National Family Support Network

SUPPORTING FAMILY MEMBERS LIVING WITH SUBSTANCE MISUSE

# VALUING FAMILY SUPPORT

A Social Return on Investment Report on the value of Family Support for Families coping with addiction issues

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# Forward

*When organisations use either public money or money granted from charitable funds, they rightly need to show how well they use it, and to justify why that funding ought to be continued. In the past, the National Family Support Network has taken a lead in developing services for family members with experiences of drug and alcohol issues and advocating strongly for the needs of family members to be better recognised and served. They have been a major voice in attempting to help family members become more empowered, and enabling them to cope better with the problems that having a relative with drug and alcohol issue brings.*

*This present evaluation seeks to clarify how effective one key element of that work (the facilitation, both peer and worker led, of Family Support Groups) has been, and to look not only at outcomes, but at the relationship between outcomes and cost.*

*There are many things which societies and individuals value, which cannot easily be captured in financial terms - and yet, increasingly decision-making is based on costs and price. Social Return on Investment (SROI) is an increasingly well-used and well respected new methodology which enables organisations to examine the impact of their work, and place a financial value on that.*

*SROI incorporates social, environmental and economic costs and benefits into decision making. This provides a fuller picture of how value is created or not. By using a well-accepted standardised methodology, SROI is able to assign a monetary figure to create a broader understanding of value. These methods allow different organisations to provide a consistent quantitative approach to understanding their effectiveness. The method which SROI employs accounts for the stakeholders' views of impact and puts financial 'proxy' values on all those impacts identified by stakeholders which typically do not have 'market values'. This method ensures that the recipients of services and other key stakeholders, who are often excluded from resource allocation decisions, are able to voice their input as to how much, in monetary terms, a service is worth to them.*

*The bottom line is that this methodology allows an organisation to state that for every €1 received in income, €x worth of value has been received by the community.*

*This work has been carefully undertaken for this report (by Gardner and Isard), and it is very heartening to see how well the NFSN comes out of this process: for every €1 invested into the NFSN, they put back into the community at least €5.05! In fact, their calculations show that this is a low estimate, and the actual figure might be much higher – maybe as much as €7.51 for every €1 spent, or even as high as €11.11.*

*Of course, there were limitations as to both the extent of this research which allowed the SROI to be calculated, and the assumptions made about how to value things, and these limitations are described in the Report. The Report rightly draws attention to how the calculations could have been altered because of these, and shows these alterations could have been in either direction. Hence it is possible that the return per €1 spent could have been even more than was found, or maybe it could have been less, depending on what assumptions are made, for example, about the value of improving individuals' mental health.*

*But reading the report, these limitations seemed to be of less importance. I was struck by how well and how carefully the work was done and how thoughtfully the authors looked at the range of issues. The Report also stresses*

*that estimating monetary value (although needed in today's climate) cannot tell the whole story. They report, for example, that "participants of family support groups … commonly reported that the value of this outcome [the restored mental health of a loved one or themselves] was considered priceless".*

*The Authors' thoughtful recommendations about how to continue to improve on the measurement and demonstration of outcomes, and the consistency required by family support groups, will, I am sure, be taken up and developed by the NFSN. But overall, these very positive findings, demonstrating the economic and financial returns on the very high quality services which the NFSN provide, simply reinforces the marvellous work that I know, and that so many others know, that the staff, volunteers, Management Committee and Board of Directors at the National Family Support Network do.*

*October 2016*

Professor Richard Velleman

Emeritus Professor of Mental Health Research, University of Bath and Trustee, Addictions and the Family International Network (AFINet)

# Preface

*The National Family Support Network (NFSN) was established in the year 2000 following the successful organisation of the first ceremony of commemoration and hope for those who died as a result of drug and alcohol use in Ireland. Subsequent to the success of this event, NFSN has continued to expand and develop its work with families affected by drug and alcohol use, at both policy and community level. At present over seventy family support groups affiliated with NFSN exist around the country; these groups endeavour to provide relevant, accessible and sustainable peer-led support to families and in most cases are facilitated by family members themselves.*

*NFSN and the wider network of families involved in the support groups know the significant benefits and impacts these interventions have on individuals, their families and the substance using relatives in their lives. This is obvious from the continued development of such groups, their attendance and their engagement with NFSN support and training, alongside the many testimonials from families detailed in this and other research within the NFSN. The purpose of this report is to explore a more quantifiable analysis of the benefits of family support in terms of its short and long-term value on a range of outcomes for family members engaged in support.*

*In a 2007 report by the National Advisory Committee of Drugs seeking to explore the experiences of family members coping with a relative's drug and alcohol use, seven stages which family members commonly experience during this process are identified. Beginning with stage 1'unknowing', where families are unable to recognise or acknowledge their relative's drug and alcohol use, through to 'coping alone', 'desperately seeking help', 'supporting learning', 'reclaiming the family' and 'supporting recovery', the final and seventh stage identified is known as 'contributing'. The 'contributing' stage reflects the significant number of families who, having gone through the experience of a family member misusing drugs/alcohol, choose to utilise the skills and knowledge they have gained to become engaged in delivering support to others in their position, in the form of family support.*

*The contribution by family members to the work of family support has allowed groups around the country to develop and operate within an ethos of inclusion, participation, dignity and hope; however the sustainment of these groups relies on effective resourcing by the state. Valuing Family Support aims to outline the immense benefits which family support provides to family members within the wider economic, social and political landscape in the context of funding absences and cuts. This report needs to be understood as a signpost for the essentiality of government funding for family support, acknowledging the largely un-recognised voluntarism, which has both nourished and developed this lifeline for families in distress all over Ireland.*

*The NFSN wish to thank everyone who contributed assisted in making this report, and to all of the family support groups who continue to provide such essential support and hope to families all over Ireland.*

*October 2016*

Sadie Grace

National Coordinator
National Family Support Network

# Acknowledgements

The researchers would like to thank the generosity and contributions made by all those involved with Family Support Groups across Ireland. Many people supported this research by engaging in this process and desired to contribute honestly and enthusiastically about the value of Family Support and how it has meaningfully contributed to their lives and their family.

Many thanks also for Sadie Grace and the staff of the National Family Support Network who were instrumental in organizing contact with a wide range of people. To the facilitators and participants of the Family Support Groups involved in the processes, thanks for your enthusiastic engagement in this evaluation.

To the family members that openly and honestly shared the value that Family Support had in their lives. Also, to their family members that shared how this support made a difference to their families.

This research would not have been possible without the contributions of various stakeholders: Regional and Local Drug Task Forces, Tusla, Drugs Programmes and Policy Unit and An Garda Síochána.

It is hoped that this research can support a greater understanding of the value of Family Support for the lives of individuals and families involved in the programme.

# Content


**Preface** ..... **4**

**Acknowledgements** ..... **5**

**1 Introduction** ..... **7**

**2 Background on Family Support** ..... **9**

**3 Methodology** ..... **15**

**4 Outcomes for Family Support Participants** ..... **25**

**5 Outcomes for Family Members** ..... **33**

**6 Outcomes for Local Volunteer Facilitators** ..... **41**

**7 Outcomes for Local Addiction Services** ..... **43**

**8 Outcomes for Local and Regional Drug and Alcohol Task Forces** ..... **46**

**9 Outcomes for An Gardaí Síochána** ..... **50**

**10 Outcomes for Tusla – Child and Family Service** ..... **53**

**11 Outcomes for National Family Support Network** ..... **54**

**12 SROI Assessment of Inputs** ..... **57**

**13 Sensitivity Testing, Limitations and Recommendations** ..... **60**

**14 Recommendations** ..... **67**

**15 References** ..... **68**

**16 Discount to Valuations** ..... **71**

**17 Appendixes** ..... **77**

# 1 Introduction

## 1.1 Overview

As a society we often find it easier to value the things that are least important to us. For instance it is easy to estimate a new pair or running shoes, a week's holiday or a brand-new Toyota. However, it is much more difficult to put a financial value on things that matter the most to us, such as feeling less stressed, feeling safe, being able to sleep or feeling a sense of wellbeing or hope.

SROI (Social Return on Investment) is a way of evaluating services; SROI uses a specific method to calculate benefits and outcomes that don't have a simple market value, such as an improvement in mental health, or an increase in confidence. SROI involves working with those who are affected by the service to calculate how much the service was worth them, specifically by valuing the change that occurred for them as a result of the programme.

Family support groups work with families affected by addiction. SROI is well placed to assist in understanding at the value that family support provides for the families as well as for the person attending the group as well as other stakeholders such as addiction services.

This study takes a prudent approach to valuing the outcomes for family members managing issues of addiction that have affected their personal lives and lives of close loved ones. A benefit of an SROI is that it uses well-tested techniques to establish the value of outcomes, using money as a means of valuing how much these outcomes mean to those who receive them.

## 1.2 Verification of the Report

This SROI evaluation was sucessful in achieving verification by the international SROI stanards body, Social Value UK. This involved a rigorous peer review of the evaluation to ensure that it shows good understanding of the SROI process and is in-line with the seven SROI principles.

## 1.3 Purpose and Scope

This evaluation is a Social Return on Investment (SROI) evaluation, which involves measuring, and accounting for the social value generated by the work of Family Support Groups, particularly in terms of the outcomes and value generated for individuals affected by this service. This SROI evaluation has been commissioned by the National Family Support Network in order to review and ascertain the following:

- The views of beneficiaries and stakeholder groups involved in the delivery and work of the National Family Support Network.
- The social and behavioural outcomes for beneficiaries and stakeholders involved in family support, most importantly the outcomes experienced by Family Support participants and their families.
- The value of these outcomes, with the costs incurred in attaining them, i.e. to answer the question, does family support provide good value for money.

- To explore how Family Support could be adapted to improved the experience of beneficiaries and stakeholders, the outcomes gained from the family support or the value for money proposition.

This SROI is an evaluative study, meaning it will analyse services retrospectively, and covers the period of January 2013 to December 2013.[1] In addition, this report has been produced for Social Value UK, an international organisation that assures SROI studies, to attain assurance.

## 1.4 Audience

The report is for both internal and external stakeholders as detailed below:

- **Policy and Decision Makers –** To understand the value of the service and inform evaluations about the impact that the National Family Support Network has for beneficiaries and communities, and to further optimise this social value.
- **Funders –** To demonstrate the value of investment for statutory bodies and agencies, and to support further future investment and expansion of services.
- **Partners –** To demonstrate to existing partners the value of their contributions to the National Family Support Network and to acknolwedge the dedication of staff and volunteers involved in the delivery of these services. And, to impress on new partnerships the value of collaboration and the benefit for communities.
- **Individuals and Families –** To understand and communicate the value of family support work, and the positive difference that this service has for families.

For other audiences, an executive summary is available which aims to make this research accessible for a wider audience.

[1] Henceforth, this evaluation period will be referred to as the SROI period in the report.

# 2 Background on Family Support

## 2.1 Overview of Family Support

Family support is where individuals with common problems associated with drug use or addiction in their families can share their experiences. Family support is a recognised form of support for families experiencing difficulties and stress related to a child, parent, sibling or other family member's addiction problems. Family support can be offered in peer group setting or one-to-one basis. The model of the family support advocated by Ireland's National Family Support Network is a peer-led support group model, where individuals can openly share their challenges and perceptions with other people.

An important aspect of family support is the flexibility of the model to support individuals experiencing a range of problems, not just drug and alcohol problems; for example, other challenges can include drug intimidation, bereavement, educational disadvantages and unemployment. The stress of having addiction within the family can have a debilitating effect on individuals resulting in feelings of stress and vulnerability, negative coping withdrawal from family and friends, and in some instances, leading to other forms of addiction. Accessing family support is an appropriate form of support that can help reduce and manage these negative consequences.

### 2.1.1 What is a Family Support Group?

A family support group or peer-led support group is a safe and confidential place for family members to share experiences and common problems associated with drug and alcohol addiction. In Ireland, family support groups are affiliated with the National Family Support Network and in some instances, are also affiliated with a regional or local network of such groups.

Presently, there are approximately 75 family support groups affiliated with the National Family Support Network in Ireland[2].

Family support groups are based on a peer support model, which means that all information is based on a participant's personal experiences. This model can be helpful for individuals who are experiencing difficult issues and would benefit from being listened to and sharing their experience with other individuals who may have dealt with similar experiences. Groups are led by family support workers (also known as facilitators) which are either volunteers or paid staff, who are responsible for leading peer-led support groups, providing interventions, and offering information or making referrals to link participants with other local services that can address other identified support needs.

Family Support Groups meet regularly, usually weekly or fortnightly, and are always open to new members dealing with issues arising from addiction in the their family or personal lives. Information about family support groups is available online and is often shared by participants through word of mouth, or professional working in the community-based services.

In many cases, individuals will learn about a family support group through a local service with ties to a family support group. New members are often referred through

2 Figures based on membership statistics recorded by the National Family Support Network.

local health services and community-based projects, like mental health and addiction services, community and voluntary projects, or local agencies, like the Gardaí or Tusla. Other methods of referral can include, information or referral through the National Family Support Network, community events and information sessions, or through various drug and addiction information websites.

Family support groups will often develop strong ties with drug workers, social workers, and other health professionals to make sure there are open referral pathways for individuals to learn information about family support groups in their local area. In other instances, addiction and health professionals might voluntarily ask service users if a family member of theirs would be interested in attending a family support group, if they are receiving recovery supports for addiction.

### 2.1.2 Types of Family Support Groups

There are three types of family support groups in Ireland. First, a group can have a paid staff or volunteer facilitator charged with coordination and administration of the group. A paid facilitator might be actively involved in facilitating group sessions, or can sometimes support members to take on this responsibility. Second, a volunteer or peer-led support group will be organised by its members and will function with support from a volunteer facilitator and its members. In many instances, these groups depend on support from a local network co-ordinator, or the National Family Support Network for assistance.

For the period of this evaluation, from January to December 2013, there was a total of 66 family support groups; representing 40 family support groups with paid facilitators and 26 peer-led support groups with a volunteer. It is estimated there was a total of 625 participants involved in family support groups across Ireland during this period.[3]

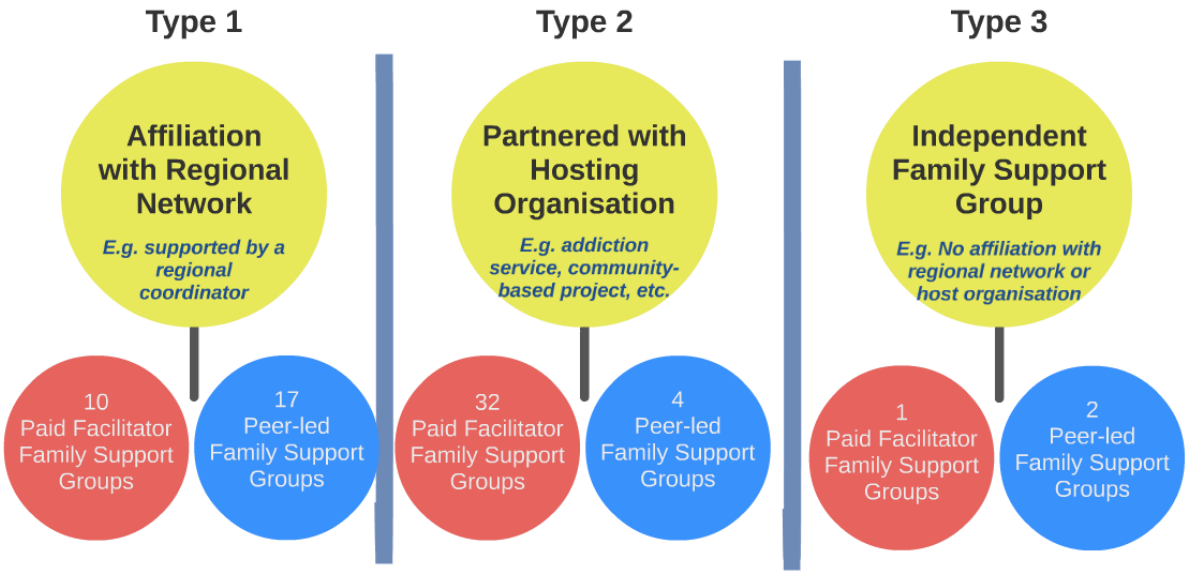
In addition, there are three variations to family support groups in Ireland based on the different funding and regional structures that exist. First, a majority of family support groups are affiliated with one of the six regional networks under the National Family Support Network. Each regional network is represented by a group of community-based family support groups and are supported by a network co-ordinator.[4] Second, a family support group can be hosted by an organisation or agency, like an addiction service, a community-based project or family resource centre.[5] Third, a family support group can operate independently and share no affiliation with a regional network or without a hosting organisation. While there are few independent family support groups, those groups are either funded through the Health Service Executive (HSE) or operate as volunteer-led group without mainline funding. However, all groups will maintain a close relationship with the National Family Support Network, which is the national coordinating office for family support groups and where members can access support, assistance, as well as bursaries or funds for participants.

3 Figures based on membership records and list of participants recorded by National Family Support Network.

4 There are six regional Family Support Networks in Ireland: 1) South East region, 2) Tallaght, 3) South West region, 4) Blanchardstown, 5) Cork, 6) North East region.

5 Family support groups with hosting organisations, like a substance misuse service, are funded by the Health Service Executive (HSE). A substance misuse service will direct part of their annual funding to resource a paid facilitator and/or provide space, premises and resources to the family support group.

Figure 1 Types of Family Support Groups




Out of the 66 family support groups in 2013, the different type of family support groups were as follows:

- 32 groups affiliated with a hosting organisation or agency (55%);
- 27 groups affiliated with a regional network (41%);
- 3 independent groups without a network or hosting organisation (4%)

### 2.1.3 Services Offered by the Family Support Groups

There are number of ways that a family support group provides support to individuals experiencing problems related to a family member's addiction.A faciltator or members of a family support group provide emotional support and information related to issues associated with drug and alcohol addiction, mental health and drug intimidation, as well as coping strategies for dealing with common problem issues arising from drug and alcohol addiction, like poor communication, anxiety, stress, coping methods, and relaxation techniques.

The range of services available to participants can sometimes depend on the experience of the facilitator and its members. Volunteer facilitators are often self-nominated to facilitate peer-led family support groups, and will have lived experience of drug and addiction problems and its impact on families. A paid facilitator will often work as staff in a community-based project or addiction service, and will provide a combination of facilitating peer-led support groups and one-to-one respite or bereavement supports.

Other services provided by family support workers can include, but is not limited to, offering information on local addiction services and treatment options, holistic therapies, mindfulness, respite opportunities, social events and outings, and sharing information on ways to advocate needs of family members.

### 2.1.4 History of Family Support Groups in Ireland and the National Family Support Network

The National Family Support Network was established in 2000 following a number of individual family support groups coming together to plan a citywide commemoration in 2000. The first Service of Commemoration and Hope remembered those who have died as a result of drug use and drug-related causes. This first ceremony was such a success that similar events have been held annually since, offering families an opportunity to share expressions of grief and speak out on drug-related deaths.

After the first ceremony, a national network was established with the aims of raising awareness of the problems of drug and alcohol use, as well as providing supports for family members across Ireland, and supporting the establishment of new groups.

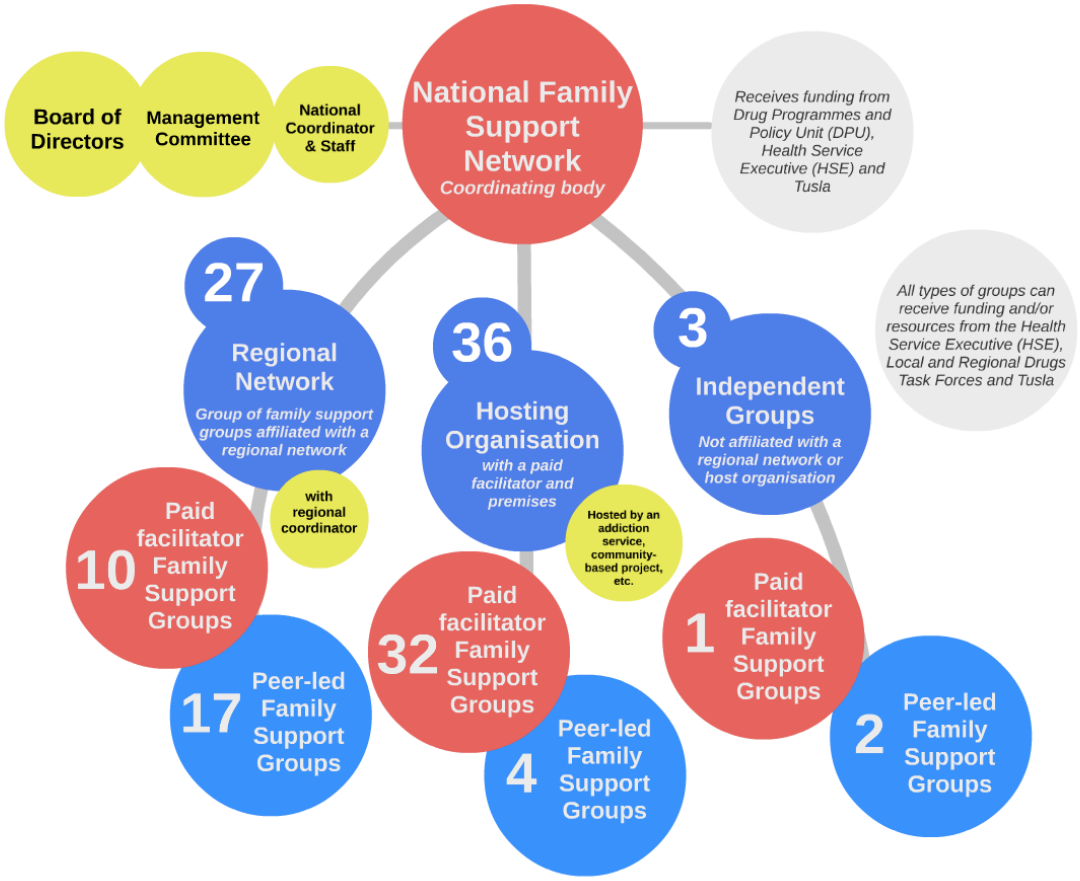
In 2007, the National Family Support Network became an autonomous organisation and currently employs four and a half full time staff. The role of National Family Support Network is to act as the coordinating office for the national network of family support groups, supporting the regional networks across Ireland, as well as directly supporting family support groups and drugs services across the country providing services to family member of those experiencing addiction. The direct responsibilities of the National Family Support Network involve providing support and resources to the network of Family Support facilitators in relation to guidance and advice for family members experiencing addiction-related issues, as well as to faithfully represent the needs of families through its advocacy and policy development work.

The aims of the National Family Support Network are to:

- Raise awareness of family support work and its role in the community
- Highlight the importance and value of work done by family support groups.
- Provide information to families and communities on existing services and supports
- Highlight the extent of the drugs problem and its effects on families and communities.
- Campaign for better services for drug users and their families.
- Support the involvement of individuals (i.e. families and drug users) in the development and running of services and to ensure that adequate supports are put in place to enable this to happen
- Remember and commemorate those who have died as a result of drugs
- Offer support to each other as members of the Network

The National Family Support Network advocates and represents views of families dealing with addiction in the national media and through various political and policy forums. The network has advocated for the improvement of services, supports and information for families through its connections with statutory agencies, regional and local drug task forces and community and voluntary services, as well as influencing local, regional and national policy development.

Figure 2 Structure of National Family Support Network




The network appoints a Board of Directors, which is responsible for its strategic vision and governance, and a Management Committee, which is responsible for support operations and executing its strategic priorities. The following organogram shows the relation between the National Family Support Network and the regional and local structures, as well as funding bodies at each level. Since the establishment of National Family Support Network in 2000, the membership of family support groups has grown up to 75 groups across Ireland.

## 2.2 Summary

The work of Family Support Groups plays a critical role in supporting individuals coping with drug use in their families and supporting the recovery of drug using family members. A Family Support Group is a confidential, non-judgemental group for family members to discuss issues emerging from problem drug and alcohol use within their families. As this evaluation will show, participants benefit from this service in a number of ways, particularly improving their understanding of drug problems, as well as learning from other members' own experiences of dealing with addiction issues.

Family Support Groups focus on supporting individuals to look after their own needs, while constructively supportive drug users to make choices that will facilitate recovery and rehabilitation. In effect, Family Support Groups reinforce the work of drug services and recovery supports, and enable families to be resources in their own communities.

This evaluation will identify whether these goals have been achieved and the value generated by the work of Family Support Groups in relation to the investment they receive.

# 3 Methodology

## 3.1 Overview of Social Return on Investment Methodology

Social Return on Investment (or SROI) is a cost and benefit analysis that calculates the social, economic and environmental value of an organisation's services or activities. This is a much broader concept of value than other approaches to research and evaluation. In an SROI, an evaluation will measure the important changes that are relevant to service users and stakeholders that experience and contribute to this impact, as opposed to an organisation's interests.

This methodology requires assessing the impact that a service has had for its beneficiaries (e.g. service users) and other key stakeholders (e.g. partner organisations, funders, staff and volunteers, etc.). It also assesses what this impact is likely to worth to those who receive the benefit. To do this an SROI involves substantial information collection from those stakeholder groups that may potentially receive a positive or negative impact from the project. The stakeholder groups in relation to National Family Support Network included participants, family members, volunteers and a range of key stakeholders.

The information provided by each group, is supported by research, which seeks to assist in the valuation process. Research has a particular role is providing information on:

- **Attribution:** The amount of responsibility that the intervention or programme can reasonable claim for the overall outcome. Often other organisations or the role of other supports such as family will play a role in change This contribution must be accounted for and deducted from the valuations, as the organisation cannot claim all of the value of the outcome;
- **Deadweight:** What would have occurred anyway, as this is deducted from overall valuations – the programme cannot claim it (deadweight, as well as the length of time that impact can conservatively be assessed as lasting;
- **Drop Off:** The reduction in the influence that the original event will have on the impact overtime

The purpose of undertaking additional research is to ensure that the assumptions made in relation to the value of the change is robust.

## 3.2 Key Principles of SROI

SROI is underpinned by seven principles, these inform all elements of the methodology, and these are:

Principle 1: Involve Stakeholders: the first step in the process is asking people who are affected what changed for them

Principle 2: Understand What Changes: all stakeholders are asked about the negative as well as the positive outcomes of the programme. SROI is about understanding everything that changed not just the positive things.

Principle 3: Value the Things that Matter: Stakeholders are involved in discussing how much the changes that happened as a result of the programme are worth to them. When a market value for an outcome is not readily available, such as in the case of self-esteem for instance, a proxy value will be selected and a rationale provided for why the valuation is considered appropriate.

Principle 4: Only Include what is Material: Not everything that emerges through the process will be material, materiality means that a piece of information will affect the final SROI calculation or could affect decision made on the basis of the information being excluded. If it could affect a decision, then the information is considered material.

Principle 5: Do not Over Claim: It is important that throughout the report all value assessments are undertaken conservatively veering on the side of undervaluing rather than over valuing outcomes.

Principle 6: Be Transparent: All the calculations that were undertaken to arrive at an assessment of social value must be clear and traceable to the interested reader. To assist with this a value map is available, which outlines all the calculations within assessment. Also to support transparency the appendix contains

Principle 7: Verify the Result: This report has been validated by the SROI Network. This process confirms that it has been undertaken in line with the seven principles. This is an important step and should provide the reader with some additional confidence that these considerations of value have been undertaken in line with good practice.

## 3.3 Range of Activities

This SROI is evaluative which means it assesses Family Support Groups retrospectively. This evaluation reviews all activities, inputs and outcomes of six Family Support Groups during a one-year period from January 2013 to December 2013. The activities included in this evaluation includes only the "business as usual" elements, like the work and programmes that are part of the operation of a Family Support Group, namely:

- Peer-led group support
- Information on common problems of drug and alcohol addiction
- Information on mental health, child protection and drug intimidation
- Information on drug and addiction services and treatment options

Therefore, all individual support offered by Family Support facilitators was not included, which involves providing phone support or 1-2-1 emotional or bereavement support services. Also, the work of the coordinating office for the National Family Support Network was not included, which involve work supporting Family Support Groups through training, research, advocacy and resource development.

The reason for the decision not to include this element of National Family Support Network's influence is that it was considered to be too far outside the scope of the social return on investment evaluation. To maintain the integrity of the SROI in reviewing and considering the impact and value of the work of the programme as it runs year to year, it was considered prudent to leave out any possible outcomes.

Another project not included, as part of the "business as usual" elements was the production of this SROI. The income and expenditure (including staff time) has not been calculated in relation to all these projects and has not been included in the SROI.

## 3.4 Methodological Approach

The approach of the evaluation was guided by the seven principles of SROI and included the following steps, which are described in more detail in the remainder of this chapter. The steps of the evaluation were:

1. Agree the scope
2. Develop a stakeholder map
3. Selection of family support groups
4. Undertake focus groups to develop the Theory of Change and indicators
5. Undertake interviews
6. Analyse data and conduct research to support assumptions
7. Undertake a sensitivity analysis
8. Develop conclusions and recommendations

These steps are described in more detail below.

### 3.4.1 Step One: Agree the scope

The scope of the project was agreed in an initial meeting with the coordinating staff of National Family Support Network. The principle guiding the development of the scope was that the SROI should evidence the value of the core and on-going elements of the Family Support Network. The period for the SROI was Sept 2013 to Sept 2013. Two aspects of work relating to National Family Support Network were excluded from the SROI, these were:

- The budget line that had been accessed to pay for the SROI evaluation and which was received in the period.
- Any outcomes or work that related to the work of the coordinating office of the Family Support Network.

The SROI includes all programme costs, both real and in-kind over this period, as well as all outcomes

### 3.4.2 Step Two: Develop a stakeholder map

The overall methodology aimed to provide all stakeholder groups with multiple methods to engage in the research process, these are detailed below and wherever possible included a chance to identify a theory of change, to provide data on specific changes and to illustrate the change experienced by respondents.

A stakeholder map was developed in consultation with key staff members initially through a phone interview and was then added to in focus group. The stakeholder map identifies all the stakeholders that were potentially affected by National Family Support Network, either negatively or positively.

In the interviews all stakeholders were also asked about any other groups who they could identify as receiving either negative or positive outcomes. A list of stakeholders is identified in the engagement table on the following page. This table highlights that overall the views of **85 people** were included in the report.

Figure 3 Stakeholder Map

| Stakeholder Group | Reason for Inclusion | No. of Sample Population | Response Rate | Method of Sampling | Method of Engagement |
|---|---|---|---|---|---|
| **Family Support Participants** | Key beneficiary of service who are perceived to gain the most benefit from the delivery of the service. | 56/96 | 58% | Whole population | **Step One:** Focus group to develop Theory of Change The results were reviewed following session and after three groups saturation point was considered to be reached with no the themes being repeated consistently across each session.<br><br>**Step Two:** Individual questionnaires were completed by 56 individuals from six Family Support Groups in Ireland. |
| **Families of Family Support Participants** | Secondary beneficiary of service as a result of individuals being supported. | 10/10 | 100% | Snowball sampling | **Step One:** Focus group to develop Theory of Change.<br><br>**Step Two:** Phone interviews were completed with 10 individuals with a family member involved in a Family Support Group |
| **Local Volunteer Facilitators** | Facilitators are delivering the service to the individuals. | 4/4 | 100% | Purposive sampling | **Step One:** Phone interview to establish Theory of Change<br><br>**Step Two:** Sent transcript for approval |
| **Local Addiction Services** | Local Addiction Services support the work of Family Support Groups and introduce individuals into the service. Local Addiction Services provide in-kind donations through the use of rooms and resources for Family Support Groups. | 4/4 | 100% | Purposive sampling | **Step One:** Phone interview to establish Theory of Change<br><br>**Step Two:** Sent transcript for approval |

| | | | | | |
|---|---|---|---|---|---|
| **Local and Regional Drug and Alcohol Task Forces** | The Local and Regional Drug and Alcohol Task Force coordinators support the work of Volunteer Facilitators and are the funders of local addiction services. In addition, Coordinators provide funding for paid staff and in-kind donations through the use of rooms and resources for Family Support Groups. | 4/4 | 100% | Whole population | **Step One:** Phone interview to establish Theory of Change<br><br>**Step Two:** Sent transcript for approval |
| **An Gardaí Síochána** | The Gardaí supports and work with the community. Officers work in partnership with local Family Support Groups and make introductions to Facilitators. | 4/8 | 50% | Purposive sampling | **Step One:** Phone interview to establish Theory of Change<br><br>**Step Two:** Sent transcript for approval |
| **Tusla - Child and Family Agency** | Tusla is Ireland's Child and Family Agency, which introduces individuals into the service on occasion. It was seen that a strategic relationship could be enhanced further. | 1/1 | 100% | Purposive sampling | **Step One:** Phone interview to establish Theory of Change<br><br>**Step Two:** Sent transcript for approval |
| **National Family Support NeTwork** | Staff with the National Family Support Network support Facilitators and make introductions to Facilitators. Therefore, they are an important stakeholder. | 2/4 | 100% | Purposive sampling | **Step One:** Phone interview to establish Theory of Change<br><br>**Step Two:** Sent transcript for approval |

### 3.4.3 Step Three: Selection of family support groups

This research aimed to assess the impact and cost benefit of family support services at a national level. To do this a number of representative Family Support groups were selected to be included in this SROI, followed by the number of participants. The number of participants is based individuals that attended a regular sessions at a minimum of six months during the year. The following family support groups were selected, with their core structures highlighted in the table, as compared to the overall national group of 66 family support groups.

Figure 4 Selection of Family Support Groups

| Name of Service | No. of Participants | Type of Facilitator (i.e. volunteer or paid staff) | Type of Family Support Service (i.e. regional network, hosting organisation or independent organisation) | Location of Service (i.e. urban or rural) |
|---|---|---|---|---|
| **1. You Are Not Alone Carlow** | 14/ 15 | Volunteer Peer-led | Regional Network | Rural |
| **2. DAISH Project** | 6 / 7 | Paid Staff | Hosting organisation | Urban |
| **3. Dun Laoghaire Rathdown Outreach Project (DROP)** | 8 / 13 | Paid Staff | Hosting organisation | Urban |
| **4. Dun Laoghaire Rathdown Community Addiction Team (DLRCAT)** | 9 / 14 | Paid Staff | Hosting organisation | Urban |
| **5. Cork Family Support Group** | 6 / 12 | Volunteer Peer-led | Regional Network | Rural |
| **6. Ballymun Star** | 13 / 35 | Paid Staff | Hosting organisation | Urban |
| **Total** | 56/96 | | | |

### 3.4.4 Step Four: Undertake focus groups to develop Theory of Change and indicators

The purpose of these focus groups and interviews was to ascertain what impact and outcomes experienced by those attending the Family Support Groups as well as for the wider family members. Feedback received from focus group was used to develop a theory of change.

A theory of change is a description of how change occurs for each stakeholder group and the sequence of changes that result in the long-term outcomes. Each

stakeholder group was involved in developing the theory of change and the long-term outcomes are considered valuable and meaningful by each group. Following the development of the theory of change, research was undertaken to develop appropriate indicators to measure change and the extent of change experienced by participants. A detailed description of the distance travelled measures used in the evaluation are referenced in the Appendix section.

### 3.4.5 Step Five: Undertake interviews

In-depth qualitative semi structured interviews were conducted over the phone or in person with: family members, volunteer facilitators, Local and Regional Drugs Task Force coordinators, and key representatives, like Tusla and An Gardaí Síochána .

These lasted between 25 and 45 minutes. Interviews were partially transcribed and transcripts for use in the research were sent back to key stakeholders, or if preferred key quotations were read out to respondents on the phone allowing for endorsement, elaboration or small changes.

In addition, interview transcripts were sent to participants where there views were representative of a larger group or organisation, i.e. key staff member speaking for an organisation for the chance for any final feedback or clarifications.

### 3.4.6 Step Six: Analyse data and conduct research to support assumptions

Analysis of interviews transcripts using a coding system purposely developed in an Excel spread sheet. This involved an initial coding of themes and then subsequent refinement of the coding system by the researcher before this was reviewed by a colleague for consistency and accuracy. Small changes and refinements were made at each point until the team was content that the themes were an accurate assessment of the collective views of each stakeholder group.

Research and participant responses were used to determine proxy valuations, the monetary value given to each outcome. In the case of high value proxies, such as those related to the outcomes for participants or parents these were reviewed with reference to the research and then were discussed in a focus group, with participants providing a rationale, why values should be higher or lower. These focus groups also involved an opportunity to check estimations taken from interviews in relation to the time that outcomes would last. Debate and agreement by the group on time period greatly strengthened the estimations by the researcher.

For qualitative and quantitative data, collected through online or paper-based survey were analysed in an Excel spread sheet or through Sogo Survey software, the online survey software used for this research.

### 3.4.7 Step Seven: Undertake sensivitiy analysis

Most SROIs will contact some assumptions, while these assumptions are informed by stakeholder views and research in most cases, there are most likely to be other alternate ways of conceptualising logical relationships between cause and consequence. The purpose of sensitivity testing is to ensure that alternate logic within the SROI would not significantly change the outcome of the evaluation.

The analysis was subject to sensitivity testing, which involves reviewing other potential logical scenarios to ensure that a small change in assumptions does not create a large change in final SROI figures. The calculations and alternate logic that was reviewed is all outlined in the chapter on the sensitivity testing.

### 3.4.8 Step Eight: Develop conclusion and recommendations

The findings from the SROI were combined with the findings from the other sections of the report: the outcomes analysis and thematic analysis of stakeholder views. Recommendations were developed from these findings in conjunction with the National Family Support Network.

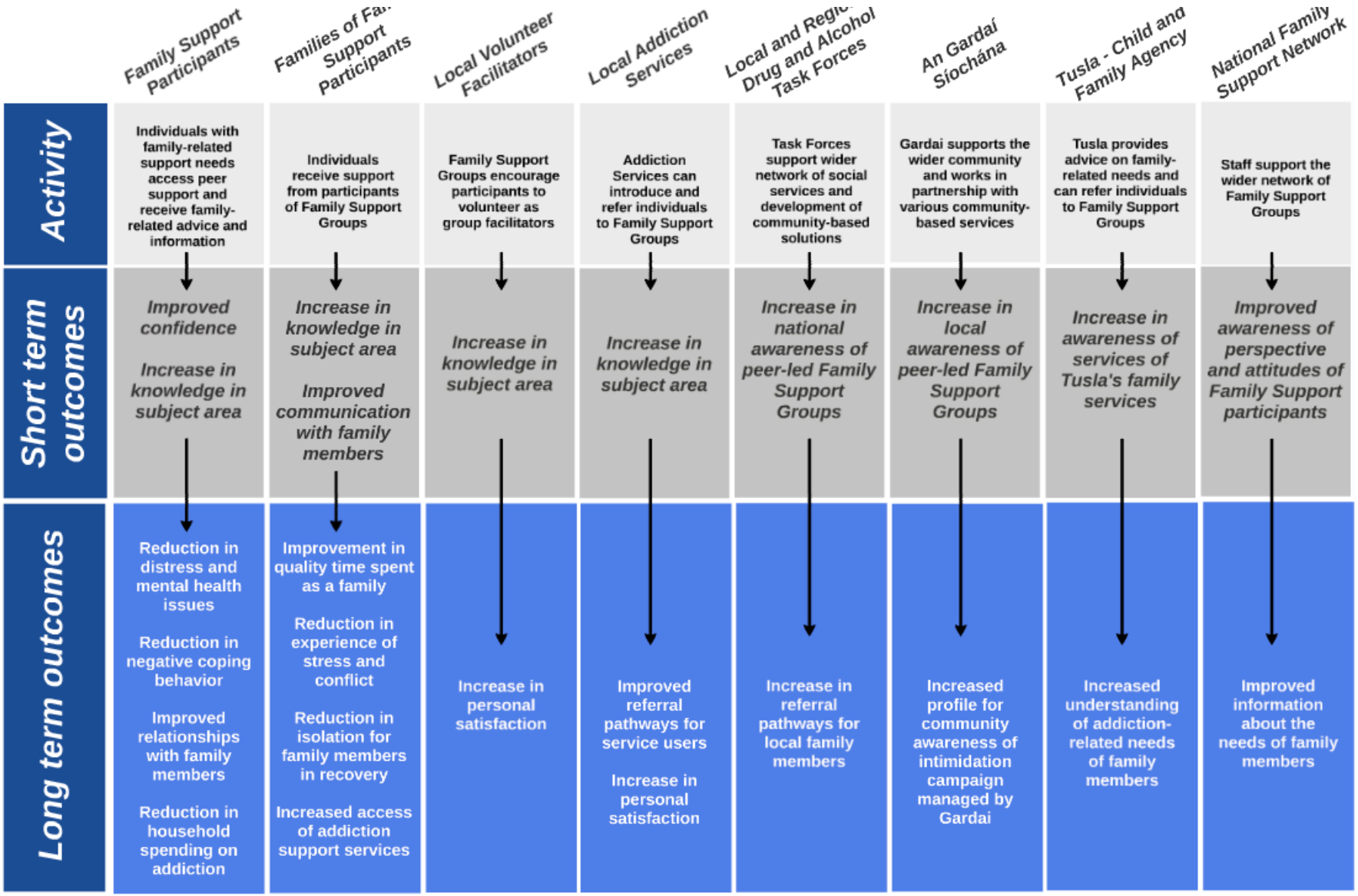
## 3.5 The Theory of Change

Developing an understanding the theory of change, i.e. the sequence of events that resulted in a change for a significant number of people in a stakeholder group, is central to the SROI process. The theory of change in SROI emanates not from the planning of the service or from the views of managers or staff, but from the people or stakeholder groups that experienced this sequence of changes. The theory of change is therefore built on the real world experience of those affected in any way, negative or positive, by the event being reviewed in the SROI. The graph on the following page identifies the theory of change for the National Family Support Network through focus groups and interviews with the various stakeholders.

To avoid over claiming and over valuation, the end of the chain of events are valued rather than each step in the chain[6]. While all steps are important to achieve an overall outcome, the final outcome from the theory of change holds the most value for participants and is reliant on other steps in the process being achieved

[6] In a theory of change, a short term outcome, meaning the immediate change that results from engagement in a service, are excluded from the outcome valuation. These outcomes are excluded to avoid over claiming. In addition, these short term outcomes are excluded because it is assumed that these outcomes are necessary to achieve long term outcomes, and thus is another example of limiting over claiming and over valuation.

Figure 5 Theory of Change



## 3.6 Summary

Social Return on Investment is a robust assessment of social value by reviewing the significant and relevant outcomes that are self-reported by key stakeholder groups. In an SROI, a theory of change, whereby activities and interventions leads to changes and behavioural outcomes, only the final outcome are valued to avoid double counting the behavioural change experienced by respondents.

To ensure the impact of the family support work is not overestimated, a number of discounts are applied to the valuation and conservative estimated (or proxies) are included, to help accurately account for the amount of change that occurred as a result of family support groups. This valuation approach also help account for the value of family support regardless of the influence of other agencies, services, friends or family.

Finally this analysis, which is also detailed in the value map, will be externally validated by the Social Value UK to ensure that it considers the seven principles that underpin SROI. One of these principles is to avoid overvaluation of impacts. In line with this principle, this SROI has not considered the value of a potential reduction in suicide. While the rationale for this and a discussion of the likelihood of a reduction in suicide is contained within this chapter, the value itself is not represented in the SROI itself.

# 4 Outcomes for Family Support Participants

## 4.1 Introduction

A total of 56 participants from six family support groups were involved in this research. This section reports on the views and outcomes of participants in family support group. It is important to highlight a few important details about this stakeholder group:

- A third of participants (n=19) attended Family Support for five years or more, and three to four years. Less than a third attended one to two years (n=15) and less than a year (n=3).
- Approximately three quarters (n=41) attended more than 20 Family Support Group sessions within the SROI period. Less than a third had attended less than twenty sessions.
- Three quarters (n=42) reported that a son or daughter was dealing with, or had dealt with addiction or substance misuse. A quarter (n=14) reported a brother or sister. Less than a fifth reported that a partner or spouse (n=12) or parent (n=3) was dealing with substance misuse.

This section will report on the outcomes experienced by participants who regularly attended peer-led support group sessions over the SROI period.

## 4.2 Discussion on Different Family Support Groups

There were equal opportunities to engage with participants from the three different types of family supoort groups; e.g. part of a regional network, part of a hosting organisation, and an independent family support group. There were early discussions with the National Family Support Networks to consider these as three sub-groups. In the end, the decision was to view all participants as a single stakeholder group because the analysis had found the material changes experienced by participants and the extent of those changes did not vary significantly.

At the first stage of engagement, focus groups were undertaken to gather data from participants in family support groups to understand their perceptions and attitudes of family support. This information showed there was no significant difference in the changes experienced by participants, and was used to develop a theory of change for participants. It was recognised that more information was needed to accurately determine if participants from sub-groups had experienced different outcomes from family support due to the open-ended questions used as part of the focus group methodology.

One to one interviews were undertaken to establish the material changes and extent of those changes. To measure an individual's progress, participants recorded their change on a scale of one to ten across the following measures:

- Stress and mental health
- Negative coping skills
- Household income spent on addiction
- Relationships and managing conflicts
- Acessing more services and support
- Providing family support to family members
- Awareness of hidden harm

This method assisted with measuring the extent of change and interviews provided a way to reinforce these outcomes; for example, undertstanding variances between participants that experienced positive outcomes. Analysis of data from interviews had identified that individuals had experienced similar changes and the extent of these changes did not vary singificantly between sub-groups. As a result of this

information, it demonstrated that individuals had comprable experiences regardless of the type of family support group.

In addition, this decision was also supported by interviews with the National Family Support Network and other stakeholder groups. These interview reflected that key stakeholders did not observe any significant variances in the provision of this service depending on the type of group. The outcomes and assumptions for Family Support participants are tested fruther in the sensitivity analysis and form part of the recommendations with regards to improving the accounting of family support groups by the National Family Support Network.

## 4.3 Theory of Change

A theory of change is an explanation of the how engagement in family support groups leads to changes for the participants; this is described pictorially in the previous chapter.

Broadly speaking, there are three ways to describe how people can access a family support groups: through a self-referral, referral from a community-based service or professional, or by peer, word of mouth or information available through the Internet.

Most participants will often learn about family support groups through a community-based service or professional with ties to a family support group operating in the local community. Other family support groups operate as part of community-based service (or host organisation), with paid facilitators working alongside other professionals. Referrals can sometimes occur through the National Family Support, or information is shared by word of mouth or other members.

The peer-led support group means that individuals have the opportunity to meet other people with common experiences of addiction in their family or personal lives. This model helps participants to learn strategies to better cope with feelings of stress and anxiety that result from the impact of another's addiction problems.

In a theory of change, a short term outcome, meaning the immediate change that results from engagement in a service, are excluded from the outcome valuation. These outcomes are excluded to avoid over claiming. In addition, these short term outcomes are excluded because it is assumed that these outcomes are necessary to achieve long term outcomes, and thus is another example of limiting over claiming.

A short-term outcome reported by participants engaged was an improvement in knowledge and awareness of drug and alcohol misuse, as well as the negative consequences of addiction for families. Furthermore, participants reported an improvement in their confidence and ability to respond to common problems related to a family member's addiction, like boundaries, communication and poor social behaviour. This perspective can be best shown by the following quotes from participants:

*I have learned to cope better, to understand more, I have better coping skills, I have got my power back, I am respected more, I am now happy and I don't want that to change. My family is happy, I have peace of mind. (Participant 32)*

*I understand the effect of my son's addiction has had on other members of my family and I have grown to be more tolerant and open. (Participant 34)*

*I have learned to have more boundaries with my daughter and brother. Before they just did what they liked, but now I have learned there are consequences to their actions and I'm following through on what I say to them. (Participant 52)*

Following this improvement, participant reported the following long term outcomes, which are considered of higher value to the wellbeing and happiness of Family Support participants overall.

1. **A reduction in distress and mental health issues** – Out of 56 participants, the majority (n=51) reported a significant reduction in mental health issues and distress, or had maintained a previous change in this outcome.
2. **A reduction in negative coping behaviour** – Four fifths of participants (n=45) reported a reduction in negative coping behaviour, like smoking, substance misuse, overeating or under eating.
3. **Improved relationships with family members** – the majority of participants (n=50) reported improved relationships and communication with their families, or had maintained a previous change in this outcome.
4. **A reduction in the amount of household money spent on substance misuse / addiction** – Nearly two-third of participants (n=36) reported a significant reduction in their amount of household money spent on substance misuse or addiction.

The contribution made by participants to their family support groups was viewed as their time attending peer-support group sessions. However, in-line with standard SROI practices, this input was not valued in monetary terms.

## 4.4 Views of Family Support Participants

### View One – Attending Family Support has helped personal growth and development

Participants have explained how engagement in peer-support groups has helped their personal growth and development. Many participants felt their engagement had improved their focus on their personal development and respond to challenging issues in their family life.

*I have learned how to cope with stressful situations, and learned to get my point across without arguing with my family. (Participant 36)*

*I have grown in strength, coping and understanding of my place as a parent and a wife, but not as a fixer. To support my family, I need to be true to myself. (Participant 1)*

### View Two – It is important to take care and look after oneself

Participants have also highlighted how Family Support Groups promotes the importance of self-care. Many participants mentioned that awareness of one's emotional and mental health is key to dealing with common addiction problems in the family.

*I have learned to look after myself, like stress management and learning to say no. (Participant 55)*

*I'm more open about myself and what addiction has done to me, I look for help, but I'm not ashamed. I can hold my head up. (Participant 41)*

*I'm feeling better about myself. (Participant 14)*

## 4.5 Outcome One - Reduction in distress and mental health issues

A majority of participants (n=51) reported a reduction in distress and mental health issues, such as depression and anxiety, as a result of engagement in Family Support Groups. The remaining participants (n=5) did not experience this outcome.

For this outcome, a reduction in mental health issues was defined as being:

- Significant improvement in coping strategies and/or ability to cope with negative or stressful situations;
- Reduction in feelings of stress, worry or anxiety;
- Improved social relationships and communication with family or friends;
- New opportunities to engage with peers and share problem experiences more easily

The impact of this outcome for participants can be best described by the following quotes:

*I suffered with panic attacks and depression for the past five years since my sister started taking drugs, now linking into Family Support I don't have as many panic attacks and I'm starting to feel better in myself. (Participant 55)*

*I began to get help for myself. By changing my feelings and changing my mind-set. I decided to lose weight and help my physical health and become more aware of what goes no around me and tried to learn how to stop feeling guilty. (Participant 36)*

*I have carried out training that has given me understanding and tools to help with stress; I have now the ability to understand what causes stress, and how to handle it. (Participant 34)*

*I've been learning new coping skills to deal with addiction in my family, and I'm not as stressed about things that are not in my control and trying to change our reactions as a family. (Participant 27)*

### 4.5.1 Valuation of Outcome

Family Support participants were asked to explain the value of this outcome in a survey, the majority (n=45) of participants that reported this reduction described this outcome as being 'priceless'. Also, most participants explained that this outcome could be described as being more important than the value of other material objects in their lives, like a home or car.

To value this reduction in distress and mental health issues for participants, this evaluation used medical research on Quality of Life Adjusted Years (QALY), which is an estimation of the impact of health services on the quality and length of life for individuals [1]. QALY is used to calculate the number of years that added by an intervention and the quality of these years for individuals [2].

Using this research the value of reduction distress and mental health issues calculated as €12,192[7].

Research on QALY values indicates that it is generally accepted that the willingness to pay for one additional QALY is between is between £25,000 - £30.000 in U.K currency (or €34,647[8]) [4]. On average, QALY research estimates that severe depression will reduce the 'value of life by 0.2 to 0.4 QALYs' [4]. Other research estimates severe depression at 0.352 QALYs [3], which is the figure used within this report. Research shows that the average length of a reduction in mental health issues as a result of attending peer support session is two years [5–7].

Research on the peer support programmes shows that the length of this outcome lasts one-year [8,9]

## 4.6 Outcome Two - Reduction in negative coping behaviour

Four fifths of participants (n=45) reported a reduction in negative coping behaviour. Participants explained this outcome as a reduction in the frequency and intensity of thoughts related to negative coping and related behaviour, like smoking, lack of exercise, or overeating.

Negative coping is defined as an individual's perceived coping that is "negatively related to escapism, self-blame, and negotiation", and can lead to an increase in

7 (0.352 x €34,647) = €12,192

8 Calculated using XE Currency Converted on 19/05/2015. The value of moderate mental health problems, described as a reduction in anxiety, are assigned a QALY of 0.098, which results in a valuation of €3,3858 [3]

emotional distress [10]. Negative coping has been also described as a thought that interferes with an individual's goal behaviour [11].

For these participants (n=45), the reduction in negative coping behaviour was described in terms as a change in behaviour and poor habits. A quarter (n=16) reported improvements in their diet. Another quarter (n=13) reported a reduction in smoking, and a fifth (n=11) reported a reduction in alcohol consumptions. A small number (n=3) reported a reduction in taking unprescribed benzodiazepines (n=2), a prescribed medication for treating anxiety and sleep related diagnoses. The remaining participants (n=11) did not experience this change.

The value of the reduction in negative coping behaviour can be best described by quotes from Family Support participants:

*I used to blame myself for my son using drugs maybe I was a bad parent, but since I linked into Family Support, I realised I am not a bad parent and that my adult son is making choices in his life. (Participant 51)*

*Due to the support from the family support group I had the courage to change my role in enabling the addiction, so I am no longer living with active addiction so I have low levels of conflict and my children and I have manageable levels of stress compared to when we were living with an active addiction and the levels of conflict were bordering on life threatening (Participant 35)*

### 4.6.1 Valuation of Outcome

The valuation for this reduction in negative coping behaviour was calculated using three price valuations methods, which included:

1. The annual cost of a gym membership;
2. The cost of nutritional or dieting supports;
3. The cost of smoking cessation courses;

The different methods are as follows:

- **Method 1:** The value of taking up exercise at least once a month has been valued at the average yearly cost in a low cost gym in the Dublin area[9] which has an annual membership of €300.
- **Method 2:** The value of an improvement in either over or under eating has been valued using the cost of attending a healthy eating or nutritional course, which is an average cost of €237.[10]
- **Method 3:** The value of this change has been estimated at £4,010, which is based on the cost of smoking cessation Wellbeing Valuation[11] techniques (57). This is the equivalent of €958[12].

The value of this reduction in negative coping behaviour for participants was conservatively estimated as being €237, based on lowest price valuation. Research

9 Membership fees for a local gym in Dublin are €24.99 per month and approximately €300.00 per annum (http://www.f4l.com/tallaght/index.htm)

10 The value of attending a healthy eating course is based on the average cost of three five-weeks courses on improving nutritional health. (€120 x €295 x €297)/ 3 = €237 (http://www.iinh.net/courses/food-matters/, http://www.marycarmodynutrition.ie/6-week-nutrition-weight-loss-programme/, http://www.glenvillenutrition.ie/)

11 Note that while some HACT calculations should not be used with other value assessments, such as an improvement in mental health, as this would lead to a double counting of some outcomes, being a member of a social group is not affected by any restrictions and so can used in this SROI without danger of over valuation.

12 Using Calculated using XE currency converter on 26/08/2015

shows that the average length of a reduction in negative coping behaviour as a result of attending peer support session is estimated for two years [6,12,13].

## 4.7 Outcome Three – Improved relationships with family members

The majority of participants (n=50) reported improved relationships with family members, especially in terms of better communication and coping. For the remaining participants (n=6), five participants explained there was no change for this outcome, and one participant reported only a small change for this outcome, which was considered not significant enough to be categorised by this SROI.

This evaluation described this improvement in family relationships as an improvement in the communication and coping skills of an entire family, as well as less conflict and ability to resolve issues collectively. The following quotes from Family Support participants can best describe this outcome:

*I have more boundaries now with my daughter and brother, before they just did what they liked to me but now I have learned that there is a consequence for their actions and I am following through on whatever I say to them (Participant 52)*

*I'm more open about myself and what addiction has done to me, I look for help, and I'm not ashamed. I hold my head up. I'm more tolerant of my family and we all get on much better. (Participant 41)*

To understand if other support or methods could have produced a similar outcome, more than two-thirds (n=44) of participants explained that no other kind of support or amount of money would have created the same change as attendance at peer-support sessions. Only a minority of participants reported that family counselling for four-months (n=5) or a holiday for two weeks (n=2) would have produced the same outcome. The remainder (n=5) did not provided a response.

### 4.7.1 Valuation of Outcome

The value of this change has been estimated at £1,850, which is based on the value of being a member of a social group using Wellbeing Valuation[13] techniques. This is the equivalent of €2,337[14]. Research shows that the average length of a reduction in negative coping behaviour as a result of attending peer support session is two years [6,13].

## 4.8 Outcome Four – Reduction in household spending on addiction

Two-thirds of participants (n=36) reported how less household income was spent on drugs or alcohol as a result of the increased knowledge and understanding learned about addiction and drug debts from peer-led family support groups, or that participants had maintained a previous outcome.

17 participants (n=17) reported there was no change for this outcome. Three participants (n=3) reported a small change in this outcome, which was not included

13 Note that while some HACT calculations should not be used with other value assessments, such as an improvement in mental health, as this would lead to a double counting of some outcomes, being a member of a social group is not affected by any restrictions and so can used in this SROI without danger of over valuation.
14 Calculated using XE currency converter on 29/07/2015.

in this valuation because it was no considered significant enough to be valued as part of this SROI.

### 4.8.1 Valuation of Outcome

In follow-up surveys, Family Support participants were asked to estimate the amount of money saved that would have otherwise been spent on addiction, during the SROI period. On average, participants reported that €3,600 per year were saved as a result of the interventions.[15] In focus groups, respondents stated that the value of the average length of this outcome was reported as being two-years.

## 4.9 Summary

Out of 56 respondents, the most highly reported outcomes for Family Support participants were a reduction in distress and mental health issues (n=51), and an improvement in relationships with Family Members (n=50). These outcomes were considered important to the participants and were highly attributed to the knowledge and skills gained as a result of attending peer-led Family Support Groups.

Other outcomes reported by Family Support participants included a reduction in negative coping behaviour (n=45) as well as a reduction on household spending on addiction.

15 In total, 36 participants that experienced this outcome reported that €104,905.00 were saved as a result of the interventions received.

# 5 Outcomes for Family Members

## 5.1 Introduction

A total of ten family members (n=10) were involved in this research, representing ten families. Each family member was interviewed by telephone, and had one family member involved in a peer-led family support group during the SROI period. This section reports on the views and outcomes of families, as a result of the influence of a Family Support participant.

All interviews were arranged by telephone and took approximately 30 to 40 minutes to complete. All respondents were asked a series of questions about their views and changes experienced by their family in relation to the work of family support groups as well as the experience of their families in relation to addiction, which are both included in this section. There are also a few important details about these respondents:

- All family members (n=10) interviewed were aware of drug problems in their family.
- All family members (n=10) were also aware of the involvement of their parent, grandparent or child in a peer-led Family Support group during the SROI period
- Half of the family members (n=5) involved in this research were in-recovery from addiction or was accessing recovery supports during the SROI period.
- The remaining family members (n=5) reported that member of their immediate family, like parent or child, had former experience with drugs or alcohol.

This section will report on the outcomes experienced by families as a result of the influence of a family member who regularly attended peer-led support group sessions during the SROI period.

## 5.2 Discussion on Family Members as Stakeholder Group

Early in the evaluation process, the researcher discussed separating family members into two sub-groups; for example, family members with past experiences of addiction and family members with no experiecne. The decision to analyse all family members as one stakeholder group was a result of reviewing the theory of change for both sub-groups. Overall, family members described the value of family support in similar terms, and short terms outcomes experienced were comparable.

For the purpose of this evaluation, all family members were analysed as a single stakeholder group. Feedback from interviews had demonstrated that family members with past experience of addiction had similar perceptions and attitudes as family members without any past addiction, and these experiences did not differ significantly from one another. One family member with experiences of past addiction, who reported that their relationship with parents had improved because of their attendance at family support groups, was similar to their experience of other family members. This was reinterated by other stakeholders group, involved in the SROI, who understood that the value of attending family support groups did not exclusively benefit individuals with past addiction experience, but had an impact for the wider family.

## 5.3 Theory of Change

A theory of change is an explanation of the how engagement in an activity, like Family Support Groups, can lead to benefits or changes for families of participants; this is described pictorially in the introduction chapter.

All families described the benefit of Family Support Groups as a result of the knowledge and skills learned by a family member that attended peer-led Family Support Group sessions. Engagement in peer-led Family Support Groups meant that participants developed knowledge and coping skills in relation to dealing with common drug and addiction-related problems; this support was, in turn, shared with family members experiencing issues as a result of an individual's addiction problems.

Families benefited from this knowledge by learning useful information about coping with stressful situations from Family Support participants, as well as receiving emotional support from this individual.

A medium-term outcome experienced by families was an improvement in communication about addiction issues and concerns, and an increase in knowledge about responding to common drug and alcohol problems. These experiences can be best described by the following quotes from participants:

*My mother started attending the Family Support groups because she learned I was a heroin addict and there was a lot of problems and fighting in our family. Our relationship is much better because she's learned a lot more about drug addiction and read some research. I haven noticed at home that my mother that she does not feel hopeless. It gave my mother strength and tough love to help me, but without destroying her life in the process. (Family Member 6)*

*It has become a lot calmer in our family, because she gets a lot of her chest by talking with people in the same position as her. They all understand each other and it's confidential. When she is in better form, the whole house is in better form. (Family Member 5)*

The theory of change experienced by families with a member in recovery was similar to the outcomes experienced by families without any members in recovery with one exception; a long-term outcome experienced by families was an improved sense of acceptance and trust for individuals in recovery.

Following these medium term outcomes, families reported the following long-term outcomes, which are considered of high value to the general wellbeing or happiness of families:

1. **Improvement in quality time spent as a family:** Nine families (n=9) experienced an improvement in the amount of quality time spent together as a family as a result of a family member attending Family Support Groups.
2. **Reduction in experience of stress and conflict:** Seven families (n=7) experienced a significant reduction in feelings of stress as a result of a family member attending Family Support Groups.
3. **Reduction in isolation from family (for persons in recovery):** Five families (n=5) reported they were less
4. **Increase in access to addiction support services by family members:** Almost two-thirds o Family Support participants (n=33) reported that a family members had accessed an addiction supports as a result of their involvement in Family Support Group sessions.

There were no contributions made by the family members to the valuation of the SROI.

The contribution made by family to their Family Support Groups was viewed as their time attending peer-support group sessions. However, in-line with standard SROI practices, this input was not valued in monetary terms.

## 5.4 Views of Family Members

### View One – Improved calmness experienced by family

Families have highlighted how family members attending Family Support Groups have helped to foster a sense of calmness since attending peer-led Support Group sessions. Many respondents acknowledged that their family was calmer and less worried about addiction issues.

*I would not say that our family is worried less. We're more calm, but I know how to deal with stress better. (Family Member 3)*

*I would not say that our life is not very chaotic and I feel more calm. (Family Member 4)*

Other respondents explained that dealing with parent's stress about addiction issues, had an impact for other family members.

*Since attending Family Support, she has made some friends, but she knows that she can speak with me or ring if she has problems, so I don't have to deal with everything. (Family Member 5)*

### View Two – Group Sessions have provided family members with critical support

Families reported that the support provided to a family member involved in Family Support has been beneficial. A few participants reported feeling comforted that their family member could engage with other people with similar experienced of dealing with addiction, and could receive support to deal with these challenging issues.

*My mother has gotten more support in her life, and speaks with other people that are going through similar things. I'm delighted when she's going to meetings and that she's getting the support she needs. It makes me feel happier that she's getting help. (Family Member 4)*

*My mother has been talking with other members, and they really understand her issues. (Family Member 10)*

*I think that I've been using for a long time, and since I'm recovered that no matter what happens that things are going to be okay. Whatever happens in my mother's life she's going to okay because she has her own support. (Family Member 8)*

## 5.5 Outcome One – Improvement in quality time spent as a family

Nine family members (n=9) reported an improvement in the amount and quality of time spent as a family, or had maintained a previous outcome experienced, as a result of a family members involvement in peer-led Support Group sessions. One family member (n=1) reported they experienced only a small change in relation to this change, which was not considered enough to be valued as part of the SROI.

If this change is estimated across the sample of Family Support participants (n=96) from groups involved in this research, between January to December 2013, this improvement in quality time spent as a family was estimated to be experienced by 86 families.

The impact of this outcome for family members can be best described by the following quotes:

*I think sometimes when someone is addicted to something they can get all the attention in the family. My mother will not always focus on addiction problems and realises that there are other things that we can be doing. (Family Member 5)*

*For me, being allowed back into our family home was a big step. Trust is really important to me. Family support has really helped my family to spend time together again. (Family Member 7)*

*We spend more time understanding where everyone is coming from when we're speaking. (Family Member 10)*

### 5.5.1 Valuation of Outcome

To determine the value of this improvement in quality time spent as a family, a proxy for the admission costs for a family to view a film or performance was selected. The average cost for a film ticket is €10 per person, which means that the cost for family of four individuals[16] is €40 per family.[17]

In focus group interviews with Family Support participants, the length of this outcome was estimated as being one-year [13].

## 5.6 Outcome Two – Reduction in experience of stress and conflict

Seven family members (n=7) reported a reduction in feelings of stress and conflict, or had maintained a preivous outcomed experienced, as a result of a family member's involvement in peer-led family support group sessions. Three family members (n=3) reported they experiened only a small change in relation to this outcome, which was not considered enough to be valued as part of the SROI.

If this change is estimated across the sample of Family Support participants (n=96) from groups involved in this research, between January to December 2013, this reduction in feelings of stress and conflict is estimated to be experienced by 67 families.

The impact of this outcome for family members can be best described by the following quotes:

16 Based on the most recent census data available in Ireland (2011), the average family size is two children for married couples.
17 The average cost was calculated using the ticket price of a film screening for three theatres in Ireland. (€10 + €8.50 + €12.40) = €10.30 (https://www.omniplex.ie/ http://www.cineworld.ie/ http://www.imccinemas.ie/)

*I would definitely feel more stable and less stressed in my life. Since my mother started attending Family Support Groups, I have noticed that there's a lot less arguing at home. (Family Member 9)*

*If you asked me a year ago, I would say that our family is still really stressed. But everyone is doing a lot better. I am doing much better, and I am a lot less stressed out about our problems in our family. Iw ould say that we know how to deal with stress better as a family. (Family Member 2)*

*i'm not worried anymore because I see that my mother is worried a lot less, because she's had a chance to get things off her chest and get help from Family Support. Because she's made some frielnds and is feeling less stressed, it has helped me cope with our family issues and I'm starting to feel much better. (Family Member 5)*

### 5.6.1 Valuation of Outcome

To determine the value of this reduction in stress and conflict, the same proxy used for to value this change for Family Support participants was selected, but the value of this outcome was lowered to account for the extent of change experienced by family members.

Research on Quality of Life Adjusted Years (QALY) is used to calculate the number of years that added by an intervention and the quality of these years for individuals [2] Research the value of reduction distress and mental health issues calculated as €12,192[18], but only 25% of this proxy was used to value this change for family members. Therefore, the estimated value of this change was calculated as €3,048[19]. Research on the peer support programmes shows that the length of this outcome lasts one-year [8,9]

## 5.7 Outcome Three – Reduction in isolation for family members

Five family members (n=5) accessing supports to deal with addictions issues reported a reduction in feelings of isolation, or had maintained a previous change, as a result of a family member attending peer-led Family Support Group sessions. Other respondents (n=5) that were not in-recovery did not experience this change. If estimated across the entire Family Support population between January to December 2013, this outcome was experienced by 55 family members.

This reduction in isolation was described by family members (n=5) as feeling more accepted by family members, or as a significant improvement in the ability to communicate openly with family members, where they previously were unable to engage.

A general comment reported by respondents (n=4) was that family members had gained an understanding or had "come to terms" with past issues with addiction, substance misuse or alcohol misuse. The following quotes from family members can best describe this outcome:

18 (0.352 x €34,647) = €12,192
19 (€12,192 x 25%) = €3,048

*Being heard by my parents more clearly has improved our relationship. We understand each other better, and they've come to terms with the problems that I experienced when I was dealing with addiction. (Family Member 10)*

*I'm not using drugs anymore. My mother has got to know who I really am as an adult and not as an addict. My family can trust me around money and at home, they know I'm not going to get into trouble anymore. They see me doing well, and I understand that it going to take time to build that trust again. (Family Member 6)*

*The biggest thing for me has been the improvement in my relationship with my mother. My mom is no longer afraid to honest and open with me, and she trusts me and opens up to me now. This is something that she would never have done before it has changed our whole relationship. I have learned a lot off my parents, from their eyes, what they've gone through. (Family Member 7)*

### 5.7.1 Valuation of Outcome

The value of this change has been estimated at £1,850, which is based on the value of being a member of a social group using Wellbeing Valuation[20] techniques (10, 11), which is equivalent to €2,606[21].

In focus group interviews with Family Support participants, the length of this outcome was estimated as being one-year [16,17].

## 5.8 Outcome Four – Increased access of addiction support services

More than half of participants (n=34) reported that a family member had accessed addiction supports during the SROI period, or had maintained a previous change, as a result of the interventions provided by Family Support Group participants. If estimated across the entire Family Support population between January to December 2013, this outcome was experienced by 67 family members.

A minority of participants (n=12) reported there was no change for this outcome. Ten participants (n=4) reported a small change in this outcome, which was not included in this valuation because it was no considered significant enough to be valued as part of this SROI.

For this outcome, an increase in access of addiction support services was described by participants as:

- Maintaining their drug, addiction or gambling free status;
- Reduction or stabilisation in their drug or alcohol use;
- Accessed rehabilitation or detox services
- Stopped using drug or alcohol completely

The impact of this outcome for Family Members can be best described by the following quotes:

20 Note while some HACT calculations should not be used for other value assessments, such as an improvement in mental health, as this would lead to a double counting of some outcomes, being a member of a social group is not affected by any restrictions and so can used in this SROI without danger of over claiming.
21 Calculated using XE Currency Converter on 20/05/2015.

*I am better able to support my son since starting his recovery. (Family Member 2)*

*My brother has been to a rehab and is doing well, but if he comes out and has a slip I know that I won't be going down the same road again with him. (Family Member 45)*

### 5.8.1 Valuation of Outcome

Family Support participants were asked to explain the value of this improvement in accessing addictions supports, nearly half of participants (n=44) described this outcome as being 'priceless'. Also, most participants explained that this outcome could be described as being more important than the value of other material objects in their lives, like a home or car.

To calculate the value of this improved access of addiction supports, this evaluation used the proxy for estimated cost savings of 12 GP consultations or visits per annum to the state[18,19]. Research estimated that the average cost of a GP consultations, based on 650 clinics, was estimated as €50 per visit [20]. However, this evaluation conservatively estimated this outcome as being €30 per visit [21].

Using this research, the value of this improvement in access of addiction supports was calculated as €360 per year[22]. In focus group interviews with Family Support participants, the length of this outcome was estimated as being one-year [22–24].

## 5.9 Summary

Out of 10 families, the majority of family members (n=9) reported an improvement in the amount of time spent together as a family as a result of family member attending peer-led family support group sessions. When estimated across the sample of Family Support participants (n=96), from those groups involved in this evaluation, it was estimated that this outcome was experienced by 86 families.

More than half of Family Support participants (n=34) reported that a family member had accessed an addiction support, as result of their involvement in Family Support Group sessions. When calculated across the sample population, this outcome was calculated to have been experienced by 67 families.

An outcome reported by family members accessing support or recovery services to deal with addiction issues (n=5) was a reduction in feelings of isolation. When this outcome was calculated for the sample population, this was estimated have been experienced by 48 families.

22 (€30 x 12 months) = €350.00

# 6 Outcomes for Local Volunteer Facilitators

## 6.1 Introduction

Four local volunteer facilitators (n=4) of family support groups were involved in this research. In the SROI period, there were approximately 23 family support group led by volunteer facilitators. According to the National Family Support Network, most peer-led family support groups are held every two weeks (or fortnightly). This section will report on the views and outcomes of volunteer facilitators providing peer-led family support groups.

The information in this section was attained through interviews with four volunteers. In this evaluation, volunteers provided a total of 20 hours per week to family support work, which includes facilitation of the peer support group and delivering one-to-one supports to family members. All hours have been valued at the Irish minimum wage in 2013 of €8.65 per hours, which translates to a total resource contribution of €16,608 by volunteer facilitators during the SROI period.[23]

[23] (€8.65 per hour x 20 hours per week) x 48 weeks x 2 peer-led facilitators = € 16,608 per annum

## 6.2 Views of Volunteer Facilitators

### View One – Facilitating peer-led support groups are rewarding work

Volunteers were unanimous in commenting that working with family members was rewarding work, and offered experience to learn and develop skills as a facilitator, as shown in the quote below.

*I get plenty out of it, I know where they have been, I can see people blossoming and I can see it that is important to me. I feel like I have guided people and shown people that. I get self-satisfaction; I am passionate about the affects of addiction on the family. (Volunteer 1)*

*The amount I get out of it is dependant in the numbers that come. When someone new comes we can support them well. (Volunteer 2)*

### View Two – Work with addiction issues can be challenging

When reflecting on the facilitating peer-led Family Support Group sessions, volunteers acknowledged that this work was demanding emotionally for both facilitators and participants.

*We are highlighting the problem to the wider family, some people feel threatened by this. People outside family support don't understand what we do. Responsibility means looking at one's own life and seeing you own problems. (Volunteer 2)*

## 6.3 Outcomes not valued as part of SROI

Four volunteer facilitators (n=4) stated that they had increased their personal satisfaction with their work had improved primarily as a result of their work with the Family Support participants, compared to other life and work experiences. However, these changes were not significant enough to be valued as part of this SROI evaluation, because it did not meet the materiality threshold.

## 6.4 Summary

Volunteers were in agreement that facilitating peer-led family support groups sessions was rewarding work and reported that this work had a real impact on their life and personal development. The dedication and commitment of volunteers is best reflected in the outcomes experienced by Family Support participants. However, the outcome experienced by volunteers; an improvement in personal satisfaction, was not significant enough to valued as part of this SROI.

# 7 Outcomes for Local Addiction Services

## 7.1 Introduction

Local addiction services are community-based services that support and work with the community to address issues of substance misuse and addiction. The primary focus of these services is to provide recovery supports for individuals with experiences of drug, alcohol and other forms of addiction. Local Addiction Services are primarily funded through Local and Regional Drug and Alcohol Task Forces, which administer funding on behalf of the Health Service Executive (HSE) in Ireland.

A total of four managers and staff (n=4) were involved in this research, representing four addiction services with a paid family support worker. Each representative was interviewed by telephone, and operated a family support group during the SROI period.

These local addiction services provide a family support group to support the needs of family members. In many circumstances, a staff member is employed to facilitate a family support group, and will provide other forms of assistance, like brief interventions, information and advocacy, to individuals with other support needs relating to the impact addiction can have for families.

## 7.2 Views of Local Addiction Services

### View One – Family support groups compliment addiction supports

Staff reported that family support groups are important services, which complimented other recovery supports offered at addiction services. Unlike other supports available, the family support groups are exclusive individuals dealing with unqiue challenges related to addiction in their families. This is shown in the quote below:

*We are very lucky to have a family support group in our service. What makes our service unique is that we work very closely with the project workers to make sure that clients are informed about our service, and to see if there are individuals that would like to access this support. (Paid Facilitator 2)*

### View Two – Facilitating has provided opportunity to reflect on value of family support

Staff reported that an unexpected benefit of working as a faciltator was that it offered a unique perspective on their lived experience with dealing with addiction issues in their family live, and the challenges they had overcome personally.

This is shown in the quotes below:

*I still think about the support that I got from attending the family support group, and the changes that I have made in my life. Doing this job has given me the chance to think about myself and the reasons why I'm helping other people. (Paid Facilitator 1)*

*At the beginning, this was a lifeline for me. It saved me, but now I have changed. I used to get a lot more support out of it when I started, but I enjoy helping others. (Paid Facilitator 3)*

### View Three – Opportunity to give back to community

Another view reported by paid faciltators was that family support work had offered the opportunity to give back to the community. This is shown in the quote below.

*Having new people join the group has helped remind us why we have a family support group in the first place. I put in the same amount of energy as other people put it, and we all get something out of it. (Paid Facilitator 3)*

## 7.3 Outcomes not valued as part of SROI

Four staff members (n=4) of local addiction services reported there was an increase in referrals of individuals to Family Support Groups. According to staff, this outcome was a result of an increased knowledge about the unqiue needs of family members with experiences of addiction in their personal lives, and the value of peer-led support. However, this outcome was not included in this valuation because it was counted as an outcome for the Local and Regional Drugs and Alcohol Task Force, and the value of this outcome would have been doubled as part of the SROI.

Other outcomes that were not valued as part of the SROI included an increase in personal development, which one staff member (n=1) explained had improved as a result of working with Family Support participants. However, this change was not

considered significant enough to be valued as part of this SROI, because it did not meet the significance threshold.

## 7.4 Summary

Local Addiction Services were in agreement that peer-led Family Support Groups complimented their community-based services to address substance misuse and help with the recovery of individuals with addiction-related needs. Staff reported that working with family members was rewarding work and found this improved their knowledge about the unique needs of family members. However, the outcomes expeirenced by staff member were not significant enough to be valued as part of this SROI, and were already valued by another stakeholder group.

# 8 Outcomes for Local and Regional Drug and Alcohol Task Forces

## 8.1 Introduction

Local and Regional Drug and Alcohol Task Forces have played an important role in supporting the development of Family Support Groups in Ireland. These task forces are primarily responsible for providing funding or contributing resources to support the operation of Family Support Groups. The amount of resources provided by a Local or Regional Drug and Alcohol Task Force can vary depending from group to group, or the type of resources provided (e.g. funding, venue, personnel).

A total of four task force coordinators (n=4) were involved in this research, representing two local and two regional task force regions. Each representative was interviewed by telephone, and provided with an electronic transcript of their responses to provide clarification and feedback.

## 8.2 A Brief Overview on Relationship between Task Forces and Family Support Groups

In Ireland, there are 10 local and 14 regional drug task forces covering various rural and urban regions. The task forces were established to deal with substance misuse needs and issues in communities and to provide interagency structures between various state agencies, social services, and community and voluntary groups.

Task Force Coordinators play an important role in determining the funding of substance misuse projects within their local or regional areas. This means, resourcing of family support workers or peer-led support groups fall under the direct remit of Task Forces. Like the National Family Support Network, task forces have been integral to advocating the needs of family members coping with addiction issues, as well as the further development and promotion of family support work.

It is noted, however, there are regional differences to the relationship between Task Forces and the National Family Support Network. This also explains the many differences in the provision of family support work across the various Task Forces.

The overall aim of task forces are to implement the National Drugs Strategy, which is a government strategy to combat substance misuse problems and provide a collective, coordinated response to tacking drug and alcohol issues. [25,26] Family support, and addressing the complex needs of families, falls within the goals of this strategy.

Each task force is comprised of a coordinator and representatives from various relevant agencies and community and voluntary groups, including "the HSE, the Gardaí, the Probation and Welfare Service, Education and Training Boards, Local Authorities, the Youth Service, as well as elected public representatives and Voluntary and Community sector representatives."[27]

The National Family Support Network has worked in partnership with various local and regional task forces to provide training and implement projects. Overall, the focus of the partnership has been to increase the provision of family support or peer-led support groups across the country and to enhance the quality of family support work by rolling out new training and programmes.

## 8.3 Views of Task Forces

### View One – Family Support Groups are effective at responding to needs of family members

All Task Force coordinators (n=4) reported that Family Support Groups effectively addressed the needs of family members dealing with addiction problems at home or in personal lives. Coordinators reported that peer-led support groups sessions support participants by helping them develop knowledge and resilience to cope effectively with addiction in their lives:

*Evidence tells us that where Family Support groups are working there are improvements for families; it builds resilience for the individual and the family members. (Task Force Coordinator 3)*

*For keyworkers and staff, there is a greater confidence in referring individuals to Family Support groups because of the quality of peer-led support groups and the outcomes experienced by families. (Task Force Coordinator 1)*

Also, all Task Force coordinators (n=4) described Family Support Groups as specialised services. This was understood as uniquely addressing the needs of family members dealing with addiction and concerned person issues at home and in their family life.

*Currently, there are Family Support groups all over the region. Substance Misuse services are better designed for individual problems and can confidently refer clients with these issues to Family Support groups to get more information. In my opinion, there are Family Support groups that can specifically receive clients dealing with concerned person issues, and staffs are well informed about these services so they know they can refer clients to get this specialised support. (Task Force Coordinator 2)*

*Family Support groups have specific skills and knowledge around working with families, facilitating peer-led support groups and providing targeted interventions for family members. . I think that people are better able to access this specialised service then before With the growth of Family Support groups, more people are able to access Family Support groups quickly. (Task Force Coordinator 4)*

### View Two – Family Supports Groups have good coverage regionally

Three Task Force coordinators (n=3) described that the low-cost model for peer-led Family Support Group sessions was positive. Coordinators also reported that this low-cost model meant Task Forces could support a network of Family Support Groups regionally, which ensures there is good coverage and nearby access for family members.

*The improving professionalism of Family Support groups and family support workers has been a huge asset to addiction services, and it has resulted in a resource saving elsewhere in addiction services in terms of time spent in key working or accessing counselling supports. I think that people are better able to access this specialised service then before With the growth of Family Support groups, more people are able to access Family Support groups quickly. (Task Force Coordinator 4)*

*Family Support Groups do not require much funding because of the volunteer aspects for running each group. Another thing is the peer-support aspect of this programme, where participants can get support from other people from the community with experiences of substance misuse in the family. (Task Force Coordinator 3)*

A Task Force coordinator (n=1) also highlighted that it would be beneficial if there was more funding available to support Family Support Groups regionally:

*Many of our services are affected by budget reductions and have lost their funding available to education and training projects. Many services are delivering Family Support groups on a cost neutral basis, because they understand the need and importance of this work. It would be good if there could be dedicated funding available to delivering this programme that did not need to come from the existing budget of services. (Task Force Coordinator 3)*

### View Three – Family Supports Groups work closely with Substance Misuse services

Three Task Force coordinators (n=3) reported that Family Support Groups work closely with substance misuse or addiction services to support the needs of individuals dealing with substance misuse and their family members.

Some coordinators highlighted that there are strategic and action plans developed specifically around the referral pathways between addiction services and local peer-led support group sessions.

*Addictions services used to be focussed on individuals, but Family Support groups have opened it up to involving families in recovery. This model has been working very well in getting coverage across different regions, developing a good research base and working to make it more sustainable. (Task Force Coordinator 4)*

*When we develop our strategic plan for the region, we have consulted with them, and likewise we have been consulted when they have developed their strategic plans. (Task Force Coordinator 1)*

### View Four –National Family Support Network plays integral role

Two Task Force coordinators (n=2) stated it would be difficult to provide this service without the support and on-going coordinators provided by the staff at the National Family Support Network. This is highlighted by the following quotes:

*I don't think it would be possible to support this work, if it weren't for FSN. This work would involve developing our own support groups and finding funding to hire a full-time development worker to support services. (Task Force Coordinator 3)*

*If the Family Support Network did not exist, we would have to start this service by creating a number of support groups in the region. We would not be able to match the current number of services. IT would take lots of time and effort to start this programme, and take funding and resources away from substance misuse services and resources away from the client. (Task Force Coordinator 2)*

## 8.4 Outcome One – Increase in referral pathways for local family members

All Task Force coordinators (n=4) reported an increase in referral pathways for local family members as a result of work of volunteer and paid facilitators, as well as the growth of Family Support Groups in their geographical areas. This improvement means that family members can obtain information about these peer-led support

groups sessions locally or, if individuals present to community-based services, are appropriately referred to Family Support Groups locally.

The impact of this outcome for Task Force coordinators can be best described by the following quotes:

*All Family Support groups are involved in making sure there is good referral pathway for family members from different services to Family Support Groups. There are also a range of people who are referred to this Family Support programme, depending on the range of their needs. Some people are dealing with drug prevention or some people could be dealing with larger substance misuse issues. (Task Force Coordinator 2)*

*The Task Force does help enable good pathways, but we are not directly responsible for improving the referral pathways. The staffs in the region know each other, and they inform each other about developments. (Task Force Coordinator 2)*

*My understanding is that people that present as a concerned person can access specialised family support services. This means that our services are working closely together and service users can access another service if they have other support needs. (Task Force Coordinator 1)*

### 8.4.1 Valuation of Outcome

Task Force coordinators were asked to explain the value of this increase in referral pathways. Two coordinators (n=2) described this outcome as equivalent to the costs of four to six training sessions or information meetings for local stakeholders (like mangers, counsellors, drug workers, social workers, etc.) to discuss service provisions. Another coordinator (n=1) explained that a part-time staff person employed to support referral pathways would be create the same effect. Another coordinator (n=1) described this outcome as being "difficult to place a value on".

To calculate the value of this increase in referral pathways, this evaluation used a proxy for the estimated costs of a single information workshop for professionals each year. The costs of this workshop was conservatively estimated at €1,000 per Task Force, which included rental of premises, facilitation costs, and registration costs, etc. In interviews with Task Force coordinators, the length of this outcome was estimated as being one-year [28,29].

## 8.5 Outcomes not valued as part of SROI

Two Task Force coordinators (n=2) reported there was an improved development of regional policies and strategies to address the support needs of family members or concerned persons. According to the Task Force coordinators, this outcome was a result of the increased interagency cooperation and knowledge of the needs of Family Support participants. However, this outcome was not included in this valuation because it was not considered significant enough to be valued as part of this SROI.

## 8.6 Summary

Task Force coordinators reported that Family Support Groups provide an increase in referral pathways for family members, which was closely related to interagency cooperation between Family Support Groups and other community-based services.

Overall, Task Force coordinators were in agreement that the value of the National Family Support Network was the improved referral pathways that resulted from the development of family support groups. At a community level, coordinators reported on ways that this service has led to improved referrals for family members to quickly access this specialised support.

# 9 Outcomes for An Gardaí Síochána

## 9.1 Introduction

The National Family Support Network and the An Gardaí Síochána have a long-standing relationship, particularly is the Dublin region where there is a concentration of family support work. Families dealing with drug-related intimidation will sometimes present to Family Support workers to access one-to-one support and information, especially if the family support worker is in contact with the family. Family Support workers will work closely with local officers and Community Liaison Officers to help family members with resolving drug intimidation issues.

This section will report on the views and outcomes of the four Liaison Officers, which was based on interviews officers involved in the Intimidation Project (n=4).

## 9.2 A Brief Overview on Relationship between An Gardaí Síochána and Family Support Groups

The Intimidation Project began in 2009 following a recommendation by the National Drug Strategy to develop a response to issues of drug-related intimidation in the community [25]. This recommendation was a direct response to the 2008 Intimidation Report prepared by National Family Support Network, which contained nationwide research into the experiences of parents and family members dealing with drug-related intimidation.

In 2009, Gardaí National Drug Unit (GNDU) working in partnership with the National Family Support Network developed a pilot-reporting scheme for the Dublin region, which involved the introduction of designated inspectors to respond to drug-related intimidation cases in the community. These Intimidation Liaison Officers participated in discussion groups on the issue and developed ties with local family support workers.

In 2012, the pilot scheme was reviewed and findings contributed to the development of resources on drug-related intimidation used nationally, including leaflets, online videos, QuADS policy and a training programme. The Intimidation programme was launched nationally in the media and press in 2013.

## 9.3 Views of Justice Services

### View One – Gardaí Liaison Officers offer information to Family Support Group and other local organisations

All Officers (n=3) reported that the role of the Gardaí Liaison Officer is to engage with local organisations and groups, like Family Support Groups, and provide information about dealing with drug intimidation issues.

*Basically, I am an information link for the community on how the Gardaí investigate drug intimidation issues. I don't give advice to any victims of drug intimidation, I offer a range of options about routes that can be taken and indicate what are the preferable options and implication of their choices. (Officer 3)*

*The sense of trust that community feels towards a Garda is very important. Having an inspector available to a family or mother to come to speak with is important. For some people, these are people who might not have a relationship with the Gardaí before, and they might have lots of past experience with drug or addiction, but parents do not want their children to fall into bad experience, so it is important they have somewhere they can get support and advice. (Officer 2)*

### View Two – Family Support Groups offers different channel to Gardaí

Two officers (n=2) described the role of the Liaison Officer also to develop open channels with Family Support Groups, to provide family members with alternative methods of speaking with Gardaí, without visiting a station.

*Family Support Groups have provided the largest group of families and representatives of families. They are the largest group in Dublin, even though they are not a national organisation, and they have a lot of representation from families in Dublin that deal with issues of intimidation. They have also been channel for families to learn information and deal with issues of intimidation, as opposed to going to the Garda station. (Officer 1)*

*The Family Support Groups have a strong confidence in the Gardaí and they have a link to communicate their issues with the Gardaí. (Officer 3)*

### View Three - Family Support Groups has informed Gardaí about needs of family

Two Officers (n=2) reported that Family Support Groups has provided the Gardaí with helpful information about the experience of family members dealing with stress of addiction issues. The following quote can be describe this view:

*Family Support Groups gave us a better understanding of the problems that families were dealing with, and type of help people needed. They needed information from the Gardaí on advice about making an official compliant, needing protection or where they could get additional advice. (Officer 1)*

## 9.4 Outcome One – Improved profile for community awareness of intimidation campaigns managed by Gardaí

Three Officers (n=2) reported an improvement in profile for community awareness about the drug intimidations campaigns managed by the Gardaí. This improvement was demonstrated by an increase in the number of people speaking with the Gardaí, or a general openness about speaking with officers about drug intimidations.

The value of this outcome for the Gardaí can be best described by the following quotes:

*There has been a large change for families because some of the families did not know the Gardaí well or because they might have known the Gardaí because of past experiences of arrest or issues within their families. From our perspective, people came to understand that the Gardaí are here to support and enforce the law, and it has put people in improved communication with the Gardaí or closer communication than they were before. (Officer 2)*

*People get to see that Gardaí are available for them and can help them. We're doing our best to sort them out, and it's also a very difficult situation. We are trying our best to keep them safe and resolve these issues (Officer 3)*

### 9.4.1 Valuation of Outcome

To determine the value of this improved profile in community awareness for drug intimidation campaigns, a proxy for the materials costs involved in a community pamphlet or leaflet drop was selected. A quote for a local print company was used to estimate the cost of 20,000 pamphlets, which is the average population for inner-city suburb neighbourhoods [30]. The estimated cost was €1,299.00, while other local services estimated the cost as €950.00 and €800.00 respectively[24]. The proxy used for this change conservatively estimated the cost as €800.

Research on the impact of peer support organisations for communities shows that the length of this outcome was estimated is estimated as being one-year [31–33].

## 9.5 Summary

As a result of relationship with local Family Support Groups in Dublin, An Gardaí Síochána reported an improvement in community awareness for their drug intimidation programmes. According to the officers interviewed, an integral part of the role of Liaison Officers are connections with local services, and working on improving relationships between local services within the community.

In return, these connections have improved profile about drug intimidation and resulted in more family members speaking directly with the Gardaí about their stress or worry about drug intimidation or, sometimes, indirectly through a Family Support Worker.

[24] The estimated cost for a leaflet drop was €1,299 from a local provider (http://leafletdistributiondublin.com/). Another local provider estimated the costs as €800.00 (http://cheapleafletdistributors.ie/services/). A third local provider estimated the costs as €950 (http://www.premiumleaflets.ie/)

# 10 Outcomes for Tusla – Child and Family Service

## 10.1 Introduction

Tusla had identified that they work in partnership with the National Family Support Network to develop training for Family Resource Centres, and on occasion, staff will refer individuals to family support groups. Tusla currently operates 106 centres nationally, which deliver a range of services in disadvantaged areas across the country based on a life-cycle approach [34]. Each Family Resource Centre has access to specialised traiing and supports related to substance misuse, which was co-developed with the National Family Support Network. The development of appropriate responses to substance misuse is an important issue for Tusla, and it felt that specialised training was required to deal with this sensitive and challenging issue.

Tusla commented that its partnership with the National Family Support Network had benefited Family Resource Centres due to the expertise of the NFSN working at the community-level and their knowledge about empowering individuals with addiction issues in their families. However, it was commented that Tusla has not yet undertaken an evaluation of its family support services and it was not clear as to the impact and extent of change that resulted from its partnership with the National Family Support Network.

## 10.2 Outcomes not valued as part of SROI

The representative for Tusla (n=1) reported there was an increase in knowledge about providing support to family members that present to Tusla with addiction-related issues. In terms of impact, Tusla stated that this increase had a meaningful impact on the how information was delivered by Tusla's Family Resource Centres, but was unable to substantiate any changes that had occurred. This service was seen as a useful resource and beneficial to service users, but Tusla has not yet undertaken an evaluation to consider the extent of changes to-date. Therefore, this outcome was not included in this valuation because there was insufficient evidence to be valued as part of this SROI.

## 10.3 Summary

Tusla's Family Support programme is a narrow-focussed programme in relation to other services that are offered through the Family Resource Centres. At a community level, there are example of how this programme has led to improved understanding and awareness about ways to deal with issues of substance misuse and supporting families. As a result, it believes there was a material impact for Tusla with an improvement in knowledge about family support issues due to the training co-developed with the National Family Support Network. Tusla feels there are may be other organisational outcomes in terms of the training and support received from the National Family Support Network, but has yet to undertake an opportunity to understand the outcomes for Family Resource Centres and its service users.

# 11 Outcomes for National Family Support Network

## 11.1 Introduction

Staff of the National Family Support Network (NFSN) engaged in the SROI research process through one-to-one interviews. The NFSN advocates and represents views of families dealing with addiction in the national media and through various political and policy forums. The Network advocates for the improvement of services, supports and information for families through its connections with statutory agencies, regional and local drug task forces and community and voluntary services, as well as influencing local, regional and national policy development.

This section will highlight the views and experience of two NFSN staff in relation to the family support groups, as well as the outcomes received as individuals. This input section of this report shows that staff contributes time and value into the network of family support groups. The input of staff for the SROI period is estimated at 4.5 professional salaries.

## 11.2 Views of NFSN Staff

### View One – Family Support Groups are a safe environment

Both staff (n=2) highlighted that family support groups were viewed as safe, friendly environments for people to share their experiences with addiction. They both shared personal experiences where they had witnessed people realised there were not the only ones dealing with these common problems.

> Listening to family support paricipants speak, it seems that the most benefiscial things is that no longer isolated and alone. They have gained new support from the group, and they realise they are not the only person dealing with the issues. (Staff 1)

> Family Support Groups reduce isolation and it lessens stigma around addictions. Groups provide support and solidarity, a space to share experiences in an understnading environment, and provides family members with the opporutnity to unburden or off load and learn from new appraoches for coping in the lives. (Staff 2)

### View Two – More volunteer peer support facilitators are required

Both staff (n=2) noted the difficulties for volunteer facilitators, and the importance of recruiting and training new facilitators, particularly due to increasing professional standards for volunteers.

> There are limitations to the peer-support model, we ask a lot from our volunteer faciltators and this is a issue due to the increasing professionalisations. This must be looked at into the future to have a clear understnading of the level of support and services that FSGs can provide. (Staff 2)

> There are challenges, it is not just a support group, people can be empowered to be facilitators so people need to give back and other people have grown in the group to become family support workers. However, there are lots of demands for these volunteers. (Staff 1)

## 11.3 Outcome One – Improved information on the needs of families

Two staff members (n=2) reported an improvement in information about the needs of families. This improvement contributes to the National Family Support Network's ability to advocate on the behalf of families and family support participants. This improvement was described an gathering information, research and learning more about the needs of the families experiencing issues with addiction.

The value of this outcome for NFSN can be best described by the following quotes from staff:

Our learning is about the national voice of family support, to help improve policies and to faithfuly represent that voice in the national media and in political forums,. We (NFSN) make sure we have a seat at these meetings and represent this voice in our strategic plans. They also inform us about the high-risk issues, like child protection or drug intimidation, so we can bring these issues to policy makers to ensure that national policy consider these improtant issues for family members and re-directs funding to address these problems. (Staff 2)

if there are needs that are not being met for families, we are going to learn more about these issue and figure out how to support people dealing with issues. Our cataglogue of information about dealing with issues is growing and growing. When learn about these issues, we do the research. I have seen how people that participate in our programme, and people have told us how this have saved their lives. I suppose we make the job easier for our facilitators and volunteers because we can provide training and they can do their jobs better because they feel supported. (Staff 1)

### 11.3.1 Valuation of Outcome

When staff were asked how to value this improvement in information, it was stated that this outcome was equal to the costs required for NFSN to undertake "an evaluation of their programme" or conduct "formal research" into the needs of family members. For this improvement, a proxy for the cost for a community research project or needs analysis was selected. A quote for a local research project for a similar community and voluntary organsiation reported that the cost range between €3,000 to €5000. A conservative cost estimate was €1,500 was used for this change. [25]

Feedback from staff reported that the length of this outcome was estimated as being one year.

## 11.4 Outcomes not valued as part of SROI

Both staff members (n=2) reported there was improvement in policy development. According to both respondents, staff experienced maintained improvements in these two areas, however, the outcome was considered to be a result of the existing partnerships of the organisation and educational skills of staff. Therefore, there was insufficient evidence to include this outcome as part of the SROI period and was not valued as part of the evaluation.

## 11.5 Summary

With close relationships to regional family support groups, the improvement is information about the needs of families is very valuable to NFSN staff. According to their staff members, it has been challenging to illustrate the impact that addiction has for familiy members, or even the role that families in treating addiction. As a result, staff place greater importance in advocating the role of family members and their needs at a national level.

In return, family support groups have continued to provide information and data to suppor the NFSN to achieve its mission and undertake regular research either directily, or through the network coordinatiors.

[25] Activelink is a website for Irish tenders for charity and community / voluntary organisations, which was used as a research source to estimate the costs for an evaluation. On average, a research project for a local community was found to be between €3,000 to €5,000. http://www.activelink.ie/content/vacancies/tenders. For example, http://www.activelink.ie/content/vacancies/tenders/27750. However, these costs are often difficult to estimate and can be based on numerous variables, which explains why a conservative cost estimate was applied.

# 12SROI Assessment of Inputs

## 12.1 Overview

This section of the report highlights the investment made into the National Family Support Network over the SROI period, January to December 2013. In an SROI evaluation, all investment is referred to as 'inputs', which include funding and in-kind donations relating to the delivery of the service.

## 12.2 Analysis of Inputs

The key financial and non-financial inputs from January to December 2013 are as follows:

Figure 6 Input Table for National Family Support Network

| Stakeholder Group | Type of Contribution | Input (January to December 2013) | Value (€) |
|---|---|---|---|
| **Local Addiction Services** | Rental of premises | Based on estimates of similar community buildings room rental by hours including all services, utilities and tea and coffee were calculated at €40 per hour. If groups are run for Two hours each week for 48 weeks of the year then the estimated contribution by hosting services to the running of FSGs in terms of rental is €3,840. The figure times the six groups come to €19,200. | €19,200.00 |
| | Paid Family Support facilitators | It is calculated that family support groups with paid facilitators will spend 20 hours a week supporting the coordination of the family support group for 48 weeks of the years. The average family support income was estimated as being €17.55 per hour based on the national working income[26] [35].<br><br>When the total valued is calculated for four project with a paid worker, the costs are €67,392.[27]. | €67,392.00 |
| | Management costs | It is calculated that managers will spend a small proportion of their time supporting FSG facilitators, calculated based on a wage of €55,000 (or €26.40 per hour) and this management support taking 5 hour per month. The total value of this input for four paid projects was €6,336.[28] | €6,336.00 |

[26] The average facilitator income was based on the national average income (€35,600 / 52 weeks / 39 hours = €17.55).
[27] (€17.55 per hour x 20 hours) x 20 weeks x 4 paid family support workers = € 67,392 per annum
[28] (€26.4 per hour x 5 hours) x 12 months x 4 paid family support workers =

| | | | |
|---|---|---|---|
| **Local and Regional Drug and Alcohol** | Funding for coordinator for regional network of family support groups | A coordinator will support a regional network of family support group. It was calculated that a coordinator will have an income of €45,500 per annum to support an average of five family support groups. Therefore the input spent on a single Family Support Group is calculated as being €9,100 [29].<br><br>In this evaluation, Two Family Support Groups were supported by a Network coordinator, which means the input is calculated as €18,200[30]. | €18,200.00 |
| **Local Volunteer Facilitators** | Volunteer hours provided by volunteer facilitators | In this evaluation, volunteers provided a total of 20 hours per week to family support work, which includes facilitation of the peer support group and delivering one-to-one supports to family members. All hours have been valued at the Irish minimum wage in 2013 of €8.65 per hours, which translates to a total resource contribution of €16,608 by volunteer facilitators during the SROI period.[31] | €16,608.00 |
| **Family Support Group Participants** | Fundraising by Family Support Groups | Calculated by interviews with NFSN staff to determine the amount of funded needed to support FSGs without annual, on-going finding. It is estimated that a FSG would need €3,500 per project to support on-going project costs, including insurance, membership registration, coffee / tea, transportation, attendance at national / regional events, social outings. The total value of this input for Two peer-led support group was €7,000. | €7,000.00 |
| **National Family Support Network** | Staff Time | Calculated by interviews with NFSN staff to determine that 60% of work is donated to support FSGs. The other remaining time was spent on other strategic areas of the organisation. (3.5 FT Staff)[32] | €112,086.00 |
| | Total contribution January to December 2013 (direct and in-kind contributions) | | **€246,822.00** |

[29] (€45,000 / 5 Family Support Groups) = €9,100 per Family Support Group
[30] €9,100 per family support group x 4 peer-support groups = €18,200 wages spent on Two peer-support groups
[31] (€8.65 per hour x 20 hours per week) x 48 weeks x 2 peer-led facilitators = € 16,608 per annum
[32] Full salary for 3.5 staff was calculated as €187,800 per 253 working days per annum. To calculate the salary amount, 60% of the working days of the SROI period were estimated as the input amount, which was calculated as 152 days. (€187,800 salary / 253 days) x 152 days = €112,086

Inputs consider any cash or in-kind contribution made to family support groups by Local and Regional Drug and Alcohol Task Forces and the National Family Support Network. The total contributions made to the service equates to €246,822.00. In addition, in line with the methodology of SROI, the input table also considers inputs that don't appear on the balance sheet, such as the contribution of time and human resources by board members. It is recognised there were in-kind donations from Local Addiction Services, such as the cost of premises and hospitality costs, as well as Family Support Group participants, such as fundraising, which was calculated by the National Family Support Network.

## 12.3 Summary

The total contributions made to the service over the SROI period equates to €246,822.00. Financial inputs differ from the formal accounts of the organisation in several ways. First, this overview of inputs included the non-valued contributions of volunteer peer-support facilitators, which is valued at €16,608. Second, the amount of finance related to the SROI itself Third, a conservative amount was estimated for the rental costs for premises for Family Support Groups. Lastly, there are many Family Support Groups have hosting organisations where rental of premises is considered as an in-kind donation, which was included as an input.

# 13 Sensitivity Testing, Limitations and Recommendations

## 13.1 Overview

In this SROI, the social value calculation is based on a set of assumptions – and the final valuation is therefore likely to be more generally accurate than specifically accurate. This general accuracy is a strength of the methodology if explored and critiqued in a transparent manner. Supporting the reader to critique the logic within the report is the purpose of this section. Ideally it is this discussion, which also encourages stakeholders to question for themselves how much certain outcomes are worth.

This SROI calculation is based on the actual outcomes experienced by Family Support participants, family members and other key stakeholders involved in the service. However, this evaluation has made a few assumptions to ensure that the social value is reflective, transparent and does not over claim. A sensitivity analysis table has been used to provide an assessment of the impact of each outcome, if different assumptions were used. The following outcomes were deemed not to be of a magnitude that were significant to the overall outcome:

- Increase in personal satisfaction for local volunteer facilitators
- Improved referral pathways for service users for local addiction services
- Increase in personal satisfaction for local addiction services
- Improved development of regional strategies and policies to address family-related issues of addiction for local and regional drug and alcohol task forces
- Increased understanding of addiction-related needs of family members for Tusla
- Improvement in policy development relating to needs of family members for the National Family Support Network

From the sensitivity analysis table on the following page, the social value evaluation can be estimated to be between €4.07 and up to €5.79 for every €1 invested. The lowest ratio was €4.07 by reducting the quantity of family support participants that experienced the reduction in distress / mental health issues by 50%. The highest ratio was €5.79 by using an alternate proxy for a reduction in social isolation for family members. The assumptions used in the value map estimate the social value is €5.37.

**Therefore, it can be said that National Family Support Service deliver between approximately €5.00 to €5.50 for every €1 invested.**

## 13.2 Sensitivity Analysis Table

| Stakeholder | Outcome | Sensitivity Testing | SROI Ratio | Difference (€) | % Variance |
|---|---|---|---|---|---|
| **Family Support Group Participants** | Reduction in distress / mental health issues such as anxiety and depression | Reduction in quantity by 50% | € 4.07 | -€ 1.31 | 24% |
| | Reduction in negative coping behaviour (smoking, substance misuse, over eating / under eating) | Removal of outcome from analysis | € 5.30 | -€ 0.08 | -1% |
| | Improved relationship between family members | Change financial proxy to can member of a social group (HACT, €7814) | € 4.97 | -€ 0.41 | -8% |
| | Reduction in household money going to addiction | Removal of outcome from analysis | € 4.41 | -€ 0.97 | -18% |
| **Families of Family Support Participants** | Improvement in quality time spent with family | Increase duration from 1 to 2 years | € 5.37 | -€ 0.01 | 0% |
| | Reduction in experience of stress and conflict | Removal of outcome from analysis | € 5.78 | € 0.40 | 7% |
| | Reduction in social isolation | Change financial proxy to can rely on family (HACT, €7814) | € 5.79 | € 0.41 | 8% |
| | Increase in access to addiction support services for the family member | Reduction in quantity by 50% | € 5.29 | -€ 0.09 | -2% |
| **Local and Regional Drug and Alcohol Task Forces** | Increase in referral pathways for local family members | Increased attribution from 30% to 60% | € 5.29 | -€ 0.09 | -2% |

| | | | | | |
|---|---|---|---|---|---|
| **Gardaí** | Increased profile for community awareness of intimidation campaign managed by Gardaí | Removal of outcome from analysis | € 5.29 | -€ 0.09 | -2% |
| **National Family Support Network** | Improved information about the needs of family members | Removal of outcome from analysis | € 5.28 | -€ 0.10 | -2% |

## 13.3 The Discount Rate

In this study all the financial values in year two and three have been calculated using a discount rate of 3.5%. This figure appears in the top left of the value map. This is the standard rate recommended for the public sector by HM Treasury in the U.K [36].

## 13.4 Increasing Deadweight and Drop Off

The estimation of deadweight, or the percentage of change that would have occurred without family support groups, has been calculated based on stakeholder feedback. The most significant theme is that change for family support participants and family members was highly unlikely without attending family support groups. Respondents based this opinion on their prior experience, which reportedly led to significant outcomes in reducing their mental health issues and negative coping behaviour.

If deadweight were increased by 50% (from 25% to 45%) across the board, the overall impact would be lowered to €3.84. If it was assumed that there would be no outcomes without the involvement of family support groups, which many of the participants maintained was likely, and attribution was dropped to 0% then the value would be as high as €5.75. If drop off increased to 50%, the SROI valuation would be brought down to €5.07.

The per cent of attribution used in this report was based on specific feedback from respondents, which meant that some alternate scenarios were tested.

## 13.5 Considerations for Upward Value

### 13.5.1 Alternative upward valuation for Wellbeing Measure not used in SROI

An alternate valuation for the benefit of 'an increase in mental health' is provided by the Wellbeing Valuation work of Daniel Fujiwara[33]. To derive the value for the absence of mental distress or depression, Fujiwara and colleagues used large data sets to compare how different life changes affected happiness or wellbeing as stated by very large numbers of people. The impact of an increase income was also calculated in the same manner, by comparing information from these data sets, valuations the value of life factors such as an increase in security or a decrease in depression could be valued. This method values the alleviation of depression at £36,766 [1,14]. Using an online calculator this figure translates to €46,477 as of July 2014.

SROI principles require that conservative estimates be undertaken where possible, as such the QALY valuations (€12,192) were selected rather that Fujiwara's wellbeing estimates. Had the wellbeing valuation been used the final SROI figure for the return on investment would have been €12.85.

By reviewing this SROI evaluation, readers should consider from their own perspective the value of an improvement in mental health, such as imagining what they would pay for the restored mental health of a loved one or themselves. This is similar to

33 Wellbeing valuation (WV) is recognized by the UK HM Treasury Green Book guidance on policy evaluation (15). In essence, the WV approach derives monetary values for different goods and services, like health, housing and social relationships, by estimating the amount of money required to keep individuals just as happy or satisfied with life in the absence of the good. The process uses large national data sets, and so avoids potential respondent bias that may be present in other methodologies such as stated preference, i.e. asking people the value of a non-market good.

exercise undertaken with participants of family support groups, where they were asked to conceptualise the equivalent value for this outcome, like a new car or holiday, and asked if this seemed like a reasonable cost for reducing mental distress or depression. However, respondents commonly reported that the value of this outcome was considered priceless.

### 13.5.2 Increasing value for mental health outcomes experienced by Family Support Participants

If mental health outcomes experienced by Family Support participants had a higher value, then this would have increased the overall SROI value. Participants interviewed about their experiences attending family support reported a range of mental health concerns and negative coping experiences, including anxiety, isolation, depression and distress.

This outcome could have been valued higher if this SROI had used other acute mental health disorders, like depression. Instead this evaluation valued anxiety as the mental health issues experienced by participants.

### 13.5.3 Variation in reported amount of change for respondents

To estimate the amount of change experienced by stakeholders, respondents were asked to provide feedback on their experiences. While respondents were asked to report openly and honestly, the sensitivity testing attempted to account for positive bias in the data collection. The sensitivity testing involved a 10% reduction in the estimated percentage of individuals that experienced each outcome, which led the final SROI value to lower to €4,70.

## 13.6 Methodological Limitations

There are a number of limitations to this analysis and assessment of social value for Family Support work. Although the sensitivity testing highlights how variations to the social value analysis can produce changes to the final calculation, it is imporatnt to recognise the key challenges and limitations to this evaluation.

The following limitations are acknowledged as part of this analysis:

#### *Selection Bias – Engaging with Family Members with Addiction*

While efforts to explore the widest range of outcomes for stakeholders was undertaken, there was difficulty engaging with some family members, particularly individuals that were actively dealing with addiction or substance misuse, as well as family members not presently in contact with Family Support participants.

This group of stakeholders was not engaged due to the difficulty in interviewing this population. Likewise, if these stakeholders counted, it would raise challenges that people with addiction problems might raise negative outcomes – but later view these changes as being positive; and because this challenge did not come up, it was not worth noting. However, it should be noted that there might have been possible negative outcomes for individuals currently dealing with addiction. For example, lack of communication, distress, financial concerns, etc.

This SROI included views from both Family Support participants and their family members. To avoid a selection bias, both Family Members with experience of rehabilitation or recovering from their addiction issues, as well as individuals without any history of addiction were interviewed.

#### *Positive Responder Bias – Volunteer Nature of Engagement of Groups*

To avoid positive bias as much as possible high percentages of each stakeholder group were contacted, with the most important stakeholder groups, i.e. participants

and their families having a 70% - 100% participation rate. However it should be noted that positive bias, i.e. a tendency to include people who are more positively disposed to the project, is a possibility when anything less than 100% of stakeholder group is involved.

### *Lack of Comparable Research on Peer Support Model*

In relation to a number of areas in this study, there is little or no comparable data. In particular, a comparable cost-benefit analysis of a similar service or outcomes from other specialised emotional and bereavement supports and peer-led support groups.

### *Short-Term Impact of Family Support Intervention*

This evaluation assessed impact of Family Support within the SROI period, and does not provide information on longitudinal outcomes.

### *Rationale for Lack of Potential Displacement*

The researcher was unable to identify any displacement of other services or activities, and it was considered unlikely that engagement in family support groups displaced outcomes for other services. Therefore, the SROI analysis did not take into account any potential reduction in value caused through displacement.

Displacement is an assessment of how much of the outcome has displaced other outcomes. This discount does not apply in every SROI analysis. However, in the case of this evaluation, feedback from participants provided no indication of potential displacement. In addition, the value of outcomes for Family Support participants and another service where there might have been potential displacement, support for families with experience of addiction, was considered low.

### *Lack of Existing Data on Family Support Outcomes*

The quality of the SROI would be improved through the keeping of data on significant outcome areas. The lack of these systems means that data was captured through interviews with a focus on reflecting on change over the last year. This report recommends the use of pre and post outcome data capture to improve the quality of data capture into the future.

### *Detailed Data on Mental Health Proxies*

While research has been undertaken to explore medical or cost per unit proxies for outcomes related to improvements in factors related to mental health, such as reduction in mental health issues and reduction in negative coping behaviour, reliable proxies were not available in some cases. Research from data from comparable populations has been used alongside costs of comparable services provided by stakeholder groups.

### *Use of Assumptions within the SROI*

An SROI makes assumptions in relation to each outcome and its valuation, these assumptions, such as the length of time an outcomes lasts, deadweight and drop off, are based on stakeholder views and ideally supported by evidence from peer reviewed research. However in some cases information was scarcer.

To account for this assumptions with less evidence have been made conservatively; i.e. deadweight and drop off have been weighted more heavily and in the case of the length of the outcome, this has been estimated at fewer years. Also sensitively testing has been undertaken to ensure that likely changes in the assumptions do not significantly alter the final SROI.

## 13.7 Conclusion

The Social Return on Investment (SROI) ratio is calculated by dividing the value of the total outcomes by the total inputs in a given time period**. The social value calculation for the National Family Support Network is €5.37. This means that for every euro invested into the National Family Support Network there is a return to the individuals and services of between €5.00 to €5.50.**

The sensitivity analysis table showed that most alternate logical scenarios in relation to alternate proxies and outcomes provided a fairly small range of alternate valuations, with the range existing between €4.08 and €5.79. The use of alternative valuations couched the SROI within a range of values between €4,70 and €12.85, the later being due to a much higher, although defendable, wellbeing valuation for a change in mental health for Family Support participants.

The final SROI figure is relative to general SROI terms. As discussed, an explanation for the low rate of return is the conservative values placed on acute mental health disorder. The other reason is the low cost model on which family support groups are based, which is largely due to the high number of volunteer facilitators, low overhead and in-kind donations (i.e. rental of premises, hosting organisations, etc.).

# 14Recommendations

These recommendations relate to the optimisation of value for stakeholders, as well as for the National Family Support Network to enhance their data collection and evaluation in the future.

## 14.1 Recommendations to optimize value

The following recommendations are made to further optimise the social value created through this service:

### *NFSN continue to provide service locally in areas without access*

The research indicates that family support groups provide a needed service with valuable outcomes. It is recommended that in partnership with local or regional Drug Task Forces or other voluntary service providers that further establish groups in areas that currently do not have access to this service.

## 14.2 Recommendations for further evaluation

These recommendations are made to better capture the impact and inform future evaluations to compare against this social return on investment analysis:

### *Develop an outcomes framework to provide on-going data on change*

This SROI has identified a number of important outcomes that occur for families of substance misusers. In order to assist in national and local policy making in relation to family support services it is recommended that NFSN support their members to develop an outcome framework to undertake on-going and robust measurement of the outcomes of Family Support Groups from the perspective of multiple stakeholders and with reference to those outlined through this SROI evaluation.

### *Connect assessment forms to outcomes framework*

To ensure that the outcomes framework has meaning for family members it is recommended that this is incorporated into an assessment form, and that these tools are kept as simple as possible to support stakeholder engagement.

### *Clarify policy on membership and attendance in relation to reporting*

It is recommended that there are clear guidelines established in relation to reporting on outputs, in order to support clarity on the relationship between outputs (how often someone attends) and outcomes (i.e. what changes for them).

### *Identify and implement a suitable information management system*

To improve the recording of client progress, attendance, outcomes and service provision, it is recommended that the National Family Support Network implement a suitable IT solution, like a client relationship management tool, with particular emphasis on collecting integral data on member attendance and outcomes measures.

### *Introduce a quality standard for facilitators to support consistent delivery of quality peer leadership and family support work*

In order to support roll out of further family support groups in a consistent and high quality manner it is recommended that a quality standard be developed that outlines good practice to include although not be limited to: assessment, on-going supports in line with the 5 Step model, referrals, signposting, management of disclosure, management of conflict and confidentiality and closure of groups.

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# 16 Discount to Valuations

## 16.1 Attribution for SROI Outcomes

Attribution is the amount of responsibility that the Family Support Group can reasonably seek to claim for the overall outcome. Few services are provided in a vacuum; any service works in conjunction with other providers. Participants also benefit from other supports, such as family and friends. These supports will play a role in creating or supporting positive change for the service user/client, and this contribution needs to be analysed and accounted for if the true value of a service's contribution is to be assessed. The contribution of other organisations or people to the overall outcome must be clarified: a percentage of overall responsibility for the change is applied as a discount to the valuation for each outcome.

Attributions for outcomes listed in this SROI evaluation are presented in the table below for the period from January to December 2013. N.B. Boxes shaded grey demonstrate outcomes and/or stakeholders that were not included in the final analysis.

| Stakeholder Group | Outcome | Attribution |
|---|---|---|
| **Family Support Participants** | Reduction in distress / mental health issues such as anxiety and depression | Attribution is an estimation of how much the outcome was caused by the contribution of another person or organisation. Attribution for this outcome was based on (source), which found that 15% of this reduction in mental health issues was estimated to be a result of the influence of other forms of support, family and friends. This means that the 85% of this was a result of the influence of Family Support. |
| | Reduction in negative coping behaviour (smoking, substance misuse, over eating / under eating) | Attribution was estimated as being 15% of a reduction in coping behaviour, which relates to the support of family and friends, as well as the influence other activities or organisations working with the participant. This means that 85% of this improvement was a result of the involvement of Family Support. |
| | Improved relationship between family members | Attribution was estimated as being 15% of a improved relationships with family members, which relates to the support of family and friends, as well as the influence other activities or organisations working with the participant. This means that 85% of this improvement was a result of the involvement of Family Support. |
| | Reduction in household money going to addiction | Feedback from respondents did not attribute 30% of this reduction in household money spent on addiction was estimated to be a result of the influence of other forms of support, like the Gardaí. This means that the 70% of this was a result of the influence of Family Support. |
| **Families of Family Support Participants** | Improvement in quality time spent with family | Based on the respondent feedback, attribution was calculated as being 10% of an improvement in quality time as a family, which relates to the support of family members, as well as the influence other activities like key working supports. This means that 85% of this improvement was a result of the involvement of Family Support. |
| | Reduction in experience of stress and conflict | Based on the respondent feedback, attribution was calculated as being 15% of a reduction in feelings of stress and conflict, which relates to the support of family members, as well as the influence other activities like key working supports. This means that 85% of this improvement was a result of the involvement of Family Support. |

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| | Reduction in social isolation | Attribution was calculated as being 50% of a reduction in social isolation relates to the support of family and friends, as well as the influence other supports, like drug addiction counseling and recovery supports. This means that 50% of this reduction in feelings of stress and worry was a result of the involvement of Family Support. |
| | Increase in access to addiction support services for the family member | Attribution was calculated as being 50% of the uptake in access to addiction support services, which relates to the support of family and friends, as well as the influence other supports, like drug addiction counseling and recovery supports. This means that 50% of this reduction in feelings of stress and worry was a result of the involvement of Family Support. |
| **Local Volunteer Facilitators** | Increase in personal satisfaction | Not valued as it does meet the materiality threshold |
| **Local Addiction Services** | Improved referral pathways for service users | Not valued as it does meet the materiality threshold |
| | Increase in personal satisfaction | Not valued as it does meet the materiality threshold |
| **Local and Regional Drugs and Alcohol Task Forces** | Increase in referral pathways for local family members | Attribution was calculated as being 50% of an improvement in the ability to refer to Family Support groups relates to the work of managers, keyworkers, and support workers as well as the influence of good practice protocols for drug and addiction services. This means that 50% of this outcome is a result of the work of the Family Support facilitators and volunteers. |
| | Improved development of regional strategies and policies to address family-related issues of addiction | Not valued as it does meet the materiality threshold |
| **An Gardaí Síochána** | Increased profile for community awareness of intimidation campaign managed by Gardaí | Attribution was calculated as being 80% of an improvement in profile for the Gardaí social isolation in relation to the work of the Gardaí; particularly officers trained as Community Liaison Officers, as well as the influence other supports, like the Local Drug Task Force and drug addiction treatment centers. This means that 20% of this reduction in feelings of stress and worry was a result of the involvement of Family Support. |
| **Tusla - Child and Family Agency** | Increased understanding of addiction-related needs of family members | Not valued as it does meet the materiality threshold |
| **National Family Support Network** | Improved information about the needs of family members | Attribution was calculated as being quite low at 10% for information on the needs of family support groups, which relates to research, good practice policies and other peer-support models. This means that 90% of this change was a result of the involvement of family support groups. |
| | Improvement in policy development relating to needs of family members | Not valued as it does meet the materiality threshold |

## 16.2 Deadweight for SROI Outcomes

In an SROI evaluation, deadweight is the change likely to have occurred had the person not engaged in the intervention. In this SROI, this intervention is attendance at peer-led Family Support Group sessions. To account for this, a percentage of the value ascribed to the change for the beneficiaries needs to be discounted, as this change would have occurred anyway, without the intervention.

Deadweight for outcomes listed in this SROI evaluation are presented in the table below for the period from January to December 2013. N.B. Boxes shaded grey demonstrate outcomes and/or stakeholders that were not included in the final analysis.

| Stakeholder Group | Outcome | Deadweight |
|---|---|---|
| **Family Support Participants** | Reduction in distress / mental health issues such as anxiety and depression | The change that would have occurred anyway without Family Support Groups was estimated at 20%. This means that one in five participants may have experienced this positive change without involvement of the Family Support Groups. This figures takes into consideration that approximately a quarter of participants (n=15) stated they had accessed another form of support, and that other supports, like addiction services, bereavement supports, or social and recreational activities, had not been able to support this change individually.<br><br>This assessment of deadweight is supported by research in a general manner [31], which maintains that depression is a chronic and reoccurring illness that is not improved, in most cases, without some form of treatment. Other research addressing the question directly or including control studies was sought to investigate likely change in mental health without intervention, however a thorough search did not reveal any studies to further support estimation of deadweight. |
| | Reduction in negative coping behaviour (smoking, substance misuse, over eating / under eating) | This figure was calculated as being 20% based on feedback from respondents on the amount of change that would have occurred without involvement of the Family Support Groups. |
| | Improved relationship between family members | This figure was calculated as being 25% based on feedback from respondents on the amount of change that would have occurred without involvement of the Family Support Groups. |
| | Reduction in household money going to addiction | The change that would have occurred anyway without Family Support Groups was estimated at 25%. This means that one in four participants may have experienced this positive change without involvement of the Family Support Groups. This figures takes into consideration that approximately a quarter of participants (n=15) stated they had accessed another form of support, and that other supports, like addiction services, bereavement supports, or social and recreational activities, had not been able to support this change individually. |
| **Families of Family Support Participants** | Improvement in quality time spent with family | This figure was calculated as being 20% based on feedback from respondents on the amount of change that would have occurred without involvement of the Family Support Groups. |
| | Reduction in experience of stress and conflict | This figure was calculated as being 25% based on feedback from respondents on the amount of change that would have occurred without involvement of the Family Support Groups. |
| | Reduction in social isolation | This figure was calculated as being 20% based on feedback from respondents on the amount of change that would have occurred without involvement of the Family Support Groups. |

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| | Increase in access to addiction support services for the family member | This figure was calculated as being 20% based on feedback from respondents on the amount of change that would have occurred without involvement of the Family Support Groups. |
| **Local Volunteer Facilitators** | Increase in personal satisfaction | Not valued as it does meet the materiality threshold |
| **Local Addiction Services** | Improved referral pathways for service users | Not valued as it does meet the materiality threshold |
| | Increase in personal satisfaction | Not valued as it does meet the materiality threshold |
| **Local and Regional Drugs and Alcohol Task Forces** | Increase in referral pathways for local family members | This figure was calculated as being 30% based on feedback from respondents on the amount of change that would have occurred without involvement of the Family Support Groups. |
| | Improved development of regional strategies and policies to address family-related issues of addiction | Not valued as it does meet the materiality threshold |
| **An Gardaí Síochána** | Increased profile for community awareness of intimidation campaign managed by Gardaí | This figure was calculated as being 45% based on feedback from respondents on the amount of change that would have occurred without involvement of the Family Support Groups. |
| **Tusla - Child and Family Agency** | Increased understanding of addiction-related needs of family members | Not valued as it does meet the materiality threshold |
| **National Family Support Network** | Improved information about the needs of family members | This figure was calculated as being 10% based on feedback from staff on the amount of change that would have occurred without connection with regional Family Support Groups. |
| | Improvement in policy development relating to needs of family members | Not valued as it does meet the materiality threshold |

## 16.3 Drop Off for SROI Outcomes

Drop off is the reduction in the influence that the original activity of the service will have on the outcome over time. While an outcome may have an impact over a number of years, the causality between the original activity (attendance) and the outcome in year two or three following the Family Support Group is likely to be much reduced.

Feedback from stakeholder interviews, including Family Support participants, family members and the National Family Support Network, assumed that the contribution of family support groups to the value of the outcomes each year would reduce by nearly a fifth annually. However in some cases information was scarcer; for example, the local and regional drugs and alcohol task forces. To account for this, assumptions with less evidence have been made conservatively. i.e. drop off have been weighted at 20%, and in the case of the length of the outcome, this has been estimated at fewer years. Also sensitivity testing has been undertaken to ensure that likely changes in the assumptions do not significantly alter the final SROI.

Drop Off for outcomes listed in this SROI evaluation are presented in the table below for the period from January to December 2013. N.B. Boxes shaded grey demonstrate outcomes and/or stakeholders that were not included in the final analysis.

| Stakeholder Group | Outcome | Deadweight |
|---|---|---|
| **Family Support Participants** | Reduction in distress / mental health issues such as anxiety and depression | Drop off is a reduction in the causality between the outcome and the Family Support Groups, and was estimated at 20% annually. This figure means that, for those participants maintaining this outcome, it is estimated that the contribution of Family Support to the value of the outcome is reduced by nearly a fifth each year. |
| | Reduction in negative coping behaviour (smoking, substance misuse, over eating / under eating) | A figure for drop off was estimated at 20% to account for the reduction in causality between the outcome over time and the influence of Family Support Groups, leading to a zero value after five years. There was a low deadweight of 0% calculated for this outcome. |
| | Improved relationship between family members | A figure for drop off was estimated at 20% to account for the reduction in causality between the outcome over time and the influence of Family Support Groups, leading to a zero value after five years. |
| | Reduction in household money going to addiction | A figure for drop off was estimated at 20% to account for the reduction in causality between the outcome over time and the influence of Family Support Groups, leading to a zero value after five years. |
| **Families of Family Support Participants** | Improvement in quality time spent with family | A figure for drop off was estimated at 20% to account for the reduction in causality between the outcome over time and the influence of Family Support Groups, leading to a zero value after five years. |
| | Reduction in experience of stress and conflict | A figure for drop off was estimated at 20% to account for the reduction in causality between the outcome over time and the influence of Family Support Groups, leading to a zero value after five years. |
| | Reduction in social isolation | A figure for drop off was estimated at 20% to account for the reduction in causality between the outcome over time and the influence of Family Support Groups, leading to a zero value after five years. |
| | Increase in access to addiction support services for the family member | A figure for drop off was estimated at 20% to account for the reduction in causality between the outcome over time and the influence of Family Support Groups, leading to a zero value after five years. |
| **Local Volunteer Facilitators** | Increase in personal satisfaction | Not valued as it does meet the materiality threshold |

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| **Local Addiction Services** | Improved referral pathways for service users | Not valued as it does meet the materiality threshold |
| | Increase in personal satisfaction | Not valued as it does meet the materiality threshold |
| **Local and Regional Drugs and Alcohol Task Forces** | Increase in referral pathways for local family members | A figure for drop off was estimated at 20% to account for the reduction in causality between the outcome over time and the influence of Family Support Groups, leading to a zero value after five years. |
| | Improved development of regional strategies and policies to address family-related issues of addiction | Not valued as it does meet the materiality threshold |
| **An Gardaí Síochána** | Increased profile for community awareness of intimidation campaign managed by Gardaí | A figure for drop off was estimated at 20% to account for the reduction in causality between the outcome over time and the influence of Family Support Groups, leading to a zero value after five years. |
| **Tusla - Child and Family Agency** | Increased understanding of addiction-related needs of family members | Not valued as it does meet the materiality threshold |
| **National Family Support Network** | Improved information about the needs of family members | A figure for drop off was estimated at 20% to account for the reduction in causality between the outcome over time and the influence of Family Support Groups, leading to a zero value after five years. |
| | Improvement in policy development relating to needs of family members | Not valued as it does meet the materiality threshold |

# 17 Appendixes

## Appendix 1: Glossary of Terms

**Attribution:** attribution is an assessment of how much the outcome is as a result of the activity or intervention of the organisation under review, and how much is due to other organisations or interventions.

**Coordinator:** A staff person coordinating a local or regional network of Family Support Groups.

**Deadweight:** This is an estimation of the amount of change that would have occurred without the intervention.

**Displacement:** Some value that is created may merely displace the same value for other stakeholders. Displacement is an assessment of how much of the outcome has displaced other outcomes.

**Drop-off:** As time passes after an initial intervention, the causality between the initial intervention and the continued outcome will lessen; drop-off describes this relationship.

**Duration:** How long an outcome will last after the initial intervention.

**Family Support Group:** Peer-led support group sessions for family members dealing with addiction problems in their family or experiencing distress from family addiction, drug-use or alcohol-use

**Facilitator:** A trained professional providing peer-led family support groups and interventions.

**Financial proxy:** This is an estimation of a financial value for the outcome when a market value does not exist.

**Hosting Organisation:** An organisation or service offering peer-led family support groups as part of its service provisions.

**HSE**: Health Service Executive

**Value map:** This is a spread sheet which accompanies an SROI report and which contains all the information and calculations that result in the final SROI assessment.

**Inputs:** The resources that are used to create the intervention by each stakeholder group.

**Materiality:** in an SROI, if information is material, this means that its inclusion will affect the final valuation within an SROI, and therefore affect decision-making. If a piece of information or a stakeholder group will have an effect on the SROI then this needs to be included in the process.

**NFSN**: National Family Support Network

**Outcomes:** The changes that occur as a result of the intervention. In an SROI, outcomes include planned and unplanned, as well as positive and negative changes.

**Outputs:** The amount of activity communicated in numerical units, i.e. three people.

**Participant:** A service user attending peer-led family support sessions

**Stakeholders:** People and organisations that are affected by the activity.

**Theory of Change:** the story about the sequence of events and changes that led to final outcomes for participants.

## Appendix 2: Materiality Assessment

This table outlines how decisions on materiality were made in relation to outcomes and stakeholder groups. N.B. Boxes shaded grey demonstrate outcomes and/or stakeholders that were not included in the final analysis.

| Stakeholder | Outcome | Materiality | | Conclusion |
|---|---|---|---|---|
| | Description | Relevance | Significance | |
| **Family Support Group Participants** | Reduction in distress / mental health issues such as anxiety and depression | One of the aims of the service and is important at local and national level. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Reduction in negative coping behaviour (smoking, substance misuse, over eating / under eating) | One of the aims of the service and is important at local and national level. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Improved relationship between family members | One of the aims of the service and is important at local and national level. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Reduction in household money going to addiction | One of the aims of the service and is important at local and national level. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| **Families of Family Support Participants** | Improvement in quality time spent with family | One of the aims of the service and is important at local and national level. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Reduction in social isolation (for individuals in recovery only) | One of the aims of the service and is important at local and national level. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |

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| | Increase in access to addiction support services for the family member | One of the aims of the service and is important at local and national level. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| **Local Volunteer Facilitators** | Increase in personal satisfaction | Is not of a magnitude that is significant to the overall context. Removed from final analysis as insufficient evidence as to whether the number of facilattors experienced increase in their own personal time as a result. | | Relevant, but not significant to be valued as part of final analysis |
| **Local Addiction Services** | Increase in referral pathways for local family members | Viewed to be part of the outcome experienced by the Local and Regional Drug and Alcohol Task Force. The value of this outcome was captured as part of the financial proxy for the Local and Regional Drug and Alcohol Task Force and it was viewed this outcome was not material to avoid overclaiming. | | Relevant, but excluded from final analysis due to over claiming |
| | Increase in personal satisfaction | One of the aims of the service and is important at local and national level. | Is not of magnitude that it is significant to the overall context. | Relevant, but not significant to be valued as part of final analysis |
| **Local and Regional Drug and Alcohol Task Force** | Increase in referral pathways for local family members | One of the aims of the service and is important at local and national level. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Improved development of regional strategies and policies to address family-related issues of addiction | Is not of a magnitude that is significant to the overall context. Removed from final analysis as insufficient evidence as to whether the number of facilattors experienced increase in their own personal time as a result. | | Relevant, but not significant to be valued as part of final analysis |
| **An Gardaí Síochána** | Increased profile for community awareness of intimidation campaign managed by Gardaí | Importance at local and national level to support and work in partnership with local community-based services | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| **Tusla – Child and Family Agency** | Increased understanding of addiction-related needs of family | Importance at local and national level to support and | Is not of a magnitude that is significant to the overall context due to insufficient evidence to | Relevant, but not significant to |

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| | members | work in partnership with local community-based services | demonstrate impact and amount attributable to Family Support Groups. | be valued as part of final analysis |
| **The National Family Support Network** | Improved information about the needs of family members | Importance at local and national level to support and work in partnership Family Support Groups | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Improvement in policy development relating to needs of family members | Is not of a magnitude that is significant to the overall context. Removed from final analysis as insufficient evidence as to whether the number of faciltators experienced increase in their own personal time as a result. | | Relevant, but not significant to be valued as part of final analysis |

## Appendix 3: Distance Travelled Outcome Indicators

The following table outlines the indicators that were used within semi-structured interviews to assist Family Support participants and family members and the researcher to define the change experienced by participants. A 'distance-travelled' approach was used and interviewees were asked whether their change was as small, medium or large in relation to others.[34]

N.B. Boxes shaded grey demonstrate outcomes and/or stakeholders that were not included in the final analysis.

| Stakeholder | Outcome | Distance Travelled Measure | | | Total Number of Participants that experienced outcome |
|---|---|---|---|---|---|
| | Description | Small Change | Medium Change | Large Change | |
| **Family Support Group Participants** | Reduction in distress / mental health issues such as anxiety and depression | 0% (n=0) experienced this change. | 27% (n=15) experienced this change. | 64% (n=36) experienced this change. | 91% (n=51) of participants experienced this outcome. |
| | | A change in perspective for the positive or a feeling of general improved wellbeing. | A reduction in frequency or intensity of feelings of anxiety or related feelings. | Previously having frequent thoughts or actions in relation to anxiety or stress, changing to a situation where these are no longer present or are managed when they do arise or a reduction in frequency or intensity of feelings of depression or anxiety. | |

[34] . The 'distance travelled' approached refers to using outcome data to establish quantifiable progress towards a long-term outcomes through recording incremental progress.

