

2016

# COMMUNITY INVESTMENT FOR SUPPORTIVE CHANGE (CISC)

**INVESTING IN THE COMMUNITY FOR THE FUTURE**

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A special thank you is also extended to the 2 members of staff at the North Hub who again participated in the interview process, and offered some inspirational observations concerning the service users and the affect the legal welfare outreach service has on them.

And last but not least, thanks to Gary Sutton and Dan Williams (members of our drugs team) for conducting the interviews, and Lorna Macfarlane and Kirstie Douse (our lawyers) for distributing and collection of the survey questionnaire, and for delivering the legal welfare outreach service at the North Hub.

## SUMMARY

This report has been commissioned to appraise<sup>i</sup> and evaluate<sup>ii</sup> the ‘hosted’ legal welfare outreach service delivered by Release at the North Hub Drug and Alcohol Service in East Row in the Royal Borough of Kensington and Chelsea (RBKC). The legal welfare service is delivered to service users of the North Hub on a range of issues including welfare benefits, allowances and tax credits, homelessness, housing, debt, employment and family matters. The themes explored evaluate the social<sup>iii</sup>, economic<sup>iv</sup>, and environmental<sup>v</sup> gains – both for the service users, and for the local authority, as the funder of the service. This report will not review the drug programme, treatment provider or other hosted services.

This report will utilise some of the analytic framework adopted by a Social Return on Investment model, but will not conduct the same analysis. As such, the analysis and evidence reviewed in this report will centre on the community involved, the outcomes achieved, and the resulting benefits. It is a report of Community Investment for Supportive Change (CISC).

Substance misuse treatment varies depending upon the individual and takes into account a combination of physical, mental, circumstantial and emotional factors. Many individuals that engage with alcohol/drug treatment want to change their dependant behaviour and this requires not only a great deal of self-control, but also specialist support services to help them with their chosen changes. Their desired changes can take many months or even years to achieve and are often completed incrementally. Whilst most structured day treatments can last anything up to 12 weeks this is merely the first step on a narrow road, and for some it may require a few attempts.

Engagement with collaborative specialist services, such as the legal welfare service, helps them with those changes. For example, many of the service users accessing assistance are merely trying to obtain, secure and/or maintain their basic entitlements to accommodation, benefits and allowances, but they are equally likely to be experiencing debt issues maybe as consequence of the aforementioned entitlements not being secured, or having been partly/wholly suspended. This then leads them into severe financial hardship which they try to avert by accessing monetary lending services (which they can ill afford) to meet the shortfall, and/or not paying utility bills to conserve their money. Whatever method they adopt it is merely a downward spiral that increases their anxiety and this often reaches a critical point where they can no longer manage, or confront their own affairs.

The three themes to be evaluated are broad in general scope, and more often than not interrelated, so definitions and parameters need to be in place for each theme to offer context and confine the evaluation to these areas.

The first theme of social factors is certainly the most difficult to quantify and interpret as it relies predominantly upon the service user reflecting upon and analysing their physical and mental (well-being) health improvements, if any, prior to and post interaction with the legal welfare service. To overcome this limitation external observations by treatment centre staff proved to be an invaluable insight, as will be discussed later in the report.

The next theme for evaluation relates to economics, and again is broad in scope, so this report will be confined to examining income maximisation through supported debt management, budgeting, benefit, allowance and reduction entitlement, and the aversion of fuel poverty through energy trust awards.

The last theme is concerned with the service users' environmental (accommodation) factors, and more precisely individuals that are/were homeless, and averting homelessness by securing appropriate financial entitlements.

Having considered and examined the themes above the report will also consider the effect of providing a collaborative in-house legal welfare service, and whether there are any wider economic benefits or consequences for local community services, such as health and housing but also for the wider community stimulus. Whilst this report is not a full analysis for a social return on investment it will offer economic, fiscal and social insight into the gains of the in-house service by quantifying the current effect of the service.

The final theme of the evaluation will review the hard outcomes achieved over the previous 12 months of the service by assessing a cohort of sample data. The outcomes addressed will include session's available, service user engagement, matters presented, and resolutions achieved. Finally, the evaluation will consider the value service users place on having an integrated legal welfare service.

The final section of the report will draw together the returns achieved and a short summary of economic, fiscal and social returns for each area.

This evaluation project is funded by the Royal Borough of Kensington and Chelsea, Public Health Innovation Fund.

Release developed the evaluation and methodology objectives in conjunction with the Royal Borough of Kensington and Chelsea, Public Health department. Release conducted qualitative interviews, and quantitative research with service users, treatment centre staff, and Release legal advisors, and analysed the results and published the findings. The evaluation was conducted between July 2014 and March 2015 and the final report was submitted to the Royal Borough of Kensington and Chelsea, Public Health in January 2016.

## THE PROJECT DESCRIPTION

The project will examine the potential impact of services on the social, economic and environmental factors impacting on service users, using the North Kensington & Chelsea Hub as an example service.

The project will deliver **two** key benefits:

- An examination of, and thinking around, ways of evidencing impact at service level on social determinants of health, including rationale, indicators and mechanisms. This information will be made available to and benefit other providers.
- Specific evidence of impact on the sample service and its users

The specific outcomes for this project are detailed at 2.2 of the grant agreement:

### 2.2 Outcomes

Inside scope of the project (and measured):

(Evaluated from qualitative interviews and quantitative service user questionnaire)

1. Maximising income increases personal economic consumption as a result of:
  - a) Securing welfare benefit entitlement claims including appeals.
  - b) Securing energy trust payments and averting fuel poverty.
  - c) Effective (and supported) debt management and reduction plans (budgeting).

Outcome Recording: Hard

Potential Indirect Outcome: Local economy stimulated

2. Improved living environment through the provision of suitable accommodation by:
  - a) Securing appropriate accommodation for the homeless.
  - b) Stabilising existing service users' accommodation by securing Council Tax and Housing benefits entitlement thereby avoiding homelessness.

Outcome Recording: Hard

Potential Indirect Outcome: Reduced Local Authority Homelessness Expenditure

3. Use of local health & social care services such as:
  - a) Reduced use of accident and emergency health provision, and/or GP intervention
  - b) Reduced use (where appropriate) to local care services.
  - c) Increased used of Drug/Alcohol Treatment Centre Integrated Services.

Outcome Recording: Soft

Potential Indirect Outcome: Reduced Local Authority Health & Social Care Expenditure

4. Increased social community engagement through:
  - a) Improved confidence

- b) Improved social interaction
- c) Improved Well-Being

Outcome Recording: Soft

Potential Indirect Outcome: Community Advocate for the local Drug/Alcohol & Legal

5. Does the provision of an integrated legal welfare service assist individuals to reduce or cease problematic substance use by addressing their social, economic and environmental matters by:

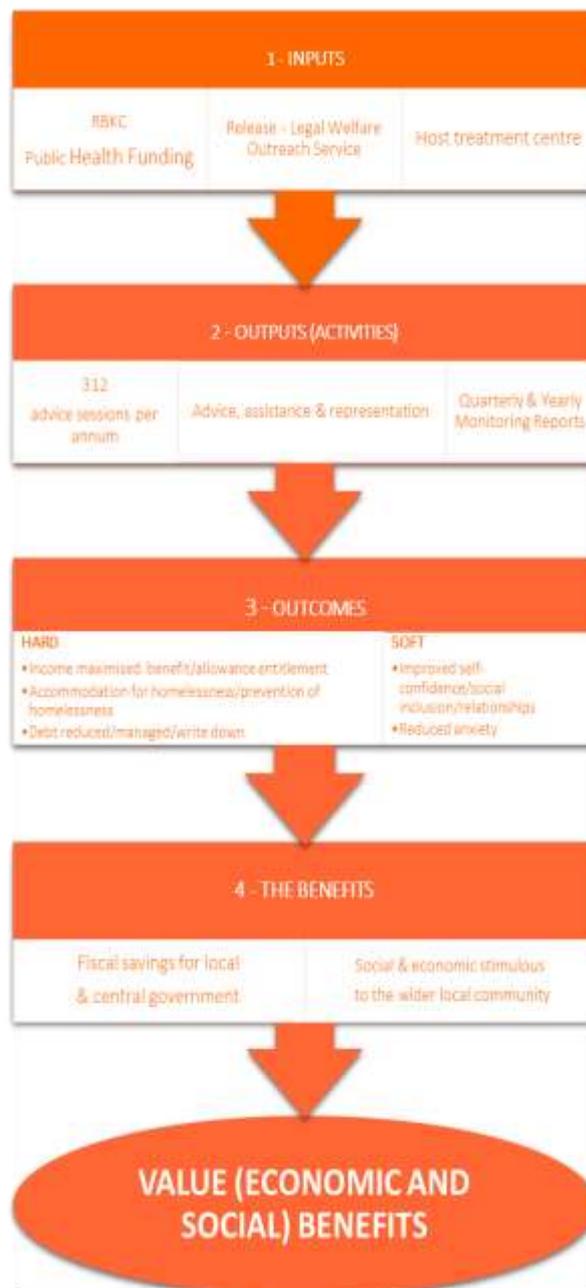
- a) Analysing the service delivery environment
- b) Service user engagement and duration of assistance
- c) The number of matters presented and the resolutions achieved.
- d) And what value do service users place on having an integrated legal welfare service.

Outcome Recording: Soft & Hard

## INTRODUCTION

The Social Return on Investment (SROI) model is arguably the most utilised evidence base outcome model used today, and was developed in America in 1997. The SROI model (input value divided into outcome value equals ratio return) is increasingly used by service providers to demonstrate the value of their services by seeking to add a monetary value to a non-monetised activity by identifying social financial stimulus and fiscal (local and central government) savings the service activity(s) can claim to have made. Immediately apparent is the limitation this methodology has. For instance, can a monetary value be allocated to quality of life, or emotion to measure improvement simply on the basis the service provided advice and guidance? So, SROI is concerned with demonstrating impact, and not with clarifying how or why these impacts occur. However, with the broad use of SROI's today we thought the readership would be enlightened by following the SROI methodology for illustration purposes and knowledge but the calculation ratios will be based upon 3 specific areas of return; namely economic, fiscal and social. These 3 areas will be monetised from independent evidence sources. An illustration of this reports methodology can be viewed in the flow diagram adjacent.

This report will depart from being a SROI to one focussing upon 3 specific returns – economic, fiscal and social, and will encompass evidence based upon qualitative and quantitative data plus tangible economic calculations that are realistic for those activities that solely concern the intervention of the legal welfare service. As an example, for service users that self-report an improvement in reduced anxiety/stress only proxy indicators will be offered that are intervention based and not such as self-help books, as there is no assurance that reading these books would have a lasting effect upon the individual. Also, evidence will be reviewed, such as assisting a service user to maintain their accommodation by preventing homelessness which does have a lasting effect for the service user and additionally has a direct impact upon local and central government (fiscal) expenditure. These calculations are realistic and can be clearly evidenced and referenced. Using this judgment for appropriate indicators reduces the compulsion to over claim and overstate the legal welfare service.



To this end we shall refer to this report as a Community Investment for Supportive Change (CISC).

## COMMUNITY INVESTMENT FOR SUPPORTIVE CHANGE (CISC)

As mentioned in the introduction this report will follow the SROI methodology and the principles that form part of an analytic framework. The explanation for departing from an SROI is simple: those involved in SROI adhere to an agreed set of principles that are perceived differently by various sectors, and the approaches adopted are reflected in the way each sector accounts for values associated with each principle.

For example, accountants are concerned with the issues surrounding the questions of materiality and purpose, whereas with evaluators the issues surround theories of change and logic models; for economists and cost benefit (impact) analysts the issues are about approaches to economic appraisal and the valuation of benefits; and finally, for sustainability practitioners the issues centre on stakeholder involvement and which values are included.

So, having briefly highlighted the differing approaches to SROI, and the interpretations favoured, one can immediately deduce that whilst the principles of SROI are generally agreed the application of the interpretations will result in very different measured outcomes even though the issues remain the same. However, whilst interpretations will often vary all those involved with SROI are seeking to establish the value created, and the mechanisms used to monetise and evidence this value.

For this report, CISC captures some of the outcomes and benefits achieved – it is about a community, and so becomes a review moving beyond simple monetised value to a review where person-centred services add to and aid local communities to achieve and maintain economic, environmental and social cohesion by assisting those most in need, vulnerable and on the margins of society. CISC is not simply about monetised returns or fiscal savings, it is also about the provision of supportive resources that provide marginalised individuals with access to services that positively affect their wellbeing.

## ABOUT US

Release is the national centre of expertise on drugs and drugs law and is an independent registered charity that was founded in 1967. The organisation provides services which are free at the point of delivery to individuals/groups, and informative educational programmes to young and marginalised Black Minority and Ethnic (BME) groups, and a number of free publications.

Our unique and specialist service activities include:

- London centric legal welfare and counselling outreach services within alcohol and drug treatment environments; national drug and legal helpline; drug expert witness; community engagement programmes for young and marginalised groups; and.

The objectives of our services and programmes are to:

- advance and support the health (physical and mental), economic, environmental and wellbeing needs of individuals experiencing substance misuse and dependency; those in recovery, and their families; and
- develop programmes for young and marginalised groups that have/may come into contact with the criminal justice system because of drugs policing through the provision of information, training, and publications adopting a harm reduction approach.

Our drug policy campaigns are geared towards stimulating public awareness and debate, whilst offering alternative approaches to our current national drug policies. We also provide briefings to parliamentarians and have worked closely with the All Party Parliamentary Group for Drug Policy Reform (APPGDPR) and the Global Commission on Drug Policy.

Release is a member of AdviceUK, Federation of Drug & Alcohol Professionals (FDAP) and Criminal Justice Alliance (CJA). Individual members of staff have professional memberships with The Law Society; Expert Witness Institute (EWI); British Association for Counselling and Psychotherapy (BACP), The Bar Council; and the International Society for the Study of Drug Policy (ISSDP).

Release is regulated by the Financial Conduct Authority ([618823](#)) to provide debt advice. The organisation has also been awarded the Advice Quality Standard, and categorised as a Centre of Excellence by the London Legal Support Trust.

**Founded ~ 1967**

**Charity ~ 1972**

**Staff ~ 15**

### SERVICES AVAILABLE

- Counselling
- Drug Helpline
- Expert Witness
- Legal Helpline
- Legal Outreach
- Youth Engagement

### ADVICE CARDS

- Bust Card - Your Rights on Arrest
- Sniffer Dogs - Know your Rights
- Y-Stop Search Card

### ADVICE PUBLICATIONS

- Drugs & the Law
- Sex Workers & the Law
- Young people their rights & the Law

### POLICY PUBLICATIONS

- Numbers in Black & White:  
Ethnic Disparities in the Policing and Prosecution of Drug Offences in England and Wales
- Drug Decriminalisation Policies in Practice Across the Globe

The organisation is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations, as well as being part of the Vienna and New York NGO Committees on Narcotic Drugs.

Release staff are also consultative members of the following groups:

- British Transport Police (BTP) Stop and Search Community Consultation Group
- College of Policing Stop and Search Strategic Scrutiny Group
- Her Majesty's Inspectorate of Constabulary (HMIC) Police Legitimacy External Reference Group
- London Joint Working Group on Alcohol related Liver Disease (ALD)
- Naloxone Action Group (NAG) England
- Royal College of GP's Secure Environments Group (SEG)
- United Nations General Assembly Special Sessions NGO Communications Working Group
- United Nations General Assembly Special Sessions NGO Campaign Branding Working Group

#### RELEASE MEMBERSHIP

- Advice UK,
- Criminal Justice Alliance (CJA)
- Federation of Drug & Alcohol Professionals (FDAP)

#### INDIVIDUAL MEMBERSHIP

- British Association for Counselling and Psychotherapy (BACP)
- Expert Witness Institute (EWI);
- International Society for the Study of Drug Policy (ISSDP)
- The Bar Council
- The Law Society

#### CONSULTATIVE MEMBERS

- Economic and Social Council of the United Nations
- Vienna and New York NGO Committees on Narcotic Drugs
- British Transport Police (BTP) Stop and Search Community Consultation Group
- College of Policing Stop and Search Strategic Scrutiny Group
- Her Majesty's Inspectorate of Constabulary (HMIC) Police Legitimacy External Reference Group
- Naloxone Action Group (NAG) England

#### REGULATED BY THE FINANCIAL CONDUCT AUTHORITY

- Registration Number: 618823

## BACKGROUND

Release has been delivering the legal welfare outreach service to the North Hub venue since July 2009. The service was originally funded by the Inner North West London Primary Care Trusts until March 2013. Since, April 2013 the service has been funded by the Royal Borough of Kensington and Chelsea Public Health department. The service is free at the point of delivery and provides supportive legal welfare assistance in areas such as, debt management and reduction; accommodation including homelessness, eviction, disrepair, etc.; income predominantly linked to welfare benefit and allowance entitlements; in addition to, family contact, police actions and employment advice to name but a few.

The legal advisors that deliver the service are qualified solicitors and caseworkers that undertake continuous professional development, and receive specialised external training to enhance their legal skills and keep abreast of legal developments. In addition to their legal development commitments each advisor has extensive and continuous training with our drugs team on all classes of controlled drugs including: current trends; methods of administration and consumption; addiction and dependence factors; substitute prescribing through to health symptoms associated with blood borne viruses, such as human immunodeficiency virus (HIV) and hepatitis C. They are also versed in general harm reduction interventions and mental health disorders.

In addition, the legal team is supported by a dedicated body of volunteers made up of under and post-graduate students donating their time to develop their practical and communication skills whilst enhancing their research abilities under the supervision of the legal team. Their contribution is invaluable to Release and the service users but for the purposes of this project their input and outputs will not be counted as their efforts have been exchanged by the opportunities Release provides. Therefore we consider this element cost-neutral and it does factor into our project delivery cost.

## LEGAL OUTREACH DELIVERED TO NORTH HUB SINCE 2009

### FREE AT THE POINT OF DELIVERY –

- debt management and reduction
- accommodation including homelessness, tenancy termination, disrepair, etc.
- welfare allowance and benefit entitlement;
- employment advice
- family contact, and police actions

### ADVISOR DRUG TRAINING

- all classes of controlled drugs including;
- current trends
- methods of administration and consumption
- addiction and dependence factors
- substitute prescribing
- human immunodeficiency virus (HIV)
- hepatitis C
- other blood borne viruses
- harm reduction
- mental health orders

### SERVICE OUTPUT (MIN.)

- 6 x 30 min. Sessions Per Week
- 9 Hours client casework Per Week
- 312 Sessions Per Year
- 468 Client casework hours per year

**624** HOURS PER YEAR

TOTAL DAYS PER YEAR **89**

## METHODOLOGY

The process for the service evaluation was twofold, and involved both qualitative interviews and quantitative surveys both of which were conducted by Release staff. All of the interviewees were selected by the centre's service manager and based upon an agreed criteria of new, mid, and long term engagement with the treatment centre. This system of 'blind' interviews meant the interviewer had no previous knowledge of the interviewee, or vice versa, so the process was free of familiarity and assumptions.

Over the duration of 4 weeks Release's Head of Drug Services, together with a drugs researcher, conducted 8 service user and 2 staff interviews with the average interview lasting 45 minutes. The interviews were structured where service users were posed 5 prime questions, with question 4 containing 7 sub-questions strictly relating to the legal welfare service. The questions posed towards the centre staff were based upon professional experience and knowledge of their previous work environments and their current working environment which included working with in-house collaborative service, or referring to external provider.

*'free of familiarity and assumptions.'*

4 hours 30 minutes of recorded interviews

SERVICE USER FEEDBACK  
90

QUANTITATIVE SURVEYS  
82

QUALITATIVE INTERVIEWS  
8

CENTRE STAFF FEEDBACK  
2

*"Advice & guidance has been superb far exceeding expectations...could not manage without (service) at present."*

*"Very good & helpful – sorted out my problem very quickly. Would recommend the service to everyone in need."*

*"Release was very good. Should be more days like twice a week."*

## MATERIALITY

Evaluation's such as this are based on a set of principles that are generally grounded within the SROI framework analysis. However, these principles are interpreted and applied by different professional sectors, and as result the value changes recorded will be presented with varying emphasis and priority. The importance of understanding the different approaches is pivotal, so a brief review of each can be read below.

The approach by accountants is about the question of materiality and purpose; for evaluators the discussion tends to be about theories of change and logic models; with economists and cost benefit analysts it tends to be about approaches to economic appraisal and valuation of benefits; and finally, with sustainability practitioners the discussion focuses on stakeholder involvement and which issues are to be included.

However, there are some sectors where the differences are so major that they will never agree. For example, impact analysts and social accountants are often uncomfortable about valuation whereas financial accountants and cost benefit analysts agree that valuation is fundamental to reporting and therefore is central to decision making. It is a principle of financial accounting that the unit of currency is used to value those issues that should be included, and the misunderstanding by non-accountants is that they presume accountancy is only about accounting for the money.

So, for this evaluation report we will approach the principles from a financial accounting/cost benefit analyst perspective, as we are only considering outcomes that are material to RBKC Public Health and are measurable within the scope of the legal welfare outreach service and the activities generated. We have therefore focused on those impacts that are relevant to and significant in size in order to give a true and fair picture of the impact of the service.

## LITERATURE & THE COMPLEXITIES OF DRUG USE

Over the years, a number of publications<sup>vi</sup> and commentators have identified the need for advice services to perform a more integral role with service users and drug treatment programmes, and the interaction between the two. Time and again, the publications identify the vulnerability of the service users and the marginalisation they experience, especially concerning their income (Economic), health (Social) and housing (Environmental) needs. The majority of publications advocate and evidence the need for service users to have access to legal welfare advice, as part of a treatment programme. But they all stop short of suggesting how this legal welfare advice service should be available, or indeed accessed.

As a starting point to this section, a short summary of publications (literature and surveys) will provide independent evidence for the need of legal welfare advice for service users of drug treatment centres. The publications will help to contextualise the recognition placed upon legal welfare advice for service users, and in turn creates an opportunity to analyse the availability and accessibility to legal welfare advice. In addition, we will also consider the recent developments within the health commissioning framework and new legislation.

Problem drug use and the associated clinical complexities are all well documented. However, other lead authors such as Peter Kemp and Jason Payne-James, have identified other factors that are equally challenging for drug users over and beyond the clinical needs - especially in areas such as, housing and the welfare benefits system. However, the experience of these areas are varied amongst this group. An agreed starting point is that the majority of commentators accept that drug users are, in general, a marginalised group; many of whom (although not all) have experienced some form of disadvantage and/or significant challenge from a young age.

Much of the literature surrounding problem drug use emanated from mainland Europe, and the United Kingdom back in the mid-2000's where commentators<sup>vii</sup> clearly identified men between the ages of 20-30 as being the lead group experiencing control issues around drugs. Issues around housing and homelessness become a recurring theme that were consistently identified in many research papers of drug-using populations<sup>viii</sup> When it comes to health issues, both mental and physical, then and now it is evidenced that many drug users suffer from concurrent mental and physical health problems, and this is more likely to be the case with long-term drug users including prevalent rates of hepatitis C, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and physical deficiencies.<sup>ix</sup> The issues of mental health amongst problem drug users is as equally prevalent and is systematically documented, and can be found in many articles by Hermine Graham and others.<sup>x</sup>

*'...enabling people to participate fully in society. This reintegration relies not only on effective treatment, but also on tackling wider health issues, housing and employment.'*

Home Secretary UK Drug Strategy 2012

*"...much of the public views welfare recipients negatively ... chronic drug users, and as exploiters of the system. Yet, despite a large body of sociological literature regarding welfare recipients and their stigmatized social position, there exists a dearth of information from the individuals themselves, most notably from those engaged in drug use. That is, the voices of welfare recipients are largely absent from published sociological research."*

Peter Luck - Female drug users and the welfare system (2004)

So, having taken a short glance at some of the health issues experienced by problem drug users, we can now review how they interact with the welfare benefits system. In 2008 a research study conducted by Gordon Hay and Linda Bauld <sup>xi</sup> found that problem drug users accounted for nearly 7% of the working age population on benefits in England, but conversely only made up 1% of the working age population overall. However, various barriers to claiming benefits were also identified by authors, such as Peter Luck (an American academic), including stigmatisation as one of the major factors preventing drug users from seeking and receiving help from the welfare state.

The adjacent grid bar offers some interesting demographic data concerning RBKC, and although it is 2 years old it is nevertheless valuable when trying to determine local supportive services. For example, the drop in population between 2010 and 2012 shows a decline of just over 7.5%, whereas the drop for the same period for drug use shows a decline of 31%. However, whilst the drop in drug use is impressive it can be seen from the data that resurgent effects can counter these reductions in the following years.

The Public Services (Social Value Act) 2012 recommends that all public bodies, including local authorities, consider how their commissioning decisions benefit society. To this end the Health and Social Care Act 2012 changed the process of how public health funding is allocated and how local commissioning priorities are determined. An important part of that process is demonstrating to decision-makers and local stakeholders that alcohol and drug interventions contribute to public health and social care outcomes and improve community safety.

An evaluation of substance misuse prevention, treatment and recovery interventions can help support these requirements, because the framework focuses on identifying the social and economic values that matter to stakeholders and seeks to reduce inequality and improve wellbeing.<sup>xii</sup>

Liverpool John Moores University, in their Sweep report 8<sup>xiii</sup> for 2011/12, estimated that there are approximately 54,985 opiate and crack cocaine users in Greater London. Further to this, the Greater London Authority has identified, through its Health Inequalities Strategy, the need to provide support and assistance to aid recovery and the need for equitable access to treatment through collaborative initiatives (GLA - The London Health Inequalities Strategy (April 2010)). The UK Drug Strategy (published December 2010) identified the need for a 'whole systems approach' that addresses issues of housing and inequality - the legal welfare outreach service goes to the heart of this principle. Additionally, a study commissioned by the Department for Work and Pensions (DWP) stated "Professionals reported PDU's in their areas as a marginalised group who experienced stigma and had complex needs, including mental and physical health, employment, housing and family problems."<sup>xiv</sup>

*"Professionals reported PDU's in their areas as a marginalised group who experienced stigma and had complex needs, including mental and physical health, employment, housing and family problems."*

Department for Work and Pensions – Commissioned Report 2010

RBKC HEALTH PROFILE  
2011-2015  
(Per 1000 Crude Rate)

	Population	Data Year
2011	170,000	2009
2012	169,000	2010
2013	158,000	2011
2014	156,000	2012
2015	156,000	2013

	Drug Use (No.)	
2011	1,386	2008/09
2012	1,752	2009/10
2013	1,563	2010/11
2014	1,563	2010/11
2015	1,065	2011/12

	Statutory Homelessness (No.)	
2011	255	2009/10
2012	360	2010/11
2013	534	2011/12
2014	681	2012/13
2015	539	2013/14

Source: [Public Health England](#)

The current data available from Public Health England for its Health Profile for RBKC<sup>xv</sup> indicates a crude estimated reduction (31%) in the number of users of opiate and/or crack cocaine aged 15-64 for 2011/12 to 1,065 which is a reduction upon the 1,563 number for 2010/11. For statutory homelessness over the same periods indicate there was a reduction (just under 21%) of 681 for 2010/11 to 539 for 2011/12.

The data mentioned above is a key component for this evaluation and will be further explored below.

A full reading list and sources can be found in the reference section.

## SOCIAL IMPACT EVALUATION

The objective of this CISC will not venture into all facets of the Release legal welfare outreach service but will consider some the activities of the service in relation to issues presented by service users. The content headings, such as debt, income, accommodation, etc. will act as guidance with sub-categories under these headings used to identify the service activities that can legitimately be claimed to offer a monetised return (value) and in turn correlate this value to improvements experienced by service users in the areas of social, economic and environmental factors.

As mentioned, this report will depart from being a SROI to one simply concerned with social impact and will encompass evidence based upon qualitative and quantitative service user data plus tangible economic calculations that are realistic for those activities that solely concern the intervention of the legal welfare service.

The purpose of this social impact evaluation is to:

- Illustrate and understand some the activities of the legal welfare service, and relationship between bringing about a meaningful change in the lives of the service users; and
- Demonstrate to other stakeholders the value generated and returned to the community by evidencing the impact of the legal welfare service to the existing funder, and other special interest parties; and
- Identify potential service improvements for future delivery.

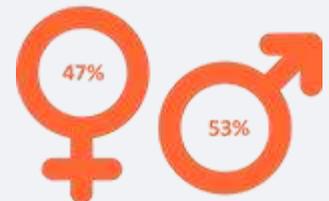
This evaluation focuses upon the legal welfare outreach service and the issues presented by the service user that actually generates an activity for the legal advisor. Basic information or signposting to another service provider has been disregarded. This evaluation covers the legal welfare outreach service from 01 April 2014 to 31 March 2015.

### EVALUATION DATA (COMPLETED SURVEYS RECEIVED)

82

SERVICE USERS

#### SERVICE USER BY GENDER



176

ISSUES DEALT WITH  
CONCERNING THE  
FOLLOWING AREAS

- 36 ACCOMMODATION
- 46 DEBT
- 70 INCOME
- 24 OTHER

SERVICE USERS PRESENTED  
WITH AN AVERAGE

2.1

ISSUES

ISSUES PRESENTED BY A  
SINGLE SERVICE USER

13

## STAKEHOLDERS

This evaluation identifies and evidences the value changes to stakeholders as a result of the legal welfare outreach service activities. From the outset the stakeholders have been identified, and so a scoping exercise has proved to be unnecessary. The stakeholders identified are the service users, host treatment centre, RBKC Public Health, and other stakeholders that may be interested in this report. The activities of the legal welfare service can in the main be stated as having an overall positive effect, and this will be further explained below but additionally there are also unintended positive effects that occur that cannot be explained but are nevertheless highlighted by service users and treatment centre staff. These unintended positive results often manifest themselves through reduced anxiety and isolation, which in turn improves confidence and communication.

Ascertaining the outcomes for the service users was established by the sub-categories selected on the survey. 82 service users independently completed a quantitative survey each where they indicated the areas they needed assistance with. The 4 main subject areas surveyed were accommodation, debt, income and other. Under each of the subjects we included a list of sub-categories for the service user to denote. A sample of the survey is appended to this report for review, and in the side bar all subjects and sub-categories can be seen.

## INPUT

The cost of delivering the Release legal welfare outreach service is the focus of this analysis. The service is funded by a contract with the Royal Borough of Kensington and Chelsea Public Health and is valued at £16,200 per annum. The delivery of the service is weekly providing 6 sessions over a fixed 3 hour period. The total number of sessions per annum equates to 312 sessions per annum. Service users without a booked session that have emergency needs are accommodated at the end of the scheduled sessions to ensure their needs are met.

The service is delivered on-site at the host treatment centre by a qualified solicitor, and all follow up work is conducted back at the Release main office. The solicitor may on occasion be assisted by a volunteer under supervision, but the time and effort of the volunteer will not be monetised as any expenses are met from our by our volunteer programme fund.

## INCOME

### ALLOWANCES

- Attendance
- Disability Living
- Employment Support
- Job Seeker

### BENEFITS

- Council Tax
- Housing
- Incapacity
- Income

### CREDITS

- Child Tax
- Working Tax

### GRANTS

- Community Care
- Energy Trust

### OTHER

- Budgeting Loan
- Cold Weather Payment

### DEBT

- Bank Loan
- Hire Purchase
- Credit Card
- Store Card
- Catalogue Shopping
- Door Step Lending
- Mobile/Telephone
- Gas
- Electricity
- Water
- Rent (Arrears)
- Council Tax (Arrears)
- Benefit Overpayment
- Tax Credit Overpayment

### ACCOMMODATION

- Disrepair
- Homelessness
- Transfer
- Tenancy (Notice to quit)
- Anti-Social Behaviour
- Discrimination
- Harassment
- Neighbour Disputes

### OTHER

- Statutory Declaration
- Crime
- Complaints Against Police
- Employment Matters
- Family Matters
- Criminal Injuries Compensation
- Other (Please state)

## OUTCOMES AND THE EVIDENCE BASE

The central theme of this report is to evaluate outcomes based upon the needs of the service users and the activities generated and acted upon by the legal welfare outreach service. To quantify these outcomes we have to be able to identify outcome indicators in order to add a value. Additionally, we also review the quantities involved and the financial proxies we have identified to value these outcomes.

As mentioned previously, the three stakeholders all experienced positive outcomes, of which some can be monetised. However, there were also outcomes achieved that were unintended. For example, improving a service user's confidence is simply a by-product of the activity carried out by the legal advisor. To contextualise this statement, most service users that attend the legal welfare outreach service are generally anxious about their issues but equally they are unaware of what to expect from the service. At the first meeting the legal advisor will provide the service user with a client care letter and the legal advisor's direct contact details. Each issue presented by the service user will be thoroughly explained to them including the action the legal advisor will carry out, and any action required by the service user, and where possible the length of time to bring the issue under control. By engaging the service user in this manner, it builds trust between the parties and also provides the necessary support. As the issue is brought under control the service user has been given information at every step of the action taken, which exposes the service user to a knowledge they may not have had. By imparting this knowledge the service user's confidence increases, knowing they are supported, and so they are more likely to address a future issue when first presented rather than tackling the issue at crisis point. There is likely to be a plethora of explanations for the unintended outcomes and that would require a separate report - maybe in the future.

# 82

SERVICE USERS

### OUTCOME 1

Maximising income increases personal economic consumption as a result of:

#### INDICATOR A

Securing welfare benefit entitlement claims including appeals.

Service Users Assisted **66**

#### INDICATOR B

Securing energy trust payments and averting fuel poverty.

Service Users Assisted **24**

#### INDICATOR C

Effective (and supported) debt management and reduction plans (budgeting).

Service Users Assisted **27**

### OUTCOME 2

Improved living environment through the provision of suitable accommodation by:

#### INDICATOR A

Securing appropriate accommodation for the homeless.

Service Users Assisted **5**

#### INDICATOR B

Stabilising existing service users' accommodation by securing Council Tax and Housing benefits entitlement thereby avoiding homelessness.

Service Users Assisted **16**

## OUTCOME INDICATORS, QUANTITY, DURATION & PROXIES

At the start of the evaluation an agreed set of 5 outcomes were agreed with specific indicators detailed under each outcome.

### INDICATORS

The purpose of identifying the indicators greatly assists in reviewing the performance, impact and change to be measured. In other words, an outcome indicator illustrates how we know if an outcome has been achieved.

### QUANTITY

Analysis of the quantitative responses received from service users made the task of calculating or factoring irrelevant as the quantity was exact, in that the quantity of surveys received was completed by all service users within the evaluation control period. Therefore the percentages presented correlate directly to the survey data.

### DURATION (TIME HORIZON)

The outcomes achieved by the legal welfare outreach service can have the potential to last over a long period time. The only method for evidencing the duration of an outcome is based upon the number of service users accessing the service on repeat occasions, to address the same issue. For instance, debt restructuring and payment plans are generally agreed to run for a fixed period, with an agreed account review to take place at some defined point in the future. If the service user is not maintaining their payments then they will likely access the service for the legal advisor to intervene and try to negotiate another plan. So, this should be considered as an outcome maintenance programme.

For many service users, the legal welfare outreach service is more than merely an advice service, and is considered a trusted source of continued support until such time that they are able to manage their affairs independently, which can take months or even years. For service users that have exited their treatment programme, all legal issues remaining at that point will continue to be worked upon until resolved.

In light of the above, the duration of an outcome can last a period of years given the supportive element of the legal welfare outreach service.

### OUTCOME 3

Use of local health & social care services such as:

#### INDICATOR A

Reduced use of accident and emergency health provision, and/or GP intervention.

Service Users **8**

#### INDICATOR B

Reduced use (where appropriate) to local care services.

Service Users **8**

#### INDICATOR C

Increased used of Drug/Alcohol Treatment Centre Integrated Services.

Service Users **8**

### OUTCOME 4

Increased social community engagement through:

#### INDICATOR A

Improved confidence

Service Users **36**

#### INDICATOR B

Improved social interaction

Service Users **14**

#### INDICATOR C

Improved Well-Being

Service Users **52**

### OUTCOME 5

Does the provision of an integrated legal welfare service assist individuals to reduce or cease problematic substance use by addressing their social, economic and environmental matters by:

#### INDICATOR A

Analysing the service delivery environment.

## PROXIES (FINANCIAL)

As mentioned earlier, SROI analysis uses financial proxies to establish the value of the identified outcomes. Usually an indicative price is used as a proxy for the value of products and services when there is an associated market price.

There are several techniques to find proxies. Most of the outcomes reported by the service users cannot be traded on an open market or are intangible. For these we have identified the closest comparable value of a product/service with a market price (revealed preference method of value determination).

As mentioned previously, outcomes within the context of this evaluation report need to correspond to an indicator that can be used to monetise the outcome achieved. For example, preventing a service user from losing their accommodation not only has an emotional value (soft outcome) for them but also has a fiscal cost (hard outcome) to the local authority, even if the local authority is the landlord. The local authority has a statutory duty to assist those that are homeless, who meet the necessary criteria, whether this is providing temporary or permanent accommodation. So, using the example above an outcome indicator would be the cost to the local authority in obtaining possession of the property in the first instance, of which an example can be viewed in the grid bar adjacent.

## OUTCOMES - SOFT

Soft outcomes are often describe as moments on a journey, or progress. It is an observational measure between where one started, and where they are (service users) at the point of the observation. For example, in a work environment a soft outcome could focus upon thinking skills, such as improved problem-solving abilities, confidence (self), concentrated work-focus, or timekeeping. These improvements are generally detected through appraisal structures, team work, project management etc. The outcome observations in a work environment are easier to monitor and record, as the individuals are in essence in a control group which are interacting on a frequent basis, and are likely to be observing each other and using their observations to improve themselves in comparison to their colleagues. So, in short the outcomes observed in a work environment are work-oriented, skewed towards personal work related development thus the outcome achieved is one of work-oriented progress.

So, for the purposes of this report will shall define soft outcomes as a progressional measure.

### INDICATOR B

Service user engagement and duration of assistance.

### INDICATOR C

The number of matters presented and the resolutions achieved.

Matters \* **176**

Resolutions **176**

15 matters were resolved after the survey period

### INDICATOR D

And what value do service users place on having an integrated legal welfare service.

## HOUSING ISSUE NOT ADDRESSED

### LOCAL GOVERNMENT COST OF EVICTION

Rent arrears £1,900

Eviction £1,119

Re-let costs: £2,787

Advice: £174

Homelessness decision: £375

Private Temp Accommodation

(£162.44 x 2 weeks): £324.88

**Total Cost to LA: £6,679.88**

Source: Shelter

### HEALTH - ANXIETY ISSUE ESCALATES BECAUSE OF ISSUE ABOVE

**£899** - Average cost of service provision for adults suffering from depression and/or anxiety disorders, per person per year - fiscal cost to the NHS.

Source: Kingsfund

### SERVICE USER ABANDONS TREATMENT

Drug treatment - average annual cost of structured community drug treatment per person engaged in effective treatment - **£2,742**

For our service users the soft outcomes are different; insomuch as the observations proffered are based upon self-reflection by the service user themselves. We posed the following written question.

*“Our help can sometimes have an indirect positive effect(s) in other areas. From your experience of using our service have you noticed any personal improvement of the following for yourself?”*

Service users had a choice of 5 distinct responses, although there was no restriction on the number of areas they could indicate, and no prompting was included in the survey to encourage more than one response. The areas were:

- Wellbeing (Feel better)
- Income (More Money)
- Living Environment (Improved/Stabilised)
- Confidence/Empowerment (Feel supported)
- Social Interaction (Less Isolation)

Of the 82 service users who completed the survey 12% failed to answer this question. However, the remaining 88% denoted at least one positive change, and more than half (52%) denoted at least 2 areas of improvement; just under a third (29%) identified at least 3 or more areas of improvement.

Whilst not forming part of this report, 65% of service users reported having been a victim of a crime although we, or they, did not identify whether it was against the person, property, or both.

The soft outcomes self-recorded by the service users in part demonstrates how they view the supportive element of the legal welfare outreach service. Through their observations the assistance provided in addressing their legal welfare issues provides them with a much needed respite, which in turn allows them to reflect upon areas that many in society take for granted. To follow up on this theme we posed a question as part of the survey asking:

*“Has the legal welfare outreach service (sic) contributed in any positive way towards your drug treatment?”*

Of the 82 quantitative surveys completed by service users, an overwhelming 85% stated ‘yes’ that the legal welfare outreach service had made a positive contribution towards their drug treatment (the remaining 15% did not answer the question).

Whilst the soft outcome data is extremely interesting it should not be segregated from the hard outcome data, as they are co-joined in many ways. For example, in order for service users to use their self-reflected observational abilities they would have had to have interacted with the legal welfare outreach service to participate in this evaluation exercise. Some evaluation models overplay the aforementioned element, as it is an easier

## SERVICE USER SOFT OUTCOMES

# 88%

Service Users report an improvement in at least one of the following areas:

- Wellbeing
- Income
- Living Environment
- Confidence/  
Empowerment
- Social Interaction

# 85%

Of service users believe the legal welfare outreach service has had a positive effect on their treatment.

Self-reported improvements by service users as follows:

## 63%

WELLBEING

## 44%

CONFIDENCE/EMPOWERMENT

## 29%

INCOME

## 26%

LIVING ENVIRONMENT

## 17%

SOCIAL INTERACTION

## 52%

IMPROVEMENT IN AT  
LEAST 2 AREAS

## 29%

IMPROVEMENT IN AT  
LEAST 3+ AREAS

criterion to report upon; although financial proxies are more difficult to locate they are nevertheless simpler to process. For instance, some SROI models have looked at the issue of isolation, factored in the number of people reporting the issue, and then used a self-help book as a financial proxy. This method creates a number of issues within itself, so this report will not try to quantify all of the soft outcomes. Instead, this evaluation will focus upon soft outcomes that have - certainly from the service user's observations – added an outcome that is of value to service user, and also to the service funder.

## OUTCOMES - HARD

This section of the evaluation is probably considered the most important to the funder and service providers. This is where financial proxies are identified relating them to the outcomes achieved. Whilst hard outcomes are readily identifiable and quantifiable, such as preventing homelessness or obtaining welfare benefits, they can often take a protracted amount of time to achieve, especially when working with people who have multiple issues in their lives, such as our service users. For example, it may take weeks, to secure interim accommodation for people that are homeless. For debt management issues the process can be even longer, as in many of the cases the debt has been assigned to an external collection agency, and as such negotiation will often involve the original creditor, the creditor's agent and the legal advisor.

When considering financial proxies and relating them to outcomes it is important to remember this is a method whereby the outcome has been assigned a monetised value for a non-tradeable result.

Table 1 in the grid bar shows the description of the financial proxy for each identified outcome. Table 2 below illustrates the values assigned to each indicator and outcome. Details and the source of the proxy can be found in the Impact Map (Appendix A).

CATEGORY	IND	OUTCOME 1	PROXY VALUE	TYPE OF PROXY
ECONOMIC	A	JSA to ESA with enhancement	2,026	ECONOMIC
ECONOMIC	A	Securing JSA	73	ECONOMIC
ECONOMIC	B	Energy trust payments	557	ECONOMIC
ECONOMIC	C	Debt management and reduction	75	SOCIAL
<b>OUTCOME 2</b>				
ENVIRONMENTAL	A	Accommodation for the homeless	1,590	FISCAL
ENVIRONMENTAL	B	Avoiding homelessness - Pre-actio	699	FISCAL
<b>OUTCOME 3</b>				
HEALTH	A	Reduced use of health provision	39	FISCAL
HEALTH	B	Local care services Drug/Alcohol Treatment Centre	2,083	FISCAL
HEALTH	C	Integrated Services	127	FISCAL
<b>OUTCOME 4</b>				
HEALTH	A	Improved confidence	607	FISCAL
HEALTH	B	Improved social interaction	167	FISCAL
HEALTH	C	Improved Well-Being	33	FISCAL
<b>OUTCOME 5</b>				
SOCIAL	A*	Service delivery environment.	92	%
SOCIAL	B*	Engagement and duration	84	%
SOCIAL	C*	Integrated legal welfare	100	%
SOCIAL	D*	Service Evaluation	See Chart	

\*The outcomes above are subject to many variables so no fiscal or economic monetisation will be assigned. As result we will assign service user feedback percentages thereby allowing the reader to equate the societal values placed upon them.

### FINANCIAL PROXIES (Name & definition)

**FISCAL** - Costs or savings to the public sector that are due to a specific project/service. The local and/or national government agencies assuming the cost or saving are indicated in the Financial Proxy Table 1

**ECONOMIC** - Net increase in earnings or growth in the local economy.

**SOCIAL** - Broader Improvements to local community/society in areas such as health; volunteering; access to transport or public services; safety; or reduced crime.

TABLE 1

\*Outcome 5 and sub categories have many variables so no fiscal or economic monetisation will be assigned. As result, we will assign service user feedback percentages thereby allowing the reader to equate the societal values placed upon them.

**OUTCOME 5 INDICATOR A**  
Do you think the legal surgery should be delivered in ALL treatment centres within Greater London?

**OUTCOME 5 INDICATOR B**  
Would you recommend the legal surgery to a fellow client that has yet to use it?

**OUTCOME 5 INDICATOR C**  
Has the legal surgery contributed in any positive way towards your drug treatment?

## IMPACT

This section considers the issue of impact, and the amount of weight (percentage) attributed to the service being evaluated. This is the important part of any monetised evaluation, as it is this section that will determine the return on investment; in the case of this report we have identified fiscal savings, local economic stimulus, and social improvement as the investment returns. These returns are then used to calculate the return ratio. The return section below will provide the formulae and illustrations demonstrating the ratios. As mentioned previously, over-claiming is an integral facet of any evaluation so as to establish credibility of the impact being claimed. So, phrases such as attribution and deadweight come into consideration as these determine the final ratios claimed for the savings, stimulus and improvements claimed. For this report only two possible services can be identified as having made an attribution to the outcomes, or be reduced as deadweight in the outcomes achieved; these only concern the soft outcomes and would only be considered if service users at the North hub had an alternative service to access at the same facility. A description of both attribution and deadweight can be found below, together with reasoning for the attribution, or non-attribution.

## ATTRIBUTION

Many legal welfare providers are static in nature, in that they operate from premises and/or provide a helpline telephone number for assistance. The nature of their service delivery means generally all members of the public are free to attend, or call upon their service within the hours proscribed and obtain advice and/or assistance. For issues that require specialist help, such as solicitors or registered debt advisors, the change is not caused by one single activity or intervention, but comes as a result of more than one service and/or persons working together. SROI analysis uses attribution (a term stemming from economic cost-benefit analysis) to assess the effect of other services, and the contribution they made (percentage attribution) to the identified outcome. In SROI analysis attribution is taken as a straight percentage and deducted from the total impact. This report will also use the same formulae for soft outcomes (attribution to the treatment centre) but not for the hard outcomes, as these have been achieved solely by the legal welfare outreach service, so attributing achieved results cannot be attributed to an alternative service provider.

## DEADWEIGHT

The term deadweight merely means apportioning a percentage amount (measure) to an outcome that would have happened regardless of the activities (outputs) of the legal welfare outreach service. In other words, it is speculative. So here is the speculation – would the same results, or a portion of them, have resulted in the same outcomes had the legal welfare outreach service not been delivered,

*“Advice & guidance has been superb far exceeding expectations...could not manage without (service) at present.”*

*“Very good & helpful – sorted out my problem very quickly. Would recommend the service to everyone in need.”*

*“Release was very good. Should be more days like twice a week.”*

*“If I was not put in contact with Release I don't know what would have happened to me as I had no clue how to deal with my problem as I had loads of other problems at the same time. Your staff were very help full at all times. You have changed my life in a big way. For the last 20 years I have had to move every year, and now I don't have to and am stable.”*

or available? The immediate conundrum with this speculative question is “could service users, on their own have achieved the same results independently?” The short answer to this conundrum is that of the 82 survey respondents all had outcomes achieved by the legal welfare outreach service, and moreover whilst not being an outcome statistic the service is oversubscribed with at least a 2 week waiting list for appointments (emergencies such as housing evictions/homelessness are prioritised and often dealt with outside the appointment times). This is also the case for distress warrants being exercised by Court bailiffs. It is worth noting that the service users, whilst expressing a mild frustration at the delay in obtaining an appointment will nevertheless elect to wait rather than access another service.

So, the deadweight applied to the hard outcomes will be zero. Again we cannot apply a deductive percentage to complete and achieved results, as the deadweight is calculated on the basis of the answers of service users to the relevant questions in the interviews and the quantitative survey. This also applies to any potential partner agencies, and the only partner concerning the legal welfare outreach service is the treatment centre itself, and they are not registered or qualified to provide legal advice. However, we have apportioned some deadweight to the soft outcomes to factor in an element of caution, and not to over claim.

## THE RETURN – APPLICABLE CALCULATIONS

The traditional formulae for the calculation of a SROI ratio includes Present Value (PV) adjustment which is a projection calculation for future service benefits of up to 12 months in duration. Future benefits beyond 12 months are eligible for discount rates normally pegged at around 3-5% per annum. These calculations are in the main utilised to speculate future earning capacity. These formulae are predominantly used to demonstrate potential future social economic impacts, and the key word here is ‘potential’. Given the unknown potential, SROI analysis also includes a factoring formula to address these potential impacts which is traditionally referred to as a Sensitivity Analysis (SA).

## SENSITIVITY ANALYSIS

A sensitivity analysis is essentially a calculation that tests the assumed figures and variables for the base figures claimed for the returned investment. It is best to think of this as reintroducing attribution and deadweight; in other words it’s a safeguard for over claiming.

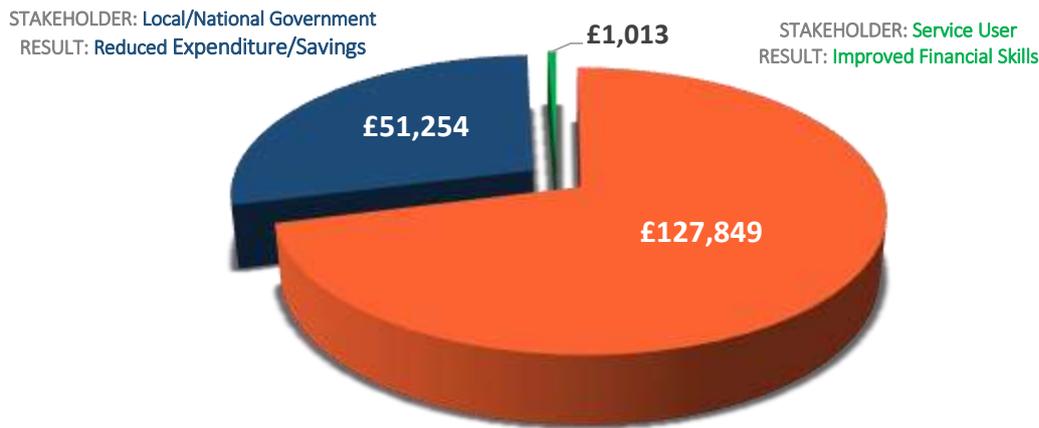
Whilst the aforementioned is interesting in testing and verifying assumptions and potentials, we will not include these calculations for two reasons. The first is that we have identified and established the base figures from government sources, and these have been verified by leading organisations. Secondly, this evaluation has an automatic 33% deadweight attribution, as we did not evaluate the remaining 42 service users that were engaged with the service at the time. Additionally, we have not suggested any future potential benefits whether they be economic, fiscal and/or social, so PV and SA calculations are unnecessary. Therefore this report has a significant level of confidence in the assumptions and variables declared, together with a robust set of financial proxies.

As mentioned in the introduction, this report is based upon 82 of the 124 service users that were engaged with the legal welfare service from April 2014 to March 2015.

## THE RETURN VALUE

The graph below offers an illustration of the fiscal, economic and social return value achieved by the legal welfare outreach. (For calculation details please see the Returns Grid in Appendix A).

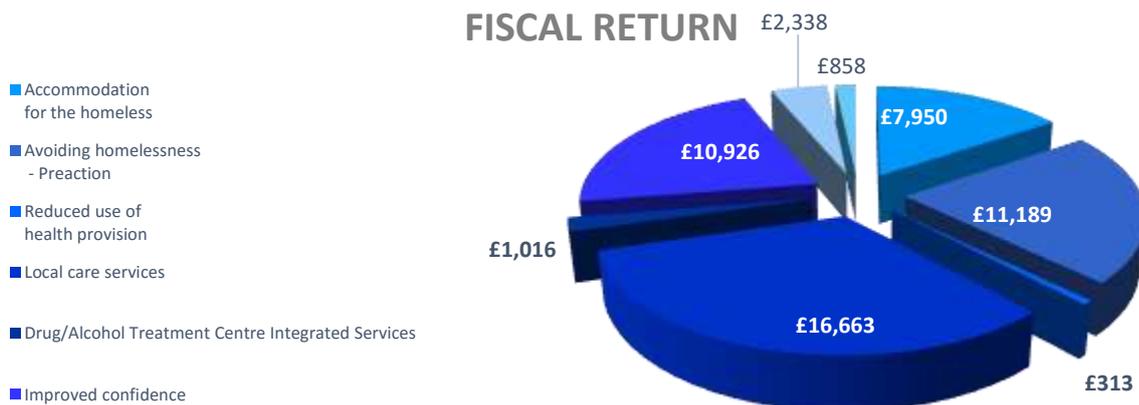
### INPUT VALUE £16,200



### RETURN VALUE £180,115

STAKEHOLDER: Service User, Local Community & Economy  
RESULT: Improved Income, Local Economic Stimulus

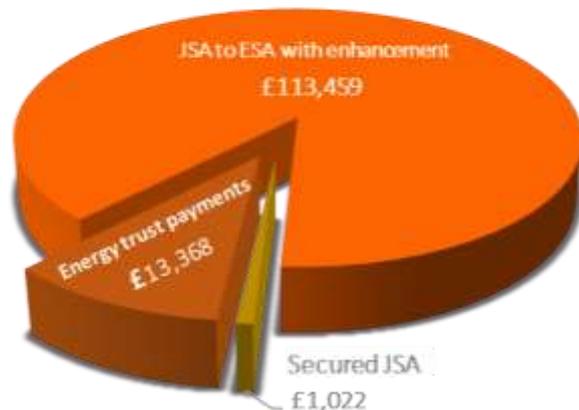
The return value for the April 2014 – March 2015 period is £11.12p for every £1 invested. The graph above identifies each of the areas where the returns were achieved, and the largest return was in the economic area; followed by fiscal and then lastly social.



The interesting element of the graph is it conveys a message to different interested stakeholders. For instance, local government funders may be interested solely in the returns made in terms of the fiscal savings achieved by funding the legal welfare outreach service. So, if we calculated a return solely for the fiscal saving the return would be £3.16; but one must remember the savings are spread across the local health and housing services, and the savings achieved simply means these local services were **not** used because of the provision and intervention of the legal welfare outreach service.

Similarly, if we applied the same return methodology to the economic area the return would be £7.89. The return in this area is income maximisation by obtaining entitlement to state benefits plus enhancements, debt reduction and management, and securing energy trust payments. In its simplest context the maximisation of income could be viewed as averting poverty, improving social mobility, and providing the opportunity for enhanced community inclusion and integration. Also, a by-product of this area is local economic stimulus. The largest return is the difference between the JSA and ESA enhancement, as can be noted in the graph. This economic return was calculated using data from those who moved from JSA, and those that were being reassessed. So, the return is a combination of both elements. Through improved income individuals increase their spending activities thereby increasing the flow of money

## ECONOMIC RETURN



into the local trade economy. One could argue that through this method additional tax is generated, so both local and national government benefit, albeit that the initial money comes from these sources.

### HOUSING ISSUE ADDRESSED

#### LOCAL GOVERNMENT COST OF EVICTION

Rent arrears £4,000  
 Eviction £1,119  
 Re-let costs: £2,787  
 Advice: £174  
 Homelessness decision: £375  
 Private Temp Accommodation (£162.44 x 2 weeks): £324.88  
 Total Cost to LA: **£8,779.88**

Source: Shelter

#### HEALTH - ANXIETY ISSUE ESCALATES BECAUSE OF ISSUE ABOVE

**£899** - Average cost of service provision for adults suffering from depression and/or anxiety disorders, per person per year - fiscal cost to the NHS.

Source: Kingsfund

#### SERVICE USER ABANDONS TREATMENT

Drug treatment - average annual cost of structured community drug treatment per person engaged in effective treatment - **£2,742**

Source: NTA

The social return is the smallest of the three areas and has no return value at all based upon the graph above; indeed it produces a *negative* return based upon the calculations used. Just to clarify this we only used the interview data from the 8 participants for the calculation in this area, as the quantitative feedback did not contain questions of a social return element.

Whilst the math for the calculation of return is straightforward, the outcomes achieved should not be viewed as single outcome events. As we mentioned in the Social Impact section of this report the average service user presented with at least 2 issues, and more often than not these concerned debt and income, so both these issues are contained within the economic area of this report but the skills development is consigned to debt, and the return is social. We could have removed the social element but we felt it was important to include financial skills development, as this definitely assists individuals moving forward.

The gird bar to the left fiscally illustrates an actual housing situation where a service user (interviewee 8) had fallen into significant rent arrears to the point of possession and the matter decided by a court. Release made representations to the court and undertook extensive negotiations with the social landlord. The possession order was suspended on the basis the rent arrears would be cleared of a period of time. The service indicated that the stress of the situation had

nearly triggered a relapse and was on the brink of seeking psychological assistance. The intervention by legal adviser abated not only their housing matter but prevented the service user from relapsing through stress and anxiety. The resultant cost to the local authority and health board would have been over £12,000.

## CONCLUSION

From a purely financial perspective the overall return generated by the legal welfare outreach service is impressive for all stakeholders. For RBKC Public Health Department (the funder of this report) the return achieved is fiscal, and would impact in the areas of health and housing. So, the return would amount to local fiscal ratio of 3:1.

From the outset this report departed from being a Social Return on Investment and focussed upon the economic, fiscal and social savings and enhancements the legal welfare outreach service achieves not only for the funder but the service user, and the wider local community. The unique attribution of the legal welfare outreach service is it is solely designed to serve the complex needs of vulnerable service users in a treatment setting.

Moreover, this report has attempted to highlight some of the areas the legal welfare outreach service assists with and the lasting results that shape a community.

The distinct knowledge, understanding and skills the lawyers possess over and above their legal ability clearly produces an unrivalled and lasting impact that is experienced by all the service users through the maximisation of their incomes, established housing solutions, and reduced health (physical and mental) needs. It is evident from the responses by the service users that deploying the legal welfare outreach service into their treatment environment breaks the cycle of mistrust and stigma, and establishes an engagement model that focuses solely on their needs whilst also making significant savings for local and central government.

Moving forward, the advantages of providing the legal welfare outreach service in a collaborative service setting brings not only returns to the local community, service user and funder but also reduces the costs on local housing and health services, as can be briefly viewed from this report. It is also worth noting that many of the financial proxy figures will only increase in value once inflation is taken into account.

In conclusion, the legal welfare outreach service generates returns for all of the stakeholders whether they be reduced expenditure to the local health and housing services; continued participation in the treatment programme; alleviating poverty; reduced homelessness and stabilised housing; increased personal opportunity and mobility through to local economic stimulus. Taking all these factors together, and the minimum ratio of 3:1 return rate then the legal welfare outreach service is an excellent investment.

### THE RETURN (ALL AREAS)

$$\text{£11.12} = \frac{\text{£180,115}}{\text{£16,200}}$$

#### FISCAL SAVING RETURN

$$\text{£3.16} = \frac{\text{£51,254}}{\text{£16,200}}$$

#### ECONOMIC RETURN

$$\text{£7.89} = \frac{\text{£127,849}}{\text{£16,200}}$$

This report has been careful not to overstate, or over claim the monetised returns, and if anything has been extremely conservative in the returns claimed.

# RETURN BY ITEM

## ECONOMIC

### OUTCOME 1

### INDICATOR A

Main Category	Outcome category	Outcome detail	Unit	Agency bearing the cost / making the fiscal saving		Economic value		
				Level 1	Level 2	Estimated cost/saving	Year	Updated cost/saving
ECONOMIC	INCOME	Employment Support Allowance with support group enhancement	Per Application	DWP	Treasury	£ 2,026	2015	

**COMMENT:** Successful appeal and reassessment moved/kept service user on Employment Support Allowance (ESA) plus additional enhanced benefits. The income is based on an average weekly benefit entitlement which equates to the following: £73.10 first 13 Weeks - £109.30 placed in the support group thereafter with an additional £15.75 Enhanced Disability Premium. It is the difference between JSA and ESA amounts that has been used as the calculation for the affected group for a period of 12 months. Reassessments generally take place every 12 - 24 months although on the rare occasion reassessment could take place earlier.

**SOURCE:** [GOV.UK/ESA](http://GOV.UK/ESA)

# RETURN BY ITEM

## ECONOMIC

### OUTCOME 1

### INDICATOR A

Main Category	Outcome category	Outcome detail	Unit	Agency bearing the cost / making the fiscal saving		Economic value		
				Level 1	Level 2	Estimated cost/saving	Year	Updated cost/saving
ECONOMIC	INCOME	Job Seekers Allowance Premium	Per Application	DWP	Treasury	£73	2015	

**COMMENT:** Jobseekers Allowance (JSA) is the main benefit for people who are out of work and seeking employment. There are two types - income-based (if the claimant does not have sufficient National Insurance contributions, but is on a low income), or contribution-based (if the claimant has paid sufficient National Insurance Class 1 contributions over the preceding two years). This is the weekly income-based payment for single claimants aged 25 years and above.

**SOURCE:** [GOV.UK/JSA](http://GOV.UK/JSA)

# RETURN BY ITEM

## ECONOMIC

### OUTCOME 1

### INDICATOR B

Main Category	Outcome category	Outcome detail	Unit	Agency bearing the cost / making the fiscal saving		Economic value		
				Level 1	Level 2	Estimated cost/saving	Year	Updated cost/saving
ECONOMIC	DEBT	Average cost of energy debt grant with the aim of stabilising a service users finances and giving them a fresh start.	Per Application	Energy Trust		£557	2010	

**COMMENT:** Energy trust grant awards are available to individuals and families that have, or are experiencing severe financial difficulties. All energy trusts encourage applicants to seek assistance and guidance before applying to maximise their chance of obtaining a grant. The grant award is designed to extinguish a debt for either electricity and /or gas thereby providing a fresh start debt free. The above amount is the average grant awarded by the EDF Energy Trust in 2010. A more recent figure of £618 was the average award granted by the [British Gas Energy Trust](#) (BGET) in 2013. We decided not to use a weighted average but to use the EDF award as a base amount.

**SOURCE:** [EDF ENERGY TRUST](#)

# RETURN BY ITEM

## SOCIAL

### OUTCOME 1

### INDICATOR C

Main Category	Outcome category	Outcome detail	Unit	Agency bearing the cost / making the fiscal saving		Social		
				Level 1	Level 2	Estimated cost/saving	Year	Updated cost/saving
ECONOMIC	DEBT	Increased financial skills	Debt Advice Course			£75	2015	

**COMMENT:** The legal advisor is experienced in advising, guiding and representing service users with their debt issues, and part of the process involves the service user on occasion being present whilst the legal advisor contacts and negotiates their debt issue. Through this process the service user observes and develops the necessary skills and confidence to address debt issues should they present themselves in the future. Identifying an appropriate indicator has proven difficult, so we have identified a 1 day training course for individuals with no debt advice experience and discounted the training fee by 50% to allow for shortfall in the skills obtained.

**SOURCE:** [Child Poverty Action Group](#)

# RETURN BY ITEM

## FISCAL

### OUTCOME 2

### INDICATOR A

Main Category	Outcome category	Outcome detail	Unit	Agency bearing the cost / making the fiscal saving		Fiscal value		
				Level 1	Level 2	Estimated cost/saving	Year	Updated cost/saving
ENVIRONMENTAL	HOMELESSNESS	Homelessness application - average one-off and on-going costs	Per application	Local authority	Registered Social Landlord (RSL)	£1,463	2010/11	£1,590

**COMMENT:** This is a scenario-based measure that includes the on-going cost of providing temporary bed and breakfast accommodation whilst a homelessness application is progressing; the cost is based upon four weeks of hostel/temporary accommodation (£94.38). The scenario used by Shelter involves a family becoming homeless having been evicted from private rented accommodation, and being re-housed in local authority social housing. The source notes that in such an instance there may be an ongoing fiscal saving, as Housing Benefit payments in the social sector tend to be lower than those in the private rented sector (using the Housing Benefit costs given below, the average weekly saving between awards to private rented sector and local authority tenants would be £29, at 2013 prices). The source focuses on the fiscal costs resulting directly from the loss of a home and the immediate period leading up to this point. Indirect costs that may accrue to the state in the future are not included, such as increased healthcare costs. Wider economic and social costs are also excluded - e.g. economic costs to private companies, individuals and organisations, and social costs to individuals and society around personal well-being, social cohesion, etc. Data for the study were sourced from government, the Chartered Institute of Public Finance Accountants, Shelter's local authority benchmarking service, and contributing local authorities. Please note the local level variation, and the significant methodological and data issues associated with deriving unit costs relating to housing. The cost have been reduced to represent a single occupant.

**SOURCE:** [Research briefing: Immediate costs to government of loss of home \(Shelter, 2012\), p.7](#)

# RETURN BY ITEM

## FISCAL

### OUTCOME 2

### INDICATOR B

Main Category	Outcome category	Outcome detail	Unit	Agency bearing the cost / making the fiscal saving		Fiscal value		
				Level 1	Level 2	Estimated cost/saving	Year	Updated cost/saving
ENVIRONMENTAL	HOMELESSNESS	Homelessness advice and support - cost of a homelessness prevention or housing options scheme that leads to successful prevention of homelessness	Per scheme	Local authority	Treasury	£642	2010/11	£699

**COMMENT:** This measure includes the process costs connected with providing advice, support and assistance through a homelessness prevention or housing options scheme, and which results in homelessness being prevented or relieved (note that this does not preclude loss of the original home). Data for the study were sourced from government, the Chartered Institute of Public Finance Accountants, Shelter's local authority benchmarking service, and contributing local authorities. Please note there are local level variations, and the significant methodological and data issues associated with deriving unit costs relating to housing.

**SOURCE:** [Research briefing: Immediate costs to government of loss of home \(Shelter, 2012\), p.4](#)

# RETURN BY ITEM

## FISCAL

### OUTCOME 3

### INDICATOR A

Main Category	Outcome category	Outcome detail	Unit	Agency bearing the cost / making the fiscal saving		Fiscal value		
				Level 1	Level 2	Estimated cost/saving	Year	Updated cost/saving
SOCIAL	GP / NURSE	GP contact - cost per face-to-face consultation with patients (average 11.7 minutes)	Per consultation	NHS	GP	£38	2013/14	£39

**COMMENT:** This is the average cost for a GP per face-to-face (surgery) consultation where patient contact lasts an average 11.7 minutes; it includes costs relating to direct care staff (practice nurses). The source quotes the same cost including qualification costs, at £46 per consultation (all costs quoted in this cell are given at 2013-14 prices). Related costs are given for longer consultations, where patient contact lasts an average 17.2 minutes (£56, or £67 including qualification costs). Data are also quoted excluding direct care staff costs: the average cost for an 11.7 minute consultation becomes £35 (£42 including qualification costs), and £50 (£62 including qualification costs) for a 17.2 minute consultation. The costs are derived from practice salary costs, including administrative and clerical staff (and including on-costs such as national insurance and pension contributions), premises costs and business overheads, and training and capital costs. All costs are clearly presented in a summary table on p.195 of the source document, with related data and commentary on pp.194 and 196.

**SOURCE:** [Unit Costs of Health & Social Care 2014 \(Curtis, 2014\), p.195](#)

# RETURN BY ITEM

## FISCAL

### OUTCOME 3

### INDICATOR B

Main Category	Outcome category	Outcome detail	Unit	Agency bearing the cost / making the fiscal saving		Fiscal value		
				Level 1	Level 2	Estimated cost/saving	Year	Updated cost/saving
SOCIAL	DRUGS	Drugs misuse - annual savings in health and social care from delivery of a structured drug treatment programme	Per year	NHS	Acute Trust / Hospital	£1,719	2006/07	£2,083

**COMMENT:** The cost saving to the health and social care system associated with delivery of a structured drug treatment programme - these savings are realised from reduced demand for health care services (including hospital inpatient, outpatient and community-based services, but excluding structured drug treatment provision. The cost is sourced from the Home Office's 2009 Drug Treatment Outcomes Research Study (DTORS), although the data is quoted at 2006-07 price. The study derived the costs by comparing the outcomes from a group receiving structured drug treatment with a constructed comparison group. Data are weighted to be representative of adult drug-treatment seekers in England, across all drug types, severity of use, type of referral into treatment, and prior experience of treatment. The source quotes costs for a 51-week period; the data given here have been annualised.

**SOURCE** [Drug Treatment Outcomes Research Study \(DTORS\) \(Home Office, 2009\), p.13](#)

# RETURN BY ITEM

## FISCAL

### OUTCOME 3

### INDICATOR C

Main Category	Outcome category	Outcome detail	Unit	Agency bearing the cost / making the fiscal saving		Fiscal value		
				Level 1	Level 2	Estimated cost/saving	Year	Updated cost/saving
SOCIAL	DRUGS	Drug Services, Adult, Community Contacts	Per user	NHS	Clinical Commissioning Group	£123	2013/14	£127

**COMMENT:** This cost is taken from the NHS Reference Costs 2013-14, and is provided under the 'Mental health' section. It represents the unit cost per contact with community-based drug services provision for adults.

**SOURCE:** [National Schedule of Reference Costs - Year 2013-14 - NHS Mental Health](#)

# RETURN BY ITEM

## FISCAL

### OUTCOME 4

### INDICATOR A

Main Category	Outcome category	Outcome detail	Unit	Agency bearing the cost / making the fiscal saving		Fiscal value		
				Level 1	Level 2	Estimated cost/saving	Year	Updated cost/saving
SOCIAL	MENTAL HEALTH	Average cost of service provision for adults suffering from anxiety disorders, per person per year - fiscal cost to the NHS	Per person per year	NHS	Clinical Commissioning Group	£516	2007/08	£607

**COMMENT:** This represents the average annual fiscal cost to the NHS of service provision per adult suffering from anxiety disorders.

*See below for detailed information and subsidiary costs.*

This is the average annual fiscal cost of service provision per adult suffering from anxiety disorders (these include generalised anxiety disorder, agoraphobia, social phobia, panic disorder and obsessive compulsive disorder). As shown in the constituent measures above, the quoted value comprises fiscal costs to the NHS (95%) and local authority (5%). Note that this average has been calculated across all adults suffering from anxiety disorders, regardless of whether they accessed service provision or not. The source quotes research that found that around a half (51%) of people with anxiety disorders are not in contact with services - the average fiscal cost for adults suffering from anxiety disorders who are in treatment or whose condition is recognised (e.g. by their GP) is £1,104 (2007-08 prices; see pp.35 and 39).

This is a constituent cost to the above subsidiary measure and represents the average annual fiscal cost to the local authority of service provision (supported accommodation, social services) per adult suffering from anxiety disorders. Further information is given in the comments cell for the subsidiary cost above.

**Please note:** the age of the data (2007-08). A marginal uplift has been applied but is still conservative in applicable cost.

**SOURCE:** [Paying the Price: the cost of mental health care in England to 2026 \(King's Fund, 2008\), p.40 & p.118](#)

# RETURN BY ITEM

## FISCAL

### OUTCOME 4

### INDICATOR B

Main Category	Outcome category	Outcome detail	Unit	Agency bearing the cost / making the fiscal saving		Fiscal value		
				Level 1	Level 2	Estimated cost/saving	Year	Updated cost/saving
SOCIAL	MENTAL HEALTH	Mental health community provision - average cost per contact	Per attendance	NHS	Clinical Commissioning Group	£156	2011/12	£167

**COMMENT:** This is the average cost per contact of community-based provision for mental health patients - it incorporates costs for adults, children and adolescents (separate values on specific sub-categories are available from the source). It is taken from the NHS Reference Costs 2011-12, using the weighted average of data.

**SOURCE:** [National Schedule of Reference Costs 2011-12 for NHS trusts and foundation](#)

# RETURN BY ITEM

## FISCAL

### OUTCOME 4

### INDICATOR C

Main Category	Outcome category	Outcome detail	Unit	Agency bearing the cost / making the fiscal saving		Fiscal value		
				Level 1	Level 2	Estimated cost/saving	Year	Updated cost/saving
SOCIAL	MENTAL HEALTH	Average cost of service provision for adults suffering from anxiety disorders, per person per year - fiscal cost to the local authority	Per person per year	Local Authority	Social Services	£28	2007/08	£33

**COMMENT:** This is the average annual fiscal cost of service provision per adult suffering from anxiety disorders (these include generalised anxiety disorder, agoraphobia, social phobia, panic disorder and obsessive compulsive disorder). As shown in the constituent measures above, the quoted value comprises fiscal costs to the NHS (95%) and local authority (5%). Note that this average has been calculated across all adults suffering from anxiety disorders, regardless of whether they accessed service provision or not. The source quotes research that found that around a half (51%) of people with anxiety disorders are not in contact with services - the average fiscal cost for adults suffering from anxiety disorders who are in treatment or whose condition is recognised (e.g. by their GP) is £1,104 (2007-08 prices; see pp.35 and 39).

This is a constituent cost to the above subsidiary measure and represents the average annual fiscal cost to the local authority of service provision (supported accommodation, social services) per adult suffering from anxiety disorders. Further information is given in the comments cell for the subsidiary cost above.

**Please note:** the age of the data (2007-08). A marginal uplift has been applied but is still conservative in applicable cost.

**SOURCE:** [Paying the Price: the cost of mental health care in England to 2026 \(King's Fund, 2008\), p.40 & p.118](#)

# RETURN BY ITEM

## SERVICE USER SATISFACTION

### OUTCOME 5

### INDICATOR A

Main Category	Outcome category	Unit	Agency reviewed	Should service be available in all Treatment Centres?	
				NO	YES
SERVICE DEPLOYMENT	Service Delivery Environment	Per Service User	RELEASE Legal Welfare Outreach Service	0%	92%

**COMMENT:** Monetising a service delivery environment is beyond the scope of any known economic formula, so we asked the 82 service users a question based upon their experience of the service. The question was ‘Do you think the having the legal surgery should be delivered in ALL treatment centres within Greater London?’ As indicated above a significant number considered the service central to their service environment and were extremely positive that other service users should also have access to a unique service designed and delivered within their treatment environment.

6 surveys were spoiled due to multiple categories ticked, and 3 offered no answers, so these were removed from the satisfaction element of the feedback.

**Please note:** The service users completed the questionnaires independently, and left them with the staff at the project for collection by the legal advisor.

**SOURCE:** Service user quantitative feedback

# RETURN BY ITEM

## SERVICE USER SATISFACTION

OUTCOME 5

INDICATOR B

Main Category	Outcome category	Unit	Agency reviewed		
				NO	YES
SERVICE ENGAGEMENT	SERVICE USER ENGAGEMENT	Per Service User	RELEASE Legal Welfare Outreach Service	0%*	82%

**COMMENT:** Monetising a service users' engagement with the legal welfare service is beyond the scope of this report, as the assumption of engagement would have to be determined. Given the majority of service users only engage after entering the treatment centre this engagement assumption would be unsafe, and as such any returns identified would be speculative and could not be established. So we asked the 82 service users a question based upon their experience of the service. The question was 'Would you recommend the legal surgery to a fellow client that has yet to use it?' The majority answered this positively and is indicated by the result above. This question was not answered by just over 13 service users, so we neutralised their answers as a percentage.\*

Please note: The service users completed the questionnaires independently, and left them with the staff at the project for collection by the legal advisor.

**SOURCE:** Service user quantitative feedback

# RETURN BY ITEM

## SERVICE USER SATISFACTION

### OUTCOME 5

### INDICATOR C

Main Category	Outcome category	Unit	Agency reviewed	Input versus Output		
				Matters	Resolved	Unresolved
SERVICE USAGE	MATTERS PRESENTED VERSUS RESOLUTIONS ACHIEVED	Per Service User	RELEASE Legal Welfare Outreach Service	176	176	0

**COMMENT:** Resolving a service users housing, income, debt and/or other matter is paramount to the legal adviser, as they are fully aware that unresolved and/or persistent issues can act as a trigger, and initiate a potential relapse. Prioritisation of issues are based upon the most pressing characteristics presented. For example, someone that is homeless and without money will have both of these issues prioritised with the fastest resolution sought, and this may include temporary measures, such as hostel accommodation and short-term benefits advances, and/or food bank vouchers (Release is authorised on behalf of the Trussell Trust to disperse vouchers to those most in need). Essentially, the legal advisor has adequate experience to identify the most pressing need even if the service user cannot identify the issue(s) themselves. The vast majority of service users has more than 2 issues in any one category, For example, the debt category contains telephone, energy, bank loans, and credit and store card. We count this as one issue for summary purposes. Please note: The service users completed the questionnaires independently, and left them with the staff at the project for collection by the legal advisor.

**SOURCE:** Service user quantitative feedback

# RETURN BY ITEM

## SERVICE USER SATISFACTION

**OUTCOME 5**

**INDICATOR D**

Main Category	Outcome category	Unit	Agency reviewed	Finally, and in light of your answers how would you evaluate the legal surgery overall taking into account your experience?					
				Very Poor	Poor	Adequate	Good	Very Good	Excellent
<b>SERVICE EVALUATION</b>	SERVICE USER EXPERIENCE OF SERVICE	Per Service User	RELEASE Legal Welfare Outreach Service	0%	2%	5%	14%	37%	42%

**COMMENT:** We used the forced Likert scale above, and at first glance the results indicate a significant proportion (79%) of service users rate the legal welfare outreach service as very good/excellent. If we include those rating the service as 'good' as well then this increases to 93%. However, we were concerned with the remaining 7% who considered the service poor/adequate. After reviewing these cases, and correlating the timing of the survey we discovered the survey was conducted with these service users before ANY resolutions had been achieved. Therefore applying this methodology to a 30% sample of cases revealed the resolutions achieved affected the grade evaluation applied by the service users, and in turn influences their evaluation decisions. So a positive resolution increased the optimism of the service user. When we mapped this data to the wellbeing results there was a direct correlation to improvements identified by the service users.

**SOURCE:** Service user quantitative feedback

Please note: The service users completed the questionnaires independently, and left them with the staff at the project for collection by the legal advisor.

## GLOSSARY OF GENERAL ECONOMIC TERMS

Attribution	An assessment of how much of an outcome was caused by the contribution of other services/organisations.
Benchmarking	A method of gauging the performance of one organisation by comparing to the performance of another, typically of a similar size, demographic profile and deprivation level. Benchmarking information enables local authorities to see how their outcomes compare with other similar areas and the national average, helping them to identify where changes could be made to improve services and social impact.
Benefit-cost ratio	This is often presented either as the benefits for every £1 spent or as a ratio. For example, according to the National Audit Office, for every £1 spent on drug treatment there are estimated to be £2.50 of benefits, or simply 2.5:1. The higher the BCR, the better the return on investment.
Cash price	A 'cash' (sometimes known as 'nominal') value refers to the price of good in a given year. So, for example, because of changes to inflation, a loaf of bread cost 35p in 1982 and £1.80 in 2012.
Community Investment for Supportive Change	Fiscal, economic and/or social return generated by community orientated service.
Cost-benefit analysis	Identifying and quantifying in monetary terms as many of the costs and benefits of an intervention as feasible, including items for which the market does not provide a satisfactory measure of economic value (eg, QALYs).
Cost-effectiveness analysis	Comparing the costs of alternative ways of producing the same or similar outputs, eg, successful completions from treatment and non-representations.
Cost savings	<p>The savings to public services, businesses or individuals because of people being in treatment and therefore placing fewer demands on the criminal justice system, NHS, etc.</p> <p>It is important to be aware that although cost savings reduce financial burden, they may not be 'cash-releasing'. A cash-releasing saving is one where another activity could replace that which has been freed up by drug treatment. Also, 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 prison numbers, this would be a cash-releasing saving for the Ministry of Justice and not for the local authority.</p>
Counterfactual	The assumed outcome if drug treatment was not available, eg, the length of a drug-taking career in the absence of drug treatment.
Deadweight	A measure of the amount of outcome that would have happened even if the activity had not taken place. To account for deadweight in the SOCIAL IMPACT of alcohol and drug treatment, for example, we model outcomes for people in treatment and compare what their outcomes would have been without treatment (the counterfactual) using NDTMS data and evidence derived from longitudinal, mortality and other peer-reviewed studies.
Direct costs	Costs that can be attributed to a specific activity, function or output, eg, those that relate directly to the delivery of treatment for alcohol and drug users, such as nursing staff cost.

Discounting	The process by which future financial costs and benefits are recalculated to present day values. Discounting is a technique used to compare costs and benefits that occur in different periods based on the economic principle that society prefers to receive benefits sooner and defer costs to future generations ('social time preference'): eg, given the choice of receiving £100 today or a year from now, the majority of people will pick the former.
Discount rate	All future costs and benefits are discounted in economic evaluations. The standard real discount rate, recommended by the Treasury, is 3.5%. For QALYs, we use 1.5% rate as recommended by DH.
Displacement	An assessment of how much of an outcome has displaced other outcomes, eg, a programme to create employment for former drug user's counts towards the contribution of economic output, decreased benefit payments and increased taxes in its analysis. However, from the Exchequer's perspective these benefits would have a high displacement rate as these are most likely jobs that are now denied to someone else that could have made similar contributions.
Drop-off	The depreciation of an outcome over time, e.g., while people's health may improve as a result of becoming abstinent, their life expectancy and quality of life will naturally reduce over time as they get older. Such considerations are taken into account when producing life tables for QALY models.
Duration	See 'Time horizon'.
Economic benefits	All fiscal benefits except payments such as job seekers' allowance and tax credits that just move money from one place to another ('transfer payments'), and net growth in the local economy.
Effectiveness	The extent to which objectives are achieved and the relationship between intended and actual impacts of an intervention – spending wisely.
Efficiency	The relationship between outputs and the resources used to produce them – spending well.
Fiscal benefits	Savings to the public sector (central and local government), resulting in reduced overall government expenditure that are due to the treatment intervention (eg, reduced government spend when payments for job seekers' allowance are reduced and reduced use of the NHS resulting from improved health).
GDP deflator	A measure of the general price level of all new, domestically produced, goods and services in an economy. Among other things, the deflator can be used to convert previous costs of goods and services to current prices (inflating).
Impact	The outcome of alcohol and drug interventions, taking into account what would have happened anyway (deadweight), the contribution of others (attribution) and the length of time the outcomes last (duration).
Indirect costs	Costs shared across several activities or functions (eg heating and lighting).
Inputs	The contributions made that are necessary for the activity to happen.
Materiality	Activities of significant monetised impact.
Monetise	To assign a financial value to something.

Net present value	<p>A measure of the additional value created by implementing an intervention. Determining the value of an intervention, particularly one which has long-term benefits can be challenging, because people prefer to receive benefits sooner and defer costs to future generations (see 'Discounting'). The present value (PV) of costs and benefits can be calculated to take this into account by applying a discount rate to estimate the current value of future costs and benefits.</p> <p>NPV is the difference between the discounted costs and discounted benefits: <math>NPV = PV \text{ of benefits} - PV \text{ of costs}</math></p> <p>Interventions with higher NPVs should normally be considered first for commissioning. However, there may be funding constraints that could limit this approach.</p>
Net social return ratio	Net present value of the impact divided by total investment.
Optimism bias	Project/Evaluation appraisers tend to overemphasise the benefits and understate timescales and costs, both capital and operational.
Outcome	The changes resulting from an activity. The main types of change from the perspective of vested interest parties are unintended (unexpected) and intended (expected), positive and negative change. the changes, benefits, learning or other effects that happen as a result of services and activities provided by an organisation or project.
Outputs	A way of describing the activity in relation to each stakeholder's inputs in quantitative terms.
Overhead costs	Costs associated with the day-to-day operations of a treatment provider (eg, HR and finance). Such costs are not driven by the level of client activity but can be allocated on an activity basis.
Payment in kind	Mutual exchange of a good or service for the same as payment instead of cash.
Public value benefits	Economic and wider social benefits, including improvements to health and community safety.
Present value	The future value expressed in present terms by means of discounting.
Proxy	An approximation of value where an exact measure is impossible to obtain.
QALYs	Quality adjusted life years (QALYs): the estimated additional quality and quantity of life due to an intervention. QALYs are calculated by determining the difference between mortality rates and quality of life for alcohol and drug users in different scenarios, eg, not in treatment, in treatment, in recovery.
Real price	A 'real' value has adjusted cash values to remove the effects of price changes over time, relative to a specified base year. Converting into real terms makes cost-benefit comparisons fairer, as they then reflect real changes in outcomes rather than changes in inflation. So for instance, a loaf of bread that cost £1.80 in 2012 was also worth £1.80 in 1982 and in 2022 (in 2011-12 prices), even though it may have actually cost 35p in 1982 and £3 in 2022.
Return on investment (ROI)	Return on investment (ROI) measures the gain or loss generated on an investment relative to the amount of money invested.
Scope	The activities, timescale, boundaries and type of analysis included in the evaluation

Sensitivity analysis	Process to assess the sensitivity of an SOCIAL IMPACT model to changes in different variables. A range of possible values of uncertain costs, benefits and assumptions should be tested to see whether the project's outcomes are sensitive to these changes in values, eg, testing the impact changes in discount rates have on the net present value of a project.
Social benefits	Gains to society such as improvements to health, educational attainment, or reduced likelihood of being a victim of crime resulting from investment in an intervention or service. It is not always possible to monetise social benefits.
Social return on investment (SOCIAL IMPACT)	Social Return on Investment is an analytic tool for measuring and accounting for a much broader concept of value, taking into account social, economic and environmental factors. There are many things we value that cannot be easily captured in traditional economic terms. Conventional cost-benefit analysis does not consider anything beyond simple costs and price, which is why we have developed alternative tools to measure social and environmental impacts.
Social time preference	The economic principle that society prefers to receive benefits sooner and defer costs to future generations ('social time preference'); for example, given the choice of receiving £100 today or a year from now, the majority of people will pick the former.
Vested interest parties	People, organisations or entities that invest in, or experience change because of, the activity that is being analysed.
Time horizon (also 'duration')	How long (usually in years) an outcome lasts after the intervention, such as length of time a participant remains in a new job. The treasury recommends a five-year assessment of costs and benefits to reflect the need to identify short-term savings of a project to the public sector. However, this time horizon can be extended. For drug treatment interventions we extend the timeframe to approximately ten years for those in recovery.
Transfer payment	Cash payment made by the government for which no good or service is expected in return. It is used as a way to redistribute income by giving out money under social welfare programmes such as job seekers' allowance, tax credits, pensions, etc.
Value for money	Widely used to describe the optimal balance between outputs and inputs. Good value for money gives efficiency (the relationship between outcomes and the resources used to produce them – spending well), economy (the purchase of resources at lowest cost – spending less) and effectiveness (the extent to which objectives are achieved and the relationship between intended and actual impacts of an intervention – spending wisely)

**SERVICE USER QUESTIONNAIRE**



Advisor Initials:..... Centre Name:.....  
(To be completed by Advisor)

Name:.....

Release is conducting a satisfaction review of the legal outreach service delivered in your centre, and it would be extremely helpful if you could take a couple of minutes in answering the following questions. All responses provided will be covered by **confidentiality** and **Data Protection**, and any published results will be **anonymised**.

**1.** Has the legal surgery been helpful in addressing your **needs** and the problems you are/were experiencing? Yes  No

**2.** What problem(s) is/has the legal surgery helped you with? Please indicate with 'X' below.

INCOME		DEBT	
Attendance Allowance <input type="checkbox"/>	Child Tax Credit <input type="checkbox"/>	Bank Loan <input type="checkbox"/>	Gas <input type="checkbox"/>
Disability Living Allowance <input type="checkbox"/>	Working Tax Credit <input type="checkbox"/>	Hire Purchase <input type="checkbox"/>	Electricity <input type="checkbox"/>
Employment Support Allowance <input type="checkbox"/>		Credit Card <input type="checkbox"/>	Water <input type="checkbox"/>
Job Seeker Allowance <input type="checkbox"/>	Cold Weather Payment <input type="checkbox"/>	Store Card <input type="checkbox"/>	Rent (Arrears) <input type="checkbox"/>
	Community Care Grant <input type="checkbox"/>	Catalogue Shopping <input type="checkbox"/>	Council Tax (Arrears) <input type="checkbox"/>
Council Tax Benefit <input type="checkbox"/>	Energy Trust Grant <input type="checkbox"/>	Door Step Lending <input type="checkbox"/>	
Housing Benefit <input type="checkbox"/>	Budgeting Loan <input type="checkbox"/>	Pay Day Loan <input type="checkbox"/>	Benefit Overpayment <input type="checkbox"/>
Incapacity Benefit <input type="checkbox"/>	Crisis Loan <input type="checkbox"/>	Mobile/Telephone <input type="checkbox"/>	Tax Credit Overpayment <input type="checkbox"/>
Income Support <input type="checkbox"/>			
ACCOMMODATION		OTHER	
Disrepair <input type="checkbox"/>	Anti-Social Behaviour <input type="checkbox"/>	Statutory Declaration <input type="checkbox"/>	Employment <input type="checkbox"/>
Homelessness <input type="checkbox"/>	Discrimination <input type="checkbox"/>	Crime <input type="checkbox"/>	Family <input type="checkbox"/>
Transfer <input type="checkbox"/>	Harassment <input type="checkbox"/>	Complaints <input type="checkbox"/>	Criminal Injuries <input type="checkbox"/>
Tenancy <input type="checkbox"/>	Neighbour Disputes <input type="checkbox"/>	Against Police <input type="checkbox"/>	Compensation <input type="checkbox"/>
<small>(Notice to Quit/Possession Order)</small>		Other (Please state) <input type="checkbox"/>	

**3.** Our help can sometimes have an indirect positive effect(s) in other areas. From your experience of using our service have you noticed any personal improvement of the following for yourself?

Wellbeing (Feel better)  Income (More Money)  Living Environment (Improved/Stabilised)   
Confidence/Empowerment (Feel supported)  Social Interaction (Less Isolation)

**4.** Would you **recommend** the legal surgery to a fellow client that has yet to use it? Yes  No

**5.** Do you think the having the legal surgery should be delivered in ALL treatment centres within Greater London? Yes  No

**6.** Has the legal surgery contributed in any **positive** way towards your drug treatment? Yes  No

**7.** Finally, and in light of your answers how would you evaluate the legal surgery overall taking into account your experience? Very Poor  Good   
Poor  Very Good   
Adequate  Excellent   
Please X only one answer

**8.** Have you **ever** been the victim of a crime? Yes  No

In order to meet expectations around our services we encourage people to add their comments including complaints, criticisms, or compliments, so that we can improve ourselves and better meet the needs of our service users. So if you would like to help us, please add a comment below –

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When completed please give this questionnaire to the legal advisor.  
On behalf of everyone at Release, thank you very much for taking the time to complete this short questionnaire.

## REFERENCES

- <sup>i</sup> Confined to the assessment of performance and quality of the service provision, and not the value.
- <sup>ii</sup> Calculate or estimate the price or value of the monetary benefits of the service.
- <sup>iii</sup> Characteristics of community integration, companionship and opportunity, rather than in isolation.
- <sup>iv</sup> Income, distribution, and consumption of goods and services, or assumptive quantifiable welfare of people.
- <sup>v</sup> Physical determinants, such as access to housing and health sources
- <sup>vi</sup> Linda Bauld, Gordon Hay, Jennifer McKell and Colin Carroll (2010) Problem drug users' experiences of employment and the benefit system.
- <sup>vii</sup> Kemp, P.A and Neale, J. (2006). Homelessness among problem drug users: prevalence, risk factors and trigger events. *Health and Social Care in the Community*, 14, 319-28. Puigdollers, E., Domingo-Salvany, A., Brugal, M., Torrens, M., Alvaros, J., Castillo, C., Magri, N., Martin, S. and Vazquez, J. (2004). Characteristics of heroin addicts entering methadone maintenance treatment: Quality of life and gender. *Substance Use and Misuse*, 39, 1353-1368.
- <sup>viii</sup> Kemp, P.A. & Neale, J. (2006). Homelessness among problem drug users: prevalence, risk factors and trigger events. *Health and Social Care in the Community*, 14, 319-28.
- <sup>ix</sup> Hser, Y. (2001). A 33-year follow-up of narcotics addicts. *Archives of General Psychiatry*, 58, 503.
- <sup>x</sup> Graham, H.L., Maslin, J., Copello, A., Birchwood, M., Mueser, K., McGovern, D. and Georgiou, G. (2001). Drug and alcohol problems amongst individuals with severe mental health problems in an inner city area of the UK. *Social Psychiatry and Psychiatric Epidemiology*, 36, 448-455.
- <sup>xi</sup> Hay, G. and Bauld, L. (2008). Population estimates of problematic drug users who access DWP benefits: a feasibility study. Department for Work and Pensions, Sheffield.
- <sup>xii</sup> The principles are: involve vested interest parties, understand what changes, and value the things that matter, only include what is material, do not over claim, be transparent and verify the result. For more information, see: [www.minney.org/what-social-return-investment-sroi](http://www.minney.org/what-social-return-investment-sroi)
- <sup>xiii</sup> <http://www.nta.nhs.uk/uploads/estimates-of-the-prevalence-of-opiate-use-and-or-crack-cocaine-use-2011-12.pdf>
- <sup>xiv</sup> <http://www.dwp.gov.uk/newsroom/pressReleases/2010/june-2010/dwp073-17-06-10.shtml>.
- <sup>xv</sup> [http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=K\\*](http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=K*)