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Brighton Oasis Project:
POCAR programme evaluation

BRIGHTON OASIS PROJECT

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NEF Consulting is the consultancy arm of the UK think tank, New Economics Foundation (NEF). We put NEF's ideas into practice by placing people and the planet at the heart of decision-making.

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Cover image credited to: Young Oasis children.
This was drawn by a child attending Young Oasis.

Foreword

Brighton Oasis Project (BOP) commissioned NEF Consulting to undertake this research following a successful application to the Department of Education seed fund for innovation in children's services.

At BOP we are proud of our unique service model that we offer to women, families and children who are affected by drug or alcohol misuse, and of the POCAR programme which is the focus of this report, where we support some of the most vulnerable families in the city. Beneath the substance misuse which brings these families to our attention, typically we find stories of abuse, poverty and domestic violence, and of children whose basic physical and emotional needs are not being met. We believe that our work plays an important part in intervening in these cycles of deprivation; enabling women not only to recover from substance misuse, but to rebuild their families and bring their children up safely. The knock on effect of this is that many children are prevented from entering the care system and are protected from the damaging impact of parental substance misuse.

In addition to this human impact of the work, we were interested to explore the impact in terms of long-term savings to the public purse; we wanted to test out our conviction that working with families in this way is not only effective but has positive value for money implications for the state.

In this way, we wanted to take a broader view and consider how our work, in partnership with social work teams, impacts on the wider outcomes of children's services and offers pointers for the practice of children's social work in general.

The theory of change model employed by NEF Consulting in this report and its accompanying value for money analysis has more than met our expectations of these outcomes. We are delighted to be able to present this report which we believe creates a robust case for the value of our approach in human as well as economic terms.

Jo-Anne Welsh

Director

Brighton Oasis Project

A note from Adfam:

Adfam welcomes this important piece of work. We champion the needs of children and families on a national basis, influencing policy and practice to ensure that the problems of addiction are not confined to, and understood purely through the lens of, the drug user or problem drinker.

The issue of parental substance misuse and its impact on children's health and wellbeing has been a neglected issue for too long. It is increasingly recognised as a matter of concern, yet too few services are providing the intense and specific support these children require. Brighton Oasis Project and the POCAR Programme are beacons of innovation and good practice, leading the way in ensuring that these children's lives are not compromised by their parents' behaviours.

This report represents an opportunity for a step change in how local authorities both fund and deliver services for children affected by parental substance misuse. We know from research that parental alcohol and drug misuse is a factor in far too many cases of child neglect and all too often a prime reason for children being taken into state funded care. This report provides evidence that the POCAR Intervention is not only highly cost effective but can transform outcomes for children.

Vivienne Evans OBE, Chief Executive, Adfam

Contents

1. Executive summary

The Brighton Oasis Project (BOP) is a charity offering a woman-only substance misuse treatment service in the City of Brighton and Hove. The Parenting Our Children – Addressing Risk (POCAR) Programme is one element of the BOP delivery model. Further information about POCAