org.uk](mailto:training@adfam.org.uk).

## Support+

We have been busy thinking of ways to provide even more support as part of our Support+ package. We are in the process of consulting with professionals across our networks to pinpoint even more tools and resources that will help make practitioners feel better supported.

**If you have ideas about what would help you in your work, email [supportplus@adfam.org.uk](mailto:supportplus@adfam.org.uk)**





## Carol Connell describes her work with the Greater Manchester Alcohol and Drugs Carers' Focus Group.

We set up our Focus Group in September 2008 and have the aim of supporting carers of people with the dual diagnosis of drug or alcohol problems and mental ill health. We are all carers who have met each other at various events and carers' groups and felt that we wanted to start something of our own. There are now over 100 family members involved with the project.

We started by just focusing on drugs and alcohol but soon realised that you can't take the mental health stuff away from the substance use issues. Many family members, often children, have had mental health problems for years which have been left undiagnosed.

Our three main aims are challenging stigma; having a collective voice; and changing lives for the better. We do this in a variety of ways. We hold a fortnightly support group within ADS, a local treatment provider, which is a chance for family members and carers to come together and talk about their problems, and any issues they are going through with their family members who are using drugs or alcohol. We also have a helpline which is open seven days a week for carers in crisis.

We attend consultations with Drug and Alcohol Strategy Teams to improve services for carers and push the needs of those with a dual diagnosis. I've also just joined the local mental health commissioning board – I was voted on as the carers and families representative and I've got a great relationship with the service users and the others on the board.

The Focus Group has worked with other organisations to share our stories and help professionals understand what we go through every day. We worked with Adfam in the past to provide 'the carer's story' at a series of events, when drug and alcohol workers were first getting switched on to the needs of carers – someone from Adfam came down to train them on the needs of families, and I came along to tell them what carers experience in their real lives.

If I could change one thing, it would be to have better partnership

arrangements between drug and alcohol services and the mental health sector. I honestly think this would save money in the long run by being more efficient and stopping things before they get worse. We need more dual diagnosis workers too: at the moment everything is separate, including all the funding, which leads to a lack of communication. For example, the son of one of the group's members had five different people working with him at the same time but none of them communicating well, which seems a ridiculous waste of resources. That's how people fall through the net.

If I could change one thing, it would be to have better partnership arrangements between drug and alcohol services and the mental health sector

There needs to be proper supported housing for people with dual diagnosis – it's madness to risk making them homeless. Our experience suggests that when people are made homeless and left unsupported, the risk to themselves and others is heightened; we've had several members who've had difficulty with this, and one mother had to go to a solicitor to stop her son being evicted from supported housing due to his drug use, even though this had been known about when he was first admitted to the accommodation.

It feels very hard at the moment to make a lot of headway now the cuts have kicked in, and it's hard to reach out to other carers. We have been round to all the drugs, alcohol and mental health services to spread the word and give out leaflets and have managed to get into the local council's handbook for drug and alcohol services. It's tough but we're carrying on fighting the good fight!

# Back to the future

*Sue Christoforou, Senior Policy Officer at national membership body DrugScope, explains how reorganisation in the health service could affect drug and alcohol commissioning.*

It's all change in the world of drug and alcohol provision. At the moment, drug and alcohol services are funded ultimately by the Department of Health, via the National Treatment Agency (NTA) and local Drug and Alcohol Action Teams (DAATs). In addition to this, some money for drug recovery services comes from the Home Office through the Drug Intervention Programme, or DIP, which aims to target drug-misusing offenders.

But, as we know, next year is Public Health England (PHE) year, when the responsibility for drug and alcohol policy passes from the NTA to PHE. However, despite the switch being common knowledge since the 2010 publication of *Healthy Lives, Healthy People*, details of structures and mechanisms had been in short supply. But, last December, the Department of Health issued a small Christmas gift in the form of a set of public health factsheets giving insights into the design of the new system, the roles and responsibilities of local government in public health and the operating model for PHE. Christmas is long gone, so it's high time we had a look in the box.

A three tier system is planned, with a national office, four regional hubs (in London, the South of England, the Midlands and East of England and the North of England) and local units based on the current Health Protection Agency regions.

While strategic direction will be set by the national office, the hubs will be charged with overseeing the delivery, quality and consistency of all services delivered by local units. This includes ensuring that they are responsive to local authorities and that transparency and accountability are maintained across the system. Local units will advise local authorities, the NHS, other local organisations and the public on public health issues.

The key players in all this for drug and

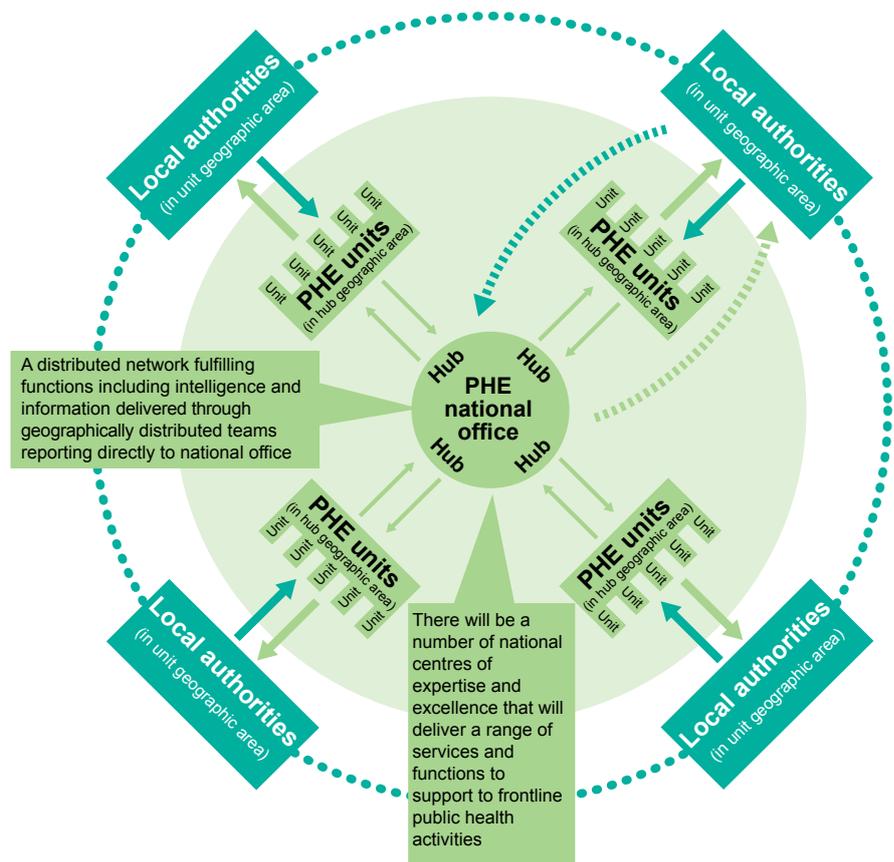
alcohol services are the local authority-employed Directors of Public Health (DoPHs). It will be these, with the support of Health and Wellbeing Boards (HWBs), who will be responsible for commissioning public health services, including recovery services. Crucially, come 2013, the current ring-fence around drug and alcohol treatment money will disappear. £5.2bn is to be allocated to public health and it is expected that around £2bn of this will go to local authorities; but while half of the probable £2bn that will go to local authorities is made up of money that is currently ring-fenced to be spent on drug and alcohol treatment, it is by no means clear that this level of spending will be maintained. Nor, as things stand, will there

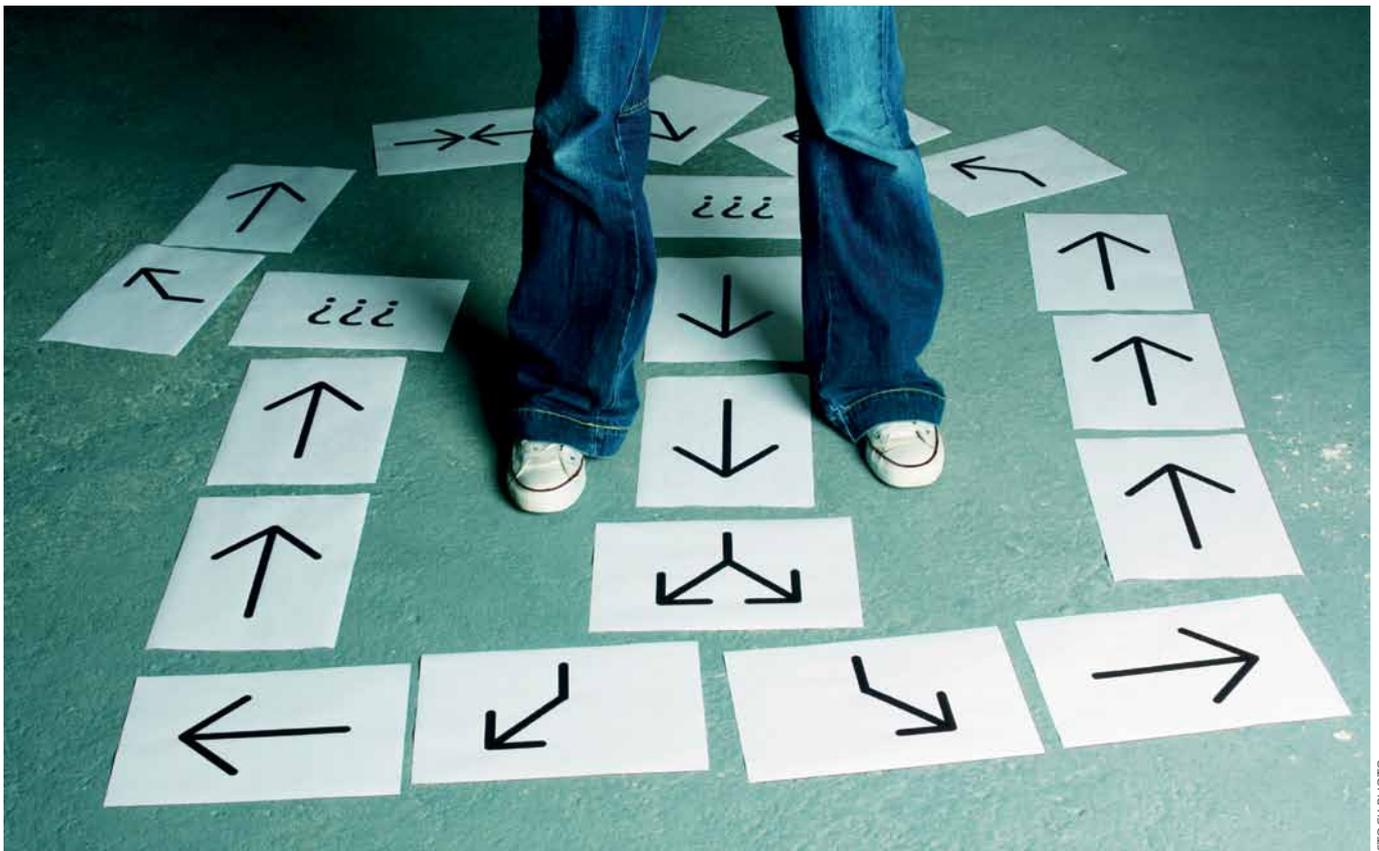
be any obligation to do so.

Decisions about what the public health money will be spent on should be based on the Joint Strategic Needs Assessment (JSNA) that local authorities and Clinical Commissioning Groups (CCGs) must carry out. The point of the JSNA is to identify the current and future health and wellbeing needs of the local population. Central to this process will be the HWB.

To remind ourselves, HWBs will be local authority advisory committees that will have the power to 'encourage' various health- and social care-related agencies to work together. There are a number of types of people that HWBs must include in their membership: at least one local councillor, directors of adult social and

## An overview of Public Health England's proposed structure from 2013





ISTOCK PHOTO

children's services and public health, someone from the local HealthWatch scrutiny body, representatives from all relevant CCGs, as well as any others the local authority feels need to be on the board. So, logic would suggest that

the current ring-fence around drug and alcohol treatment money will disappear

local need is identified via the JSNA, local authority councillors determine the priority of those needs and DoPHs commission services that fall within his or her remit.

Yet, there is no guaranteed place at the Health and Wellbeing Board table for the soon-to-be elected Police and Crime Commissioners (PCCs). Once in place, it will fall to PCCs to set the strategy and budget for policing in their area. They will also have the power to award crime and disorder reduction grants to any organisation in their area. To fund the PCCs, the Home Office intends to consolidate and transfer some existing crime and drugs grants from 2013-14. Again, this will not be ring-fenced as drug

recovery money, so it will be possible for it to be used to fund any activities the PCCs see as supporting wider community safety objectives. In England, PCCs will also get the proportion of Drug Interventions Programme funding not going to the HWB, as well as funding for services to address violence against women and girls.

Scrutiny of PCCs will be provided by Police and Crime Panels, which will be made up of representatives of victims of crime and local businesses, as well as other people or organisations in the community interested in policing matters. Whilst London already has its PCC in the form of the Deputy Mayor, the rest of the country will have to wait until November before being able to vote for their own.

So the Coalition Government is taking us back to the future, returning public health to the auspices of local authorities, as was the case in the 1970s. And this time around, problematic substance use is to fall under the banner of public health, rather than mental health, as was the case of old. But, critically, there will no longer be any funds protected as drug and alcohol recovery money: this will mean much jostling for priority positioning among the extensive list of issues that join drug and alcohol recovery under the public health banner, with councillors and elected PCCs being fundamental to determining who gets what. In a

climate in which local authorities have had their budgets cut by 25% and police budgets are to be cut by a fifth, competition for cash may prove fierce. All of this makes it essential that service providers systematically gather robust evidence to demonstrate the relevance and effectiveness of their work in order to persuade the new commissioners of their importance and worth.

**Healthy Lives, Healthy People from the Department of Health**  
[www.dh.gov.uk](http://www.dh.gov.uk)

**Public Health Factsheets from**  
<http://healthandcare.dh.gov.uk>

**Details of the Health Protection Agency Regions from**  
<http://tiny.cc/HPAregions>

### Glossary

- CCG** Clinical Commissioning Group
- DAAT** Drug and Alcohol Action Team
- DoPH** Director of Public Health
- HWB** Health and Wellbeing Board
- JSNA** Joint Strategic Needs Assessment
- NTA** National Treatment Agency
- PCC** Police and Crime Commissioner
- PHE** Public Health England

# Surviving the transition: Adfam's guides to your ongoing success

The environment for family support services is challenging at the moment. Over the last two years, Adfam's supporters have consistently reported that times are hard – and getting harder.



A shrinking pot of cash locally means that family services are being decommissioned and in many cases, treatment providers are being asked to incorporate family work into their overall services. Adfam welcomes a greater focus on families in treatment – but it should not come at the expense of support for families in their own right. Adfam has always maintained that families deserve and need support on their own terms, and that family support is a vital part of any local response to drug and alcohol use.

Changes in local commissioning structures, shifts in personnel and the new emphasis on localism can also make the environment challenging for smaller agencies. It can be hard to see the partnerships built up over time with Drug and Alcohol Action Teams (DAATs), Primary Care Trusts (PCTs) and Crime and Disorder Reduction Partnerships (CDRPs) change over such a short space of time; Adfam hopes and believes, however, that the new commissioning structures, led by GPs and Public Health England, will also understand that it makes sense economically, socially and in terms of health and community safety to invest in families – and in family support.

support for families must be at the heart of any local vision of recovery

Recovery is the key concept of the 2010 drug strategy, *Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life*. Adfam believes in recovery for families as well as substance users, and we believe that support for families must be at the heart of any local vision of recovery, and of the Big Society.

We hope that this period of time, difficult as it clearly is, can also become a time of opportunity for family support

services. It is certain that difficult economic times take their toll of all families, but families affected by drug and alcohol use can experience great hardship even at the best of times. The need for effective local support for families has never been greater.

So over the last six months, Adfam has undertaken a consultation exercise to look in-depth at this new environment and identify not only what internal structures organisations need to have in place to survive, but also which local structures organisations need to influence, and what the points of access are for these bodies.

This has been distilled into two guides. The first, *Surviving the Transition: Organisational Health* will help strengthen and build support services by looking at some of the basic things they need to have in place in order to be legal, healthy and robust. For many well-established services, the ideas here will be very familiar, and for those which have been running for any length of time, chances are they have got most of this cracked; however, for newer services and practitioners (including volunteers and trustees), the resource will prove very useful.

The second guide, *Surviving the Transition: Local Structures and Networks* helps family support services navigate the confusing new environment. It looks at the new local structures services should be engaging with, what the big issues are in drugs and alcohol, and how organisations can successfully build good relationships with a range of partners. The guide also looks at how family support fits into some other key agendas – public health, crime and disorder and children's services, for instance – to help providers identify the full impact and potential of their work. Both guides include links to in-depth resources and toolkits on specific areas.

**The guides can be downloaded for free from our website, and we hope you will find them both useful and relevant to your work. [www.adfam.org.uk](http://www.adfam.org.uk)**

# Your organisation – top 5 resources

Recently published resources to help your organisation during this time of transition

## 1 Close to Parity: challenging the voluntary sector to smash the glass ceiling

Rowena Lewis

According to this report, the voluntary sector's commitment to pursuing social justice is undermined by the fact that it does not achieve gender equality itself: despite 68% of the workforce being female, just 43% are led by women; for 'major' charities, this figure drops further to 27%. Female leaders are also paid 16% less than their male counterparts. This report aims to highlight such disparities, discuss ways to move forward and empower females in the sector to stand up and pursue equality.

[www.cloresocialleadership.org.uk](http://www.cloresocialleadership.org.uk)

## 2 Social impact measurement as an entrepreneurial process

Third Sector Research Centre

This briefing paper considers how third sector organisations can best use social impact measurement as an entrepreneurial tool to demonstrate their worth and increase their chances of receiving funding or commissions for services. The main questions asked by the paper concern why organisations embark on social impact measurement exercises; what decides how they investigate their social impact; and how they use the results. Findings indicate a variety of motivations, usually connected to building an evidence base and improving chances of securing funding. The briefing concludes that 'the trend [for impact measurement] is accelerating as the boundaries between the third sector

and private sector become increasingly blurred and organisations find themselves competing in a marketplace for contracts or philanthropy'.

[www.trsc.ac.uk](http://www.trsc.ac.uk)

## 3 A journey to greater impact: Six charities that learned to measure better

New Philanthropy Capital

This paper uses the case studies of six charities to explore how organisations can better measure their impact. The examples demonstrate a range of desirable outcomes of a move towards impact measurement, showing that it can help motivate and inspire staff; save staff time; improve services for clients; influence the debate on 'what works'; raise the profile of the organisation; and secure funding. There is a section dedicated to possible barriers and the best means to overcoming them, as well as a concluding section with good practice examples to inspire other organisations. (Please note that access to this report may require free registration).

[www.philanthropycapital.org](http://www.philanthropycapital.org)

## 4 The Big Society House of Commons Public Administration Select Committee

This report, produced by MPs, looks at the progress of the Prime Minister's Big Society vision, which it describes in policy terms as the opening up of public services to new providers, increasing social action and devolving power to local communities. The committee's conclusions are that there is a lack of clear

understanding of the Big Society project among the public; confusion over the true nature of the reforms to public services being undertaken by the Government; concern over the level of private sector involvement in providing public services; and a lack of clear accountability in terms of the quality and regulation of Big Society' initiatives. The report's two concluding recommendations are that there should be a single Big Society Minister to drive forward the policy across Whitehall; and that every new Government policy or bill should be tested on how it will 'build social capital, people power and social entrepreneurs'.

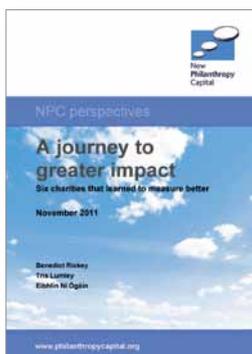
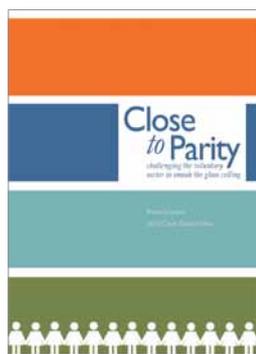
[www.parliament.uk/pasc](http://www.parliament.uk/pasc)

## 5 Measuring personal outcomes: challenges and strategies

IRISS

In an environment of outcome measurement and payment by results, this briefing looks at the implications for services working with 'personal outcomes', arguing that it offers an opportunity to focus intensively on the things that really matter to service users. As well as explaining the differences in key terms such as activities, outputs, outcomes and impact, the guide sets out the differences between using outcome measurement for external judgment and internal evaluation; runs through the key difficulties of evaluating services in this way; and lists a few general rules for effective measurement tools.

[www.iriss.org.uk](http://www.iriss.org.uk)



# In Focus

## outcomes and evidence

**N**OT only are we in an age of austerity; we're in a new age of effectiveness too, so in this special issue we look at how these two ideas interact and conflict. 'Impact measurement' is a term that's playing on a lot of people's minds – let alone their wallets – at the minute, and many services are fearing a perfect storm of lower funds, higher expectations and increased scrutiny of historical 'effectiveness' data they may not have been collecting in the required form.

But as we will try to emphasize throughout this edition of *Families UpFront*, the new language of outcomes, impact measurement and Payment by Results can obscure the fact that we're really talking about much more well-established issues: do you have clearly identified aims and objectives? Can you show how they contribute to your goals? How satisfied are your service users, and what changes are you making to their lives? What is the model for improving your organisation's work?

It's not a matter of 'believing' in Payment by Results, or being suspicious of business practices encroaching into the charity sector; it is a case of moving with the times, recognising the environment we now operate in, and trying to make the most of the opportunities we have. It's also not purely a question of new demands being placed on services by external powers, so we have focused this magazine on practical information which can really help you proactively develop outcome measurement in your own work and use it to improve the services you provide, therefore setting up the family support sector for an effective and prosperous future.

**Joss Smith** *Head of Policy and Regional Development, Adfam*



Outcome measurement is a case of making the most of the opportunities we have

# Setting the scene

*A summary of the key issues surrounding outcomes and evidence.*

Anyone with a goal wants to change something in order to achieve it. But judging whether organisations have achieved their aims – or indeed if their activities are fully responsible for any observed change – is notoriously difficult.

Many organisations, especially those working in ‘quality of life’ measures, undertake work which is hard to quantify in easy-to-understand figures, so collecting reliable evidence can present significant challenges. Many more have difficult long-term goals and mission statements (‘ending child poverty’, for example), and they may need to identify a number of intermediate aims. So collecting robust evidence and then moulding it into a useable, convincing form is not easy. But there is an increasing amount of information available for those willing to take up the challenge and, in the current financial and political climate, many are anxious to make a start.

## What’s new?

It’s important to remember that evaluation is nothing new. Contracts, commissioning arrangements, annual reports and funding applications all have built in expectations, conditions and targets. What outcome measurement does differently is add an extra question – so if someone attended your training course, what difference did it make to them? Did your publicity campaign, which got so many internet hits and coverage on the local radio, contribute to your organisation’s objectives or secure any outcomes for your service users? Outcome measurement is less about the provision of activities and services, and more about what these achieve, the change (or impact) they create, and how they contribute to an organisation’s overall goals.

One example might be that a needle exchange provided a certain number of clean syringes. This information is of little use without referring to the logic behind needle exchanges, which

is largely to prevent the transmission of blood-borne viruses. Was this achieved? Compared with what baseline?

## Whose work is it anyway?

Another difficulty in outcome measurement is separating the true results of your own work from the input of other organisations and developments outside your sphere of influence. This can be particularly pertinent when many organisations are working with the same person, and all pushing towards the same aims – for example improving quality of life or lessening emotional distress. The simple passage of time may help someone’s grieving process after a loved one has died; people may seek support from other family and friends to help them through a difficult time; or the economy may improve and make it easier to find employment – it can be difficult for one organisation to ‘take credit’ for an outcome that may have happened with or without their involvement.

## What are the criticisms?

Some criticism of outcome measurement is based on a perceived conflict between the meaningful and the measurable. That is, the nuances of complex work undertaken with people who have a variety of needs cannot be captured by simple data collection along the lines of yes and no answers.

There is also a question of how to transition from output-based working (for example how many people attended a training course) to outcome-based work (how useful that training was, and what it changed in practice) without disadvantaging organisations trying to improve. So if the first set of outcomes is not what you’d hoped for, how much money do you have in the bank to try again with improvements based on these results? This can be especially relevant to smaller services without enough money in reserve to provide services without payment upfront.

## Why so nervous?

Outcome measurement can be frightening because it can change conceptions of what you thought was your own success. It has to be said that people might not like the results that they get, especially when they first start out: discovering that your work isn’t generating as much change as you thought can be a disheartening experience. However, this information can give you the tools you need to change practices, expand those which are successful, amend those which are not, and become more effective overall.

## What about Payment by Results?

Though they are based on the same principles of discovering the true effectiveness of service provision, it is important to separate the principles of outcome measurement from the sometimes controversial practice of Payment by Results in public service commissioning structures. Many charities undertake their own outcome measurement, not only as a way to demonstrate their effectiveness to current and potential funders, but also to examine what truly works within their organisation and improve their services based on what they find out. Building an evidence base is not just about enhancing a particular funding bid, but an ongoing part of organisational development. A key element of outcome measurement as driven by charities themselves is that they can develop a tailored system which suits their size, work and organisation, rather than having unfamiliar conditions imposed upon them.

## Why now?

The principles of impact measurement have been around for a while but there’s no doubt that a competitive environment of spending cuts in the voluntary sector, alongside Government leadership on new Payment by Results models of service delivery, has quickened the pace of change and made people pay attention.

# Making the case for investment

*Adfam commissioned what is probably the first Social Return on Investment evaluation of a family support service, showing that for every £1 invested, £4.70 of social and economic value was created. The evaluators describe the process, and the implications for family support.*

**I**N response to the increasing demand for third sector organisations to provide robust evidence of their effectiveness, and new funding models such as Payment by Results and Social Impact Bonds, a number of tools and measurement frameworks have emerged to help services demonstrate their results in a logical and comparable way. In the family support sector, for example, the CSOP (Carers Support Outcomes Profile) tool enables practitioners to move beyond qualitative measurements to record and track a client's progress against a range of outcomes.

Of course, one of the clearest ways to demonstrate effectiveness in times of austerity is to show that a service saves money for others, or creates a greater amount of value than the investment put in. This is where Social

Return on Investment, or SROI comes in: it is a type of cost-benefit analysis that can draw on tools such as CSOP and help organisations communicate the social value that they create. By communicating an organisation's social and environmental outcomes in economic language, it allows a comparison with an organisation's costs, and a better sense of whether it provides value for money. SROI has been developed in the UK by organisations such as the new economics foundation and the SROI Network. It has been supported by the Office for Civil Society and endorsed by the National Audit Office.

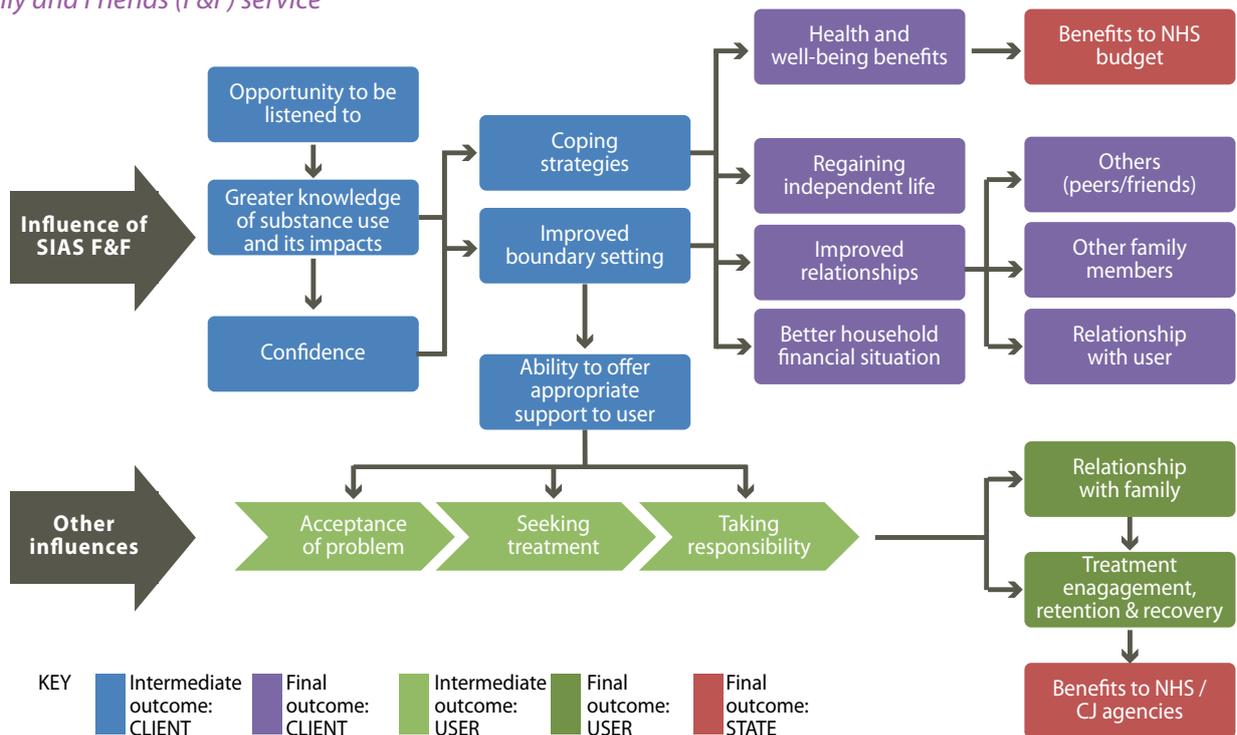
Supporters of SROI argue that the process helps organisations to better understand the outcomes that they create, and that it leads to better measurement of outcomes and

ultimately better information to help improve commissioning and service delivery. Critics argue that SROI can be prohibitively difficult or expensive for smaller organisations, and that if done poorly the results can be unreliable. Most critics agree, however, that the principles behind the methodology are sound, and that this methodology is going to become increasingly important in the new landscape.

### SROI of SIAS Family and Friends service

As part of a wider impact measurement project, Adfam commissioned an SROI evaluation of a sample service, the Solihull Integrated Addictions Service (SIAS) Family and Friends (F&F) service, which is led by Welcome, a voluntary sector drug treatment provider. The SROI examines the

*Impact map for Solihull Integrated Addictions Service (SIAS) Family and Friends (F&F) service*



benefits to clients of SIAS, their family member or friend who uses drugs or alcohol, and Government services such as the NHS and the Criminal Justice System.

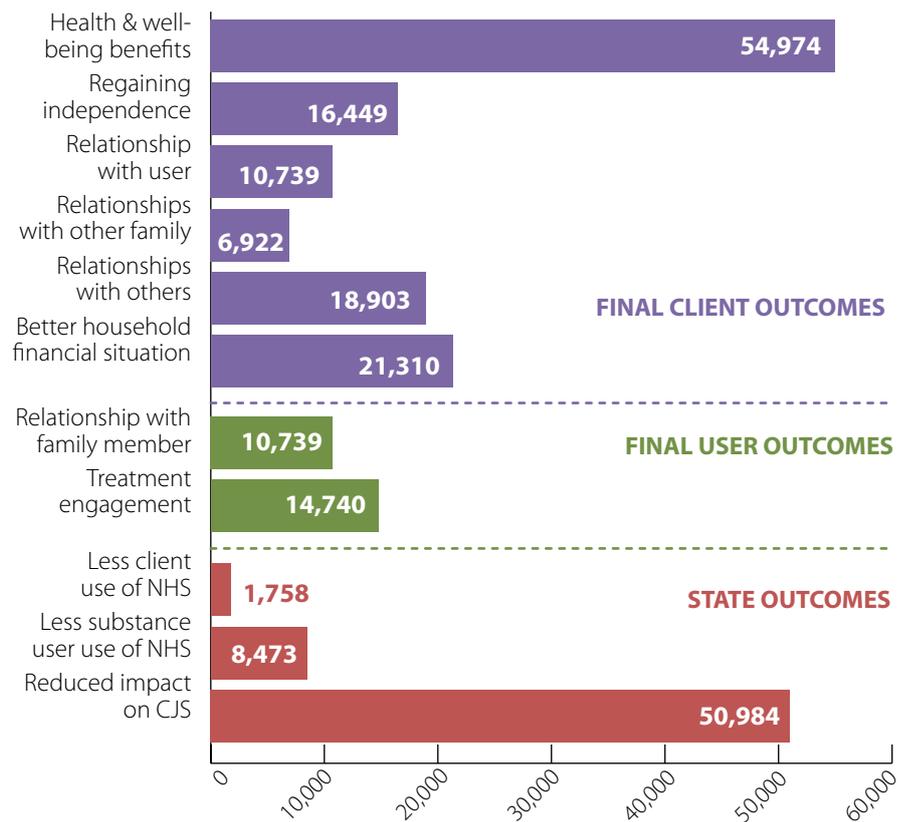
The first stage of the SROI was the construction of an 'Impact Map' for the F&F service, which was created through engagement with staff, volunteers and past and present service users (see left). The map shows a 'theory of change' (how change comes about) for the family members themselves (in blue and purple) as well as for their substance using relatives (in green). Benefits to Government services (labelled as the state) are shown in red. Those labelled as 'final outcomes' are given a financial value.

*the return to the state alone is higher than the total investment in the service*

Once these outcomes had been identified, measurement was undertaken to show the amount of change created, or the extent to which these outcomes are achieved. This was adjusted to take into account the amount of change that is likely to have happened anyway, the contribution of other partners, and the likely sustainability of the outcomes.

Finally, the outcomes were converted into a monetary figure through the use of financial proxies to show the value of the changes to the stakeholders. For example, the health and wellbeing benefits to family members and to drug and alcohol users were calculated using QALYs (Quality Adjusted Life Years), which are used by the NHS to judge the cost effectiveness of various health interventions. The value created for each outcome for the 63 clients receiving structured interventions from SIAS is shown to the right.

Monetary value of changes to stakeholders (£)



The total value created by the F&F service is then set against the investment in that service, including volunteer time, to arrive at a final ratio. A key principle of SROI is not to 'over claim', so throughout the process caution was exercised when estimating the value created. For SIAS F&F the total value created for every £1 spent on the service was £4.70: a ratio of 4.7:1. Most of the value created is for the family members themselves, as can be seen from the chart above; but it is worth noting that the return to the state alone is higher than the total investment in the service of £52,000. This demonstrates that the service is good value for the Government even before the health and wellbeing benefits to family members and drug and alcohol users is taken into account. The results illustrate the value of continued investment in this type of

work for family members themselves, as well as for a significant proportion of their substance using relatives, and for the Government.

The final phase of the overall project has now begun. Adfam's supporters will be surveyed to estimate how much value their services create, using the SROI model developed for SIAS F&F, and what contribution Adfam itself makes to this. This will help Adfam to evidence the benefits of the sector to Government and funders.

➔ **For anyone interested in finding out more about SROI, this work and its wider applications, the authors can be contacted by emailing [emma.rattenbury@blueyonder.co.uk](mailto:emma.rattenbury@blueyonder.co.uk) or [oliverkempston@envoypartnership.com](mailto:oliverkempston@envoypartnership.com)**

# Facing facts

*Adfam speaks to David Pritchard, Head of Measurement and Evaluation at New Philanthropy Capital (NPC), to discuss the development of impact reporting in the voluntary sector – and dispel some myths along the way.*

**A**T PRESENT it seems that impact measurement is viewed with a sense of trepidation in the voluntary sector: the imposition of new, alien ways of working, a governance mechanism crossing over from the private sector and, in times of cuts, a real threat to financial security. So our interview starts with the basics: can anyone ‘do’ impact measurement, and how realistic is it to ask charities which have not worked this way before to suddenly catch up?

Though Pritchard admits that the “high end” of outcome measurement can be expensive, he is adamant that anyone can make a start. The primary building blocks come from what organisations “have lying around” to start with, and involve actions which can and should be done immediately – for example identifying a clear mission and goals, and beginning to collect data. “Fairly quickly you can start to identify the key intermediate and final outcomes that you care about”, he continues; and they should fit the “golden rules” of being “logical, reasonable, achievable and testable”.

The first challenge, he says, is linking these aims up with a sound theory of change: the why, rather than the what. “When I first started working in the non-profit sector”, he explains, “my organisation had a ‘goal’ of bringing peace to Northern Ireland, and our ‘activities’ were working with young people and prisoners’ families. But we didn’t have a way of explaining *how* these activities led to our goal.” Simply having an objective, then, is not enough – you need to know *why* your actions will lead towards it, and explain and track how this happens.

Another key element of preparation, Pritchard states, is research: “it helps enormously to know the literature and know what other people have shown and proved”. This makes arguments about what results your work will create much more convincing; the

logic behind claims that ‘if we do this activity, we will see these results’ needs to be illustrated clearly. This way, organisations can both use the existing evidence base and contribute to it – “testing, retesting, applying and building”, as Pritchard puts it.

Pritchard’s answers challenge the view that there is such a gulf between present practices and the requirements of outcome measurement, or that what gulf there is cannot be bridged: “most contracts already have built-in performance measurements and constraints”, he points out; indeed, demonstrating one’s worth when asking for money can hardly be viewed as an unwelcome or unreasonable innovation.

*what we say is ‘no numbers without stories, and no stories without numbers’*

So if starting out is easy, then when do things get difficult? Pritchard is sure that “the biggest challenge is culture change; of course it may take some time to embed new practices, but getting people on the same page as a coordinated machine is the hardest part”. And to counter the view that impact measurement is only for large, well-resourced charities, he points out that the challenge of culture change can be more easily negotiated by smaller groups of people: with fewer degrees of separation between management and staff (and sometimes no barriers at all in the family support sector) this all-important culture change can be achieved much more efficiently. “It’s not as simple as ‘small versus large’”, he contends, although he does note that limited numbers of clients can make it harder for a small organisation to get noticed, and economies of scale mean

that costs per service user are higher.

## *Does it devalue testimony?*

In order to demonstrate progress in ‘quality of life’ measures with families, for example coping skills and emotional resilience, support services often call upon individual testimony to show that their work is valuable, which seems to sit uncomfortably with statistical representation. “What we really mean by impact is *change*”, Pritchard explains, addressing the criticism that the cold numbers of outcome measurement cannot truly capture human experiences of non-linear development – a salient point in drug and alcohol work. Impact measurement is not just about the figures, he argues: “what we say is ‘no numbers without stories, and no stories without numbers’. Statistics can’t capture the full, rich experience of human development...what we object to is when testimony is presented as representative when it’s actually not”, such as services cherry-picking the good stories from the most satisfied clients and neglecting to tell the wider story. “But if I saw an impact report with randomly selected service users who were asked the same questions about their experiences”, he explains, “this would be very strong”. Also, anonymised survey data is more reliable than asking people directly – “people aren’t as polite, and you might find out some things you wouldn’t expect”.

## *Cuts and competition*

With so much talk about impact measurement as a new phenomenon, it may be tempting to think that it has developed a life of its own; that it has its own, new agenda and has become a driving force for change in itself. On whether impact measurement has a role in increasing competition between charities, or is a consequence of the squeeze on resources in an era of spending cuts, Pritchard thinks that it’s “probably a bit of both”, but is clear that cuts in funding have been the primary



ISTOCK PHOTO

*getting an accurate picture of your service is like putting together a jigsaw: you want as many pieces as you can get*

force behind increased competition – “enquiries to NPC tend to take the form of ‘it’s getting competitive over here, so we need to show our value’”, rather than the other way around. “Organisations which are good at collecting and reporting measurement data, learning from it and improving it, can find it easier to get funds – if you don’t have much to say for yourselves, it’ll be difficult in any environment to get people to hand over cash”.