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| | Reduction in negative coping behaviour (smoking, substance misuse, over eating/under eating) | 0% (n=0) experienced this change. | 20% (n=11) experienced this change. | 60% (n=33) experienced this change | 80% (n=45) experienced this change. |
| | | None | A reduction in negative coping behaviour or severity. | An elimination of negative coping behaviour. | |
| | Improved relationship between family members | 0% (n=0) experienced this change. | 14% (n=8) experienced this change. | 75% (n=42) experienced this change. | 89% (n=50) experienced this change. |
| | | None | More able to connect with family members or increase in ability to communicate with family members. Prior to attending family support, family members might not have been significantly isolated. | Previously unable to speak or spent time with family members and feels more connected and comfortable communicating with family members. Prior to attending family support, family members were not communicating. | |
| | Reduction in household money going to addiction | N/A | | | N/A |
| | | No distance travelled measured used. | | | |
| **Families of Family Support Participants** | Improvement in quality time spent with family | 1% (n=10) experienced this change. | 0% (n=0) experienced this change. | 90% (n=9) experienced this change. | 100% (n=10) experienced this outcome. |
| | | Occasionally will spent time together as a family (i.e. once a month) | Will regularly spend time together as a family (i.e. fortnightly). Prior to attending family support, family might not have been significantly disconnected or distracted from spending time together. | Will regularly spend time together as a family (i.e. weekly). Went from not spending time together or engaged in family activities to at least spending time with each other on a weekly or fortnightly basis. | |

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|---|---|---|---|---|---|
| | Reduction in experience of stress and conflict | 30% (n=3) experienced this change. | 10% (n=1) experienced this change. | 60% (n=6) experienced this change. | 100% (n=10) experienced this change. |
| | | A change in perspective for the positive or a feeling of general improved wellbeing. | A reduction in frequency or intensity of feelings of anxiety or related feelings. | Previously having frequent thoughts or actions in relation to anxiety or stress, changing to a situation where these are no longer present or are managed when they do arise or a reduction in frequency or intensity of feelings of depression or anxiety. | |
| | Reduction in social isolation (for individuals in recovery only) | 0% (n=0) experienced this change. | 50% (n=5) experienced this change. | | 50% (n=5) experienced this change. |
| | | More able to connect with other people or a small increase in ability to communicate with family or friends. Family member might not have been significantly isolated prior to participant attending family support | Previously being unable to leave home or speak with other people (or equivalent) and feels more connected and comfortable communicating with community, family or friends. Prior to participant attending family support, family member felt disconnected from friends and family. | | |
| | Increase in access to addiction support services for the family member | 0% (n=0) experienced this change. | 50% (n=5) experienced this change. | | 50% (n=5) experienced this change. |
| | | A family member accessed or attended services prior to engagement in family support group and experienced an increase in motivation to access further support | Previous to a participant attending a family support group, family member had no interest in engaging in addiction services, and gained confidence or motivation to access support or treatment. | | |

| | | | | | |
|---|---|---|---|---|---|
| | | or treatment. | | | |
| **Local Volunteer Facilitators** | Increase in personal satisfaction | 100% (n=4) experiecned this change. | 0% (n=0) experienced this change. | | 100% (n=4) experienced this change. |
| | | A change in perspective for the positive or a feeling of general satisfaction with personal growth or development. | Previously having little or no satisfaction with personal satisfaction related to occupation or work, and feels more confident with oneself. | | |
| **Local Addiction Services** | Increase in referral pathways for local family members | 25% (n=1) experienced this change. | 50% (n=2) experienced this change. | 25% (n=1) experienced this change. | 100% (n=4) experienced this change |
| | | Little to no improvement in the number of referrals, or the ability to refer individuals into other services. | General improvement in the ease or ability to send referrals into other services. | Will regularly refer individuals into other services, and will frequently communicate with other agencies about the referral process | |
| | Increase in personal satisfaction | 0% (n=0) experienced this change. | 100% (n=4) experienced this change | | 100% (n=4) experienced this change |
| | | A change in perspective for the positive or a feeling of general satisfaction with personal growth or development. | Previously having little or no satisfaction with personal satisfaction related to occupation or work, and feels more confident with oneself. | | |
| **Local and Regional Drug and Alcohol Task Force** | Increase in referral pathways for local family members | 0% (n=0) experienced this change. | 25% (n=1) experienced this change. | 75% (n=3) experienced this change. | 100% (n=4) experienced this change |
| | | Little to no improvement in the number of referrals, or the ability to | General improvement in the ease or ability to send referrals into other | Will regularly refer individuals into other services, and will frequently communicate with other agencies about the referral | |

| | | | | | |
|---|---|---|---|---|---|
| | | refer individuals into other services. | services. | process | |
| **An Gardaí Síochána** | Increased profile for community awareness of intimidation campaign managed by Gardaí. | 0% (n=0) experienced this change. | 4% (n=4) experienced this change. | | 100% (n=4) experienced this change |
| | | No improvement in the community awareness of intimidation campaigns | Greater awareness and knowledge about the intimidation programmes and about the public services available within the community. | | |
| **Tusla – Child and Family Agency** | Increased understanding of addiction-related needs of family members | 100% (n=1) experienced this change. | 0% (n=0) experienced this change. | | 100% (n=1) experienced this change |
| | | Little to no improvement in understanding of addiction-related needs for families | Increased opportunity to engage with families with experiences of addiction and improve knowledge about the impact of substance misuse. | Frequent (or regular) opportunities to engage with families with experiences of addiction and, in turn, apply this knowledge to other areas of service provision or training. | |
| **The National Family Support Network** | Improved information about the needs of family members | 0% (n=0) experienced this change. | 0% (n=0) experienced this change. | 100% (n=2) experienced this change. | 100% (n=1) experienced this change |
| | | Little to no improvement in understanding of addiction-related needs for families | Increased opportunity to engage with families with experiences of addiction and improve knowledge about the impact of substance misuse. | Frequent (or regular) opportunities to engage with families with experiences of addiction and, in turn, apply this knowledge to other areas of service provision or training. | |
| | Improvement in policy development relating to needs of family members | 0% (n=0) experienced this change. | 100% (n=2) experienced this change. | | 100% (n=1) experienced this change |
| | | Little to no improvement in | Increased opportunity to develop enhanced policies related to families with | | |

| | | | | |
|---|---|---|---|---|
| | | developing or improving policy. | experiences of addiction. | |

# Appendix 4: Focus Group Questions for Family Support Participants

The following questions were developed for semi-structured focus groups with Family Support Participants. All individuals engaged in the focus groups were members of family support groups. Each focus group was an hour-long session facilated by a researcher, and all participants were encouraged to provide honest and open feedback about the service they had receieved.

## Introduction

The researcher explained the following:

- The purpose and nature of SROI; i.e. to understand the changes experienced by participants and other stakeholders;
- Methodology of the evaluation
- Period and scope evaluated by this study;
- Confidentiality, anonymity and limits to this (i.e. child protection);
- Permission and voluntary nature of research
- Offer space for clarifications and questions

## Questions

1. **Can you start by introducing yourself and tell us about why you started attending the Family Support Group?** (Other prompts can include: How long have you been attending this group? What are some initial reasons why your started attending this group?)
2. **When you first started attending the Family Support Group, what were some of the first things that began to change for you?** (Other prompts can include: When did you begin to notice that things began to change for you? What were some of the initial challenges where you felt support was needed? What kind of impact did these changes have on your life?)
3. **What were some other changes that occurred for you after these first things?** (Other prompts can include: When did you begin to notice these other changes? What kind of impact did these changes have on your life?)
4. **How did these changes make a difference in your life? What are some ways that you life and your relationships began to change as a result of these experiences?**
5. **Did anything about your relationship with family members change as a result of attending Family Support?** (Other prompt can include: Was there anything about your relationship with family members that did not change?)
6. **In your own words, how would your describe the value of these changes?**

## Appendix 5: Interview Schedule for Family Support Participants

The following questions were used in a survey designed for Family Support Participants attending peer-led support group sessions. The survey was distributed during a facilitated workshop led by the researcher.

### Introduction

The researcher explained the following:

- The purpose and nature of SROI, i.e. how much change and valuation (how much this change is worth to them), as well as the role of Family Support in creating this change;
- Period and scope evaluated by this study;
- Confidentiality, anonymity and limits to this (i.e. child protection);
- Their right to stop or pause the interview at any point;
- Offer space for clarifications and questions

### Questions

**Section 1. A bit about you.**

**1.1 How many years have you been attending your Family Support Group? Circle one.**

Less than a year 1-2 3-4 5-10 10 or more

**1.2. How many people in your immediate family are dealing with or have recovered from addiction? Circle one**

0 1 2 3 4 5 or more

**1.3 How many Family Support Group sessions have you been to in 2013? Circle one**

- Less than 8
- Between 8 and 20
- Over 20

**1.4. The person/people in my family experiencing addiction are my: Circle as many as apply.**

- Daughter/son
- Mother/father (in-law)
- Brother/sister
- Husband/wife/partner
- Granddaughter/son
- Niece/nephew
- Other

**1.5 Circle any of these that you also get support from (circle as many as are relevant)?**

- Counselling
- Social work supports
- Addiction supports
- Social groups or clubs (arts, movies, sports etc.)
- Other social supports for you or your family

**Section 2. Decrease in Stress and Mental Health Issues**

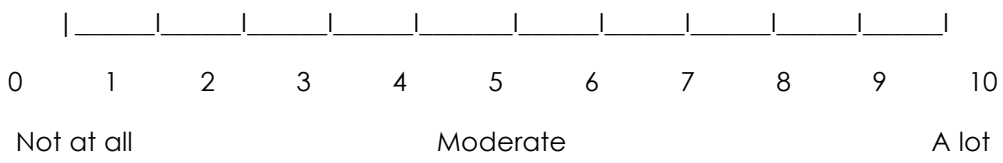
*Example: "Through sharing experiences and being part of a support group who understands my experience, I feel less isolated (and other feelings like shame, guilt and loneliness have lessened). My ability for self-care has increased. As a result my stress levels and mental health (panic attacks, depression, insomnia, suicidal thoughts) have improved."*

**2.1 This is true for me (Circle one):**

- Yes
- No

**2.2 Can you briefly describe what changed for you in 2013?**

**2.3 The scale of change is (between 0 to 10):**




**2.4 What else could you have done (if you had the money) to achieve this same change? Tick one or write your own.**

- Counselling every fortnight for 6 months
- A holiday for two weeks
- Joined a social group / hobby based group, i.e. craft or sport
- Meditation course
- Nothing, I don't think anything would get this same change
- Other, please explain…

**2.5 How much is the piece of mind / reduction in stress that you gained over the last year worth to you, i.e. how much money would you trade for the improvement in how you feel?**

**Section 3. Reduction in Negative Coping Strategies (i.e. smoking, drinking)**

*Example: "Through sharing experiences and being part of a support group who understands me, I have found more positive ways of coping. I have reduced other more negative ways of coping such as smoking more, relying on prescribed or unprescribed benzodiazepines, under or over eating or drinking."*

**3.1 This is true for me (Circle one):**

- Yes
- No

**3.2 Please tick what changed for you in 2013, you can choose more than one:**

- Smoking
- Drinking
- Over / under eating
- Prescribed Benzos
- Unprescribed Benzos
- Started exercising (walking etc.)
- Other (please explain)

**3.3 The scale of change is (between 0 to 10):**

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

0 1 2 3 4 5 6 7 8 9 10

Not at all Moderate A lot

**Section 4. Reduction in Household Money going to the Addiction i.e. Pub, drug dealer etc.**

*Example: "As a result of increasing my knowledge and understanding of addiction my ability to deal with intimidation, manipulation or reducing stealing from within the family has lead to less money going from our family into drug use/ drinking etc."*

**4.1 This is true for me (Circle one):**

- Yes
- No

**4.2 The scale of change is (between 0 to 10):**

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

0 1 2 3 4 5 6 7 8 9 10

Not at all Moderate A lot

**4.3 If you answered Yes, considering the changes you have made how much money have you saved over the last year? (in euros)**

**Section 5. Better Family Relationships and Ability to Manage Conflict**

*Example: "As a result of increasing my knowledge and understanding of addiction and developing coping and communication skills our family has less conflict and is better at getting on as a unit."*

**5.1 This is true for me (Circle one):**

- Yes
- No

**5.2 The scale of change is (between 0 to 10):**

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

0 1 2 3 4 5 6 7 8 9 10

Not at all Moderate A lot

**5.3 Can you briefly describe the change in your family over the last year that is due to your attendance at the family support group?**

**5.4 What else could your family have done (if you had the money) to achieve this same change? Tick one or write your own.**

- Family counselling for four months
- A holiday for two weeks
- Nothing would have got us this same change
- Other, please explain

## Section 6. Person in Addiction is Accessing More Services Due in Some Part to the Way You or Family is Communicating

Example: "As a result of increasing my knowledge and understanding of addiction I have developed more effective ways of dealing with the addict/s in our family, which has led to them making positive changes and/or accessing services."

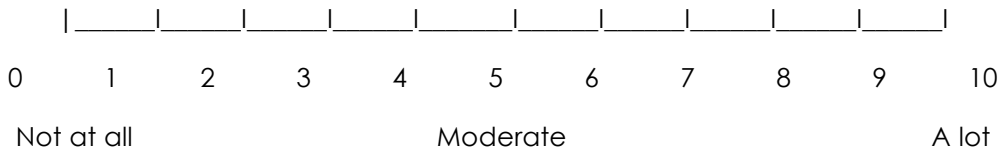
**6.1 This is true for me (Circle one):**

- Yes
- No

**6.2 At the end of 2013 the person/s with addiction issues in my family had:**

- No change
- Relapsed
- Stopped using in our house / other behavioural improvements
- Reduced drug use / stabilised on methadone
- Went into rehabilitation / stopped using completely
- Is maintaining their drug/alcohol/gambling free status and/or going to aftercare.

**6.3 The scale of change is (between 0 to 10):**




**6.4 I would pay this much for the positive change we saw in this family member/s in 2013 (in euros):**

**6.5 How much of the change your family member made do you think your knowledge and communication contributed to:**

- It didn't / none
- It helped a little bit / 0 - 25%
- It had a reasonable influence / 26% - 50%
- It was a substantial influence / 51% - 75%

**6.6 Are there any other big changes for you that have been left out of this sheet?**

- Positive changes
- Negative changes

**Section 7: Carers providing Family Supports to Children / Grandchildren**

*Carer is a term to describe individuals that provide support, supervision and care to infants, children or grand children.*

**7.1 Are you a Grandparent / Relative Carer? i.e. Do you look after your grandchildren or children related to you because of your family members alcohol or drug use?**

- Yes
- No

**7.2 I do this (circle one)**

- Full time
- Part time

**7.3 Did the Family Support Group help you to make a decision?**

- Yes
- No

**7.4 Has the Family Support Group helped you in your caring role (circle as many as are true for you)?**

- Knowledge/information
- Support in making a decision
- Support to contact social work
- Support to manage emotionally

**7.5 How much support does your FSG provide to you in relation to your caring role:**

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

0 1 2 3 4 5 6 7 8 9 10

Not at all Moderate A lot

**Section 8. Hidden Harm**

*Hidden harm is the term used to describe the affect of parental drug/alcohol use on their children. It is a difficult area that many grandparents struggle with.*

**8.1 What do you to counteract the effects of drug and alcohol use on children related to you who are affected by parental substance misuse? Tick as many as relevant.**

- I care for the children most or all of the time
- I have them on frequent overnights
- I listen to them and provide as much emotional support as I can.
- Take the children to crèche, school, doctor and other services and attend school events.
- Buy groceries, cook dinners, wash their school uniforms etc.
- Nothing, I have no power to intervene / I have no access
- Other please explain below

**8.2 Where do you go for information on this issue?**

- FSG / family support worker
- Another worker i.e. a doctor or a drugs worker
- Social work / social services
- Other

**8.3 What would be your concerns about contacting social services in relation to this issue?**

- Violence or anger of my son or daughter or their partner
- The parents or social services might stop me from seeing the children
- That the children will be taken from our family
- That nothing will happen / there will be no support
- Other, please state

**8.4 If you have been involved with Social Work services, how helpful and supportive have you found them?**

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

0 1 2 3 4 5 6 7 8 9 10

Not at all Moderate A lot

**8.5 What supports could help you on this issue?**

## Appendix 6: Interview Schedule for Family Members

Interviews were semi structured, meaning that interviews were managed as far as possible as directed discussions, with interviewees being encouraged to tell their story and discuss outcomes and the impact of their family members involvement in Family Support for them, as naturally as possible. Interviews lasted on average 45 minutes.

### Introduction

The researcher explained the following:

- The purpose and nature of SROI, i.e. how much change and valuation (how much this change is worth to them), as well as the role of Family Support in creating this change;
- Period and scope evaluated by this study;
- Confidentiality, anonymity and limits to this (i.e. child protection);
- Their right to stop or pause the interview at any point;
- Offer space for clarifications and questions

### Questions

1. Which member of your family has attended family support groups?
2. Did you family member attend family support groups during the SROI period (i.e. 2013)?
3. During the SROI period, what has improved in your family life or experience of your family?
4. Did your communication with your family members become more calm, relaxed or easier? If yes, please explain.
    a. How would you describe this outcome?
    b. How much of this outcome was a result of your family member's engagement in a family support group?
    c. What other factors, activities or supports contributed to this change?
    d. How long do you think outcome will last for your family?
5. Do you feel relationships between family members became more stable? If yes, please explain.
    a. How would you describe this outcome?
    b. How much of this outcome was a result of your family member's engagement in a family support group?
    c. What other factors, activities or supports contributed to this change?
    d. How long do you think outcome will last for your family?
6. Do you feel that your family members have more time available to spend together? If yes, please explain.
    a. How would you describe this outcome?
    b. How much of this outcome was a result of your family member's engagement in a family support group?
    c. What other factors, activities or supports contributed to this change?
    d. How long do you think outcome will last for your family?
7. Did anything else change for you? If yes, please explain.
    a. How would you describe this outcome?
    b. How much of this outcome was a result of your family member's engagement in a family support group?
    c. What other factors, activities or supports contributed to this change?
    d. How long do you think outcome will last for your family?
8. Any additional comments?

## Appendix 7: Interview Schedule for Other Stakeholders

A range of different stakeholders were involved in this evaluation. Interviews were semi structured, meaning that interviews were managed as far as possible as directed discussions, with interviewees being encouraged to tell their story and discuss outcomes and the impact of family support groups for their organisation or agency. Interviews lasted on average 45 minutes.

Each respondent was provided with an electronic transcript of their responses and provide with the opportunity to provide feedback.

### Introduction

The researcher explained the following:

- The purpose and nature of SROI, i.e. how much change and valuation (how much this change is worth to them), as well as the role of Family Support in creating this change;
- Period and scope evaluated by this study;
- Confidentiality, anonymity and limits to this (i.e. child protection);
- Their right to stop or pause the interview at any point;
- Offer space for clarifications and questions

### Questions

1. What is your relationship with family support groups in Ireland?
2. What do you think works well about family support groups?
3. What does this programme contribute at a local or community level for your organisation / agency?
4. What do you contribute to family support groups in terms of resources, funding, premises, coordination or support?
5. What do you receive for your contribution to family support groups?
6. What outcome has family support groups provide at a regional or wider level for your organisation / agency?
7. If family support groups did not exist, what resources would be required to achieve the same level of outcome?
8. Are there any negative outcomes from family support groups or service users or other stakeholders?
9. Any additional comments?

## Appendix 8: Interview Schedule for NFSN Staff

Staff were involved in semi-structured interviews for the SROI. Interviews lasted on average 45 minutes. The focus of the interviews was limited to the understanding outcomes for the National Family Support Network.

Respondents were provided with a electronic transcript of their responses and given the opportunity to provide feedback.

### Introduction

The researcher explained the following:

- The purpose and nature of SROI, i.e. how much change and valuation (how much this change is worth to them), as well as the role of Family Support in creating this change;
- Period and scope evaluated by this study;
- Confidentiality, anonymity and limits to this (i.e. child protection);
- Their right to stop or pause the interview at any point;
- Offer space for clarifications and questions

### Questions

1. What is your position?
2. What is the benefits of family support groups for service users?
3. How would you describe the relationship between the National Family Support Network (i.e. the coordinating body) and family support groups?
4. What are the advantages of this organisational structure?
5. What are the disadvantages of this organisational structure?
6. How can work with family support groups be improved?
7. What do you contribute to family support groups in terms of resources, funding, premises, coordination or support?
8. What do you receive for your contribution to family support groups?
9. Are there any negative outcomes from family support groups or service users or other stakeholders?
10. Any additional comments?