As anyone working in drugs and alcohol would attest, the thirst for innovation is constant, and ‘innovative work’ is the theme of many funding applications. But as impact measurement, by definition, looks to the past, how does this affect money for new initiatives? “It might be that people are ‘innovation addicts’ and can’t stand routine, even if it’s successful”, Pritchard notes; “but more likely, it’s the perception that something isn’t working...what we actually want to know is what works, and to change what doesn’t – this is what innovation really means”. This can only be found out “by looking at services really honestly, including things you think might work but in reality don’t”. In the name of improving service provision, based on the evidence, people may have to consider “killing a sacred cow”, he adds – which may have major implications in the drugs and alcohol sector, where ways of working can be strongly linked to personal values, histories and beliefs.

#### **Looking inwards**

Outcome measurement can be portrayed as a hoop-jumping exercise to satisfy outsiders who don’t truly understand the

complexities of the third sector, or the varied needs of vulnerable people. But it can be just as much about improvement from within: services asking themselves difficult questions about their own provision. It is inarguable that a charity should know itself intimately, and to claim otherwise would be counterintuitive; or as Pritchard describes it, “getting an accurate picture of your service is like putting together a jigsaw: you want as many pieces as you can get”. Collecting different types of data, comparing and triangulating it, helps to glue this all together.

“What you find out about yourself when you start collecting information more systematically can be really eye-opening”, Pritchard continues, returning to the earlier theme of the importance of being honest with yourself about the changes you’re trying to make: “you might find that things you thought were true are not as true as you thought”. Impact measurement, then, can help charities *know* that they’re making a difference, rather than simply *thinking* they are – or even worse, assuming it.

None of this is to gloss over the potential problems with outcome measurement, particularly as they relate to smaller organisations and those working with vulnerable people. Clear models of causality in these areas remain a challenge – separating elements of work which succeed in isolation from those which can’t produce outcomes on their own, for example. Accurately attributing the degree of contribution from different organisations working with the same people is also difficult, and at present some approximation

is inevitable. Data sharing and transparency are potential sticking points, though Pritchard contends that “this type of question – who do you work with? How much trust do you have in them” is not new, and obviously has a long history in the private sector.

Even if the published Payment by Results outcomes for drug and alcohol work may not have everyone’s agreement (particularly in relation to families), it shouldn’t be forgotten that this does not represent the totality of outcome measurement or all of the funds available to family support services. It should not discourage organisations from taking the initiative in the development of evaluation systems better suited to their goals, or from demonstrating their effectiveness to other potential funders. Either way, it looks like impact measurement is here to stay, and charities would be well served to get cracking.

Facing facts, looking in the mirror, confronting reality, taking the plunge – whatever people call it, starting a journey of impact measurement can be a scary prospect. There is no doubt that it involves asking some difficult questions; but it is hard to argue that these questions should not be asked, or that the answers – be they good or bad – are not useful.

During the course of the interview, convincing arguments were put forward that impact measurement doesn’t have to be difficult or expensive to set up; it’s not all about impersonal number-crunching; it’s not only for big charities; it’s not just about satisfying external funders; and it’s not as new or threatening as it may first appear. Which begs the question – what’s left to be scared of?

➔ **For more information, visit [www.philanthropycapital.org](http://www.philanthropycapital.org)**

# Outcomes: the frontline perspective

*Kwads, the Bristol-based organisation supporting the concerned others of drug and alcohol users, has had outcomes assessment at the heart of its work for the past two years. It has proved to be an invaluable tool for improving client service and for demonstrating results to funding organisations, writes Clinical Manager Lesley Willmott.*

Whenever social care providers ask us about the problems and challenges of introducing an outcomes assessment system, we have to explain that collecting this kind of data is integral to the Parents and Carers Training (PACT) programme that we run, and our experience has only been positive.

Kwads had the advantage of previous relationships with academic bodies, and we were mentored by the Evaluation Trust in setting up our database. But most of all we're immensely fortunate to have Phil Harris, consultant lecturer

at the University of Bristol's Social Policy Unit, who developed the PACT programme, as our patron. PACT supports concerned others through teaching a range of behavioural skills which assist unmotivated loved ones into accessing and staying in treatment, and also reduce the stresses on the concerned other and improve their own quality of life.

Harris developed the PACT programme with Drug Alcohol Family Support (DAFS) in Gwent, and incorporated the Outcome Rating Scale

and Session Rating Scale (ORS and SRS) developed and validated by Miller, Sparks and Duncan as the principle outcome tools (*see graphic opposite*).

Harris says of the design of the programme: "it was apparent from clinical research that outcomes aren't simply about the model being used, but the relationship between the practitioner and the client. We also know the outcomes are highly predictable. The ORS and SRS tools were selected as they're the simplest measure of these critical elements."

He piloted PACT for one-to-one work in South Wales in 2002, and it was trialled for group work with the In-Touch project in Somerset in 2010. We introduced the PACT programme at Kwads in late 2010.

Kwads does a baseline review at first assessment, with tools including the ORS and a mood screen, depression scale, life-satisfaction audit and assessing the substance user through the eyes of the family member - for example by asking them "considering your loved one's use over the last seven days, how would you rate their level of intoxication at its highest?"

We then take the ORS at the beginning of each session, as well as at three-month review - and we're also planning extended follow-up after a year. The ORS uses a simple scale on which clients rate their own subjective improvement in terms of their mood, close relationships, wider social relationships and general wellbeing.

The difference between ORS scores at baseline and review gives us a figure which is a Reliability Change Indicator for every client, ranging from significant deterioration to significant improvement. Aggregation of those figures is a key measure we can take to our funding bodies.

## TOP TEN TIPS – DEVELOPING IMPACT REPORTING IN THE VOLUNTARY SECTOR

- 1 **Start simple: outcome measurement isn't all about complicated statistics. It's mainly about identifying your goal, explaining how you'll achieve it, and checking whether or not you've succeeded.**
- 2 **Be brave! Don't be scared to ask yourself the difficult questions. They will improve your service in the long-run.**
- 3 **Make sure your goals are logical, reasonable, achievable and testable.**
- 4 **Be careful when separating the true results of your organisation with those of others, or factors outside your control.**
- 5 **Take the lead: don't wait for someone to ask for your results as part of a future funding bid. Be proactive, and set the agenda yourself.**
- 6 **Don't just talk the talk: simply changing 'output' to 'outcome' in your written reports, without actually changing your practices, won't fool anybody – especially funders.**
- 7 **Triangulate your data: collect as much information as you can. This means surveys and numerical data as well as qualitative research and testimony.**
- 8 **Secure staff-buy in: it's not just about managerial tinkering or hiring an 'outcomes expert'. It's about looking at your services in a new way, across the board.**
- 9 **Gather the evidence: you may not have historical data yourself, but make a start and look to 'what works' in similar services.**
- 10 **Show off! Publicising the impact of your work not only increases your credibility to funders and partners, but it also helps the sector as a whole develop a more comprehensive evidence base**

The SRS is completed by the client at the end of every session, using similar assessment scales, and provides immediate feedback on the quality of the working alliance between client and practitioner. If the client gives a low SRS, it might indicate that a closer focus on the client's goals is needed, or that there's a poor fit in the client-worker relationship. As Darren McEvoy, our Senior Support Worker, says: "You can see immediately what you need to adjust. It's about not being afraid of statistics."

Harris observes that one of the qualities of a 'super-practitioner' is their openness to feedback. And, most significantly, he says that comparative studies demonstrate that if a model is not working within three sessions, "it's not going work". The benefits of this model are twofold: "it allows you to improve your own service, whilst it also improves outcomes for your clients", he argues.

"Since the PACT programme was first introduced in South Wales, a thousand families have given their feedback on every hour of their support sessions. In that way you're using your client feedback to improve your practice, and evolving a model based on everyday clinical practice rather than theory."

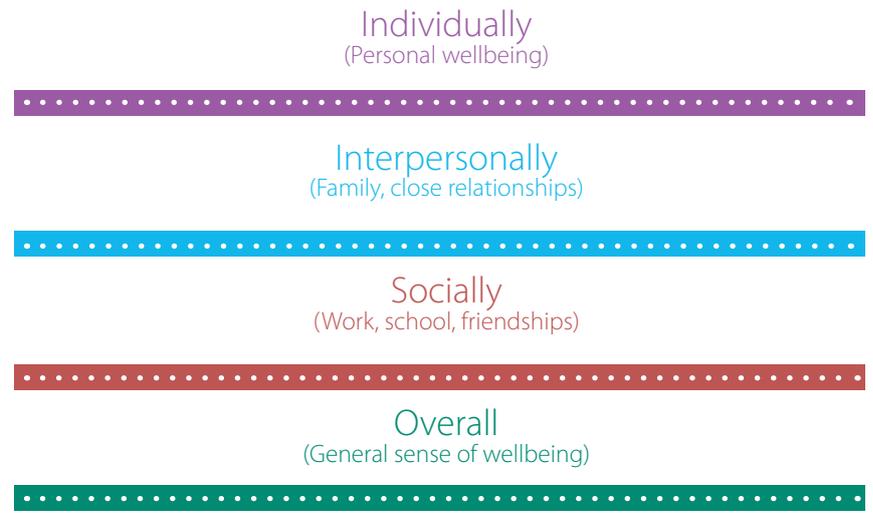
At Kwads we also find that the SRS is immensely valuable as a therapeutic tool for giving clients feedback on their mood and depression, and maintaining their motivation over a series of sessions.

It's early days for us in terms of data analysis: we've been collecting data since January 2011 (having trialled our feedback for a few months prior to that), and we're looking for additional funding to develop our database analysis functionality. But early ORS results show that 88% of Kwads clients record an improvement in their personal wellbeing at three-month review; 76% record an improvement in their social life through reduced isolation; and there was a 40% increase in the number of concerned others reporting that their loved one had entered treatment.

Although the Kwads client base is a statistically small sample, we can have confidence in the effectiveness of the model by comparing our intermediate results with those of other services using it around the country (currently in around a dozen counties in England and Wales). And we could also benchmark

### Outcome Rating Scale (ORS)

This tool can be used with family members to help measure their progress in key areas. Marks to the left represent low levels, and marks to the right indicate high levels.



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our results against a global database of thousands of organisations using similar assessment tools; Harris maintains that this type of benchmarking can be invaluable if commissioning targets are unrealistic.

In terms of problems, the 'oh no, not more paperwork' response hasn't been an issue at Kwads, partly because of our organisational culture - our small staff of seven discuss changes and agree on best practice. We also believe outcomes assessment is an integral part of a demonstrably effective programme.

*88% of Kwads clients record an improvement in their personal wellbeing at three-month review*

Client resistance hasn't been an issue for us either. Very occasionally a client may not be happy with completing an assessment form - they might prefer to tell the worker how they feel verbally, in which case we don't push the issue. As Harris says, "these tools are never there to get in the way of the relationship, but to enhance it".

We have, however, experienced some problems collecting follow-up review data if clients are no longer attending

sessions, but our support workers now flag up the need for follow-up at the first session, and ideally make a date for it.

The benefits of outcomes assessment for us as an organisation are enormous. Not only does it give immediate feedback and a statistical measure of success, but it's a powerful tool for funding initiatives and publicising the service. Even in the context of very limited access to funding for services targeting concerned others, ORS and SRS are highly effective: to that end, we've worked closely with our service commissioner in determining our outcomes criteria of supporting loved ones into treatment, the impact on families, and making our clients more financially secure.

So what advice would we give to organisations at the early stages collecting outcomes data? Our CEO Carolyn Purcell, who steered the introduction of the PACT model into Kwads, says that it's important to be flexible and prepared to adapt your evidence-gathering as services improve. Probably the most useful experience she could pass on is to "draw on the experience of other agencies, so you're not reinventing the wheel." And be very clear about what you need to measure: don't try to measure everything!

**For more information about Kwads and the PACT programme visit [www.kwads.org.uk](http://www.kwads.org.uk).**

# Growing Our Strengths

*Emma Healey from Family Action describes the Growing our Strengths programme, a partnership initiative to help community sector organisations share knowledge and skills, and better demonstrate their results.*

Families are in the news. Whether it's concern following the riots last summer or fears for families caught in a cycle of worklessness, they remain high on the Government's agenda. Yet for voluntary sector organisations supporting families with complex needs, these can seem uncertain times. While the Government launches new initiatives around family support, parenting and early intervention, for example the 'Troubled Families' programme, many voluntary sector organisations are working in a climate of local funding cuts and increasing need. The heightened emphasis on locally commissioned services and the introduction of new funding models like Payment by Results is causing uncertainty and anxiety, and voluntary sector organisations need help to navigate through the complex world in which they now operate.

*Growing Our Strengths* is one of a number of programmes funded by the Department for Education (DfE) to provide practical, tailored support to the voluntary and community sector (VCS) and is designed to help organisations understand and work effectively within the new funding world. It is a unique offer to the sector because of its emphasis on outcomes and early intervention, and the practical support it provides to enable change and improvement. The focus is on how organisations demonstrate outcomes and become more assertive and confident in showing their strengths.

The ethos of the programme is crucial: *Growing Our Strengths* is about giving VCS organisations of all sizes the opportunity to share knowledge and best practice, showcase their work, and develop their skills alongside each other. It is also part of our responsibility to ensure that the views and concerns of the VCS are represented to the DfE, both through our own reporting and through the

Families Strategic Partnership.

Led by Action for Children, the partnership also includes Family Action, Action for Prisoners' Families and the Family and Parenting Institute. As programme lead Carina Boyle, Strategy Development Manager at Action for Children, says: "as a partnership we share a strong belief that the voluntary and community sector already has a high level of expertise and knows best how to make a positive impact on the lives of

*we must be confident about the difference our work makes to improving outcomes for children and families*

children and families. We also believe that for the sector to remain robust, we must be able to demonstrate that impact clearly. That is why we place so much importance on the benefits of working and learning together – as a sector we must be confident about the difference our works makes to improving outcomes for children and families."

## Progress and findings

In its first year, *Growing Our Strengths* has focused on engaging VCS organisations and achieving a number of key deliverables:

- Publication of examples of good and best practice in the form of practice reviews
- A series of 'promote and discover' workshops to share examples of interesting and innovative services and tools for good practice and evidencing outcomes
- Online tools to improve outcomes

measurement and evaluation

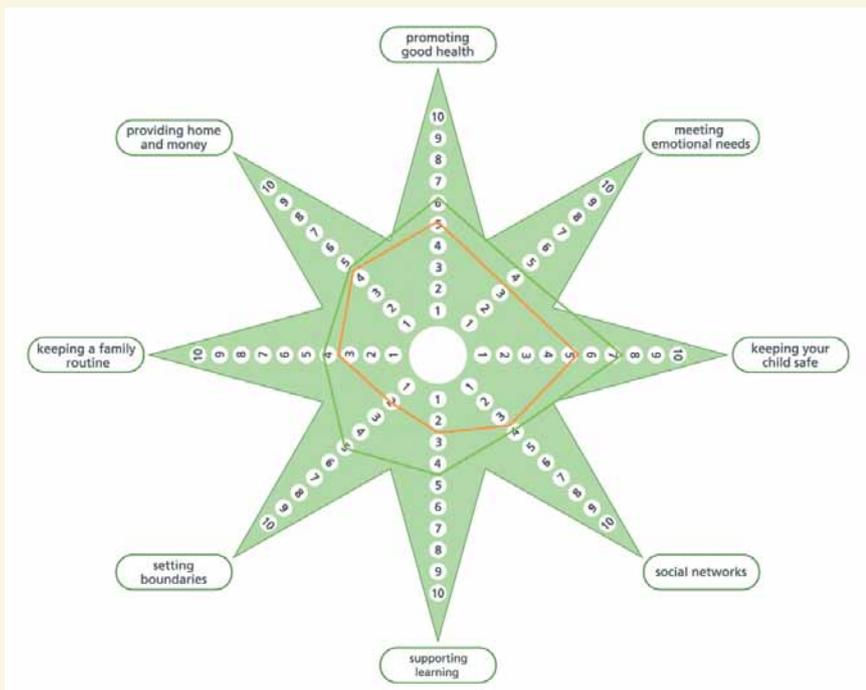
- New online training modules to support VCS staff in measuring outcomes.

All of the new tools, practice reviews and the learning from the workshop programme will be published online in a dedicated section of the Action for Children website.

Practice reviews provide organisations with an opportunity to provide written information about their services and how they build evidence to demonstrate the difference they make. These reviews are not designed to validate or 'approve' individual projects: the emphasis is on sharing what the sector knows about 'what works' in early intervention. The reports reflect the diversity of provision across the country, and include projects that have been externally evaluated, those which are beginning to use evaluation tools to inform their practice and other projects which are taking highly innovative approaches to supporting families. The first 13 practice reviews have been completed, with another 50 due to go online later in the year, providing a rich resource for the sector.

*Growing Our Strengths* also recognises the need for organisations to learn more about evaluation. So far over 200 organisations have taken part in 'promote and discover' workshops, which provide the opportunity to showcase innovative and good practice in evaluation and how to use it to improve services. There are also separate training events on the Outcomes Family Star, a tool for supporting and measuring change when working with vulnerable people, to be delivered by the Triangle Consulting Social Enterprise (see graphic opposite).

Participants at the events have told us that the most helpful and effective tools for evaluation are those that can be readily woven into practice, involve the participation of family members and



### The next stage

*Growing Our Strengths* is now moving into its second year, with a programme based on needs identified through the project so far. There will be a stronger, more targeted focus on providing VCS organisations and network groups with practical support in using evaluation tools, for example focusing on approaches like the Outcomes Star (picture left). Practice reviews will continue to be published on the website and new pieces of work will support organisations looking at cost effective working, including Social Return on Investment (SROI – turn to page 12 for further information). A particularly exciting piece of work will be targeted at community groups and organisers, aimed at better understanding their role and demonstrating the impact of effective relationships in working with vulnerable families.

Other areas for development include a learning network, which is an online forum where organisations can support each other to improve their evaluation and identify opportunities for collaboration. A new ‘outcomes champion’ scheme will also support organisations and individual workers to provide mentoring support, lead workshops and create local groups and clusters.

As Carina Boyle sums up *Growing Our Strengths*: “we want it to be different from previous programmes. We want to be able to use the life of the project to listen to the needs of the sector, provide targeted support and produce useful tools and resources that continue to meet sector needs and help in the journey towards sustainability. As we move into the new world of Social Impact Bonds and Payment by Results, we want to see a VCS that is confident about what it does well and can evidence the difference it makes to the lives of children and families. We want our legacy to be a stronger sector, sharing our strengths and diversity to make a difference.”

**For further information about *Growing Our Strengths* you can visit [www.actionforchildren.org.uk/growingourstrengths](http://www.actionforchildren.org.uk/growingourstrengths) or contact Carina Boyle, [Carina.Boyle@actionforchildren.org.uk](mailto:Carina.Boyle@actionforchildren.org.uk).**

**For more information on the Outcomes Star, visit [www.outcomesstar.org.uk](http://www.outcomesstar.org.uk).**

professionals and measure progression, improvement or change in behaviour; but they also highlighted that evaluation tools do not always reflect the complex needs and circumstances of vulnerable families or measure adequately the specialised and hard-to-quantify inputs being provided. Concern about the costs of evaluation remains high, though: as one participant stated, “commissioners say they want evaluation, but it is the first thing they cut or squeeze when you put in a bid.”

The events showed that organisations getting involved in *Growing Our Strengths* were passionate about the work they did and about its value in improving outcomes; however, there was also a strong need to share concerns about the future of family support and early intervention in the current political and financial climate. Not surprisingly, the main concern is the repercussions of major cuts within the statutory sector: at one workshop, one-sixth of organisations attending were unsure of their funding future in 2012. One participant told us:

“I worry for the morale of the team. Last year we did not hear we had got funding until the 26 March – by then staff had notice of redundancy and a couple had already left. I will have to go through the whole process again.”

Many were also worried by the change in priority from universal to targeted support, fearing that they will not be able to intervene early enough and that the problems of families will

have become more entrenched by the time they access support.

Undoubtedly organisations welcome the emphasis on early intervention made by the recent wave of reports on families and family support, including the Munro Review, the Tickell Review of the Early Years Foundation Stage, Graham Allen MP’s *Early Intervention: the Next Steps*, and Frank Field MP’s report on preventing poor children from becoming poor adults. However, the sector is firm in asserting that the value and effectiveness of early intervention is not limited solely to delivery of the evidence-based programmes which the Allen Review has championed.

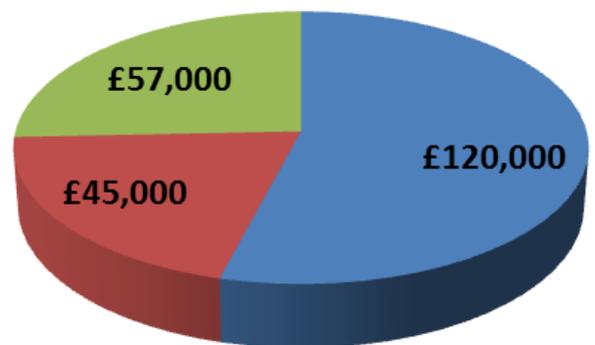
Perhaps the strongest message coming through this programme is that the VCS is currently living through a very challenging period. As another event participant described it, “it’s the perfect storm...we are having our funding cut but being asked to do more. But at the same time, many of the public sector staff we worked with and knew well have gone as services are cut. We are seeing more families in really extreme need, but we just don’t have the capacity to work with them.”

But in spite of all the concerns, the VCS is also very positive about the opportunities for organisations to collaborate, work together to meet local need and provide appropriate services: the *Growing Our Strengths* events provided the opportunity to talk, network and share skills to facilitate this process.

# Social Return on Investment?

## Are you:

- Needing to demonstrate the value of your work?
- Looking for better evidence to show your funders?
- Wanting a better understanding of the difference you make?



- Value created for clients
- Value created for clients' families
- Value created for the government

Example results

## Then SROI may be for you

Envoy Partnership provides SROI consultancy, training and support to treatment services, carers services and children and family services. We are currently working with Adfam to demonstrate the value of support to families of drug and alcohol users.

To find out more, contact Oliver on  
[oliverkempton@envoypartnership.com](mailto:oliverkempton@envoypartnership.com)  
or call on 0207 097 8955

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Partnership

[www.envoypartnership.com](http://www.envoypartnership.com)

SROI training, support and consultancy

# AVA Training Programme

## 2011/2012



Supporting Survivors to Recover from the Impacts of Violence Against Women and Girls (VAWG) – Unresolved Anger, 15 March,



Young People and Violence Against Women and Girls, 10 April



Supporting Survivors to Recover from the Impacts of Violence Against Women and Girls (VAWG) – Post-traumatic Stress, 19 April



The Links between Sexual Violence and Substance Use, 9 and 10 May



Domestic Violence Awareness for Housing Workers, 22 May

**All courses delivered from 10am-4.30pm. Prices start from £90 vol. / £130 for a one-day course.** AVA can come to you to deliver a training package 'in-house'. This may be more cost effective if your agency has a number of staff who wish to receive training and you may be able to commission a bespoke course tailored to the needs of your agency. In-house courses start from as little as £41 vol./£59 stat. per person.

**For more information or to book your place on any of the above courses, or to enquire about commissioning an in-house training, go to [www.avaproject.org.uk](http://www.avaproject.org.uk).**

#### Contact AVA

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The government's 2010 Drug Strategy calls for an  
“**inspirational recovery-orientated  
workforce**”

# *Do you and your staff have the **skills and tools** to support recovery?*

The **Skills Hub** is home to hundreds of resources for those working in the drug and alcohol field, whether you're a **keyworker or someone who manages keyworkers**, new to the field or an experienced worker.

Everything on the **Skills Hub** is:  
recommended by experts  
easy to access  
free!

From manuals to guidance to competencies,  
the **Skills Hub** has it all. Visit it now, at  
[www.skillsconsortium.org.uk/skillshub.aspx](http://www.skillsconsortium.org.uk/skillshub.aspx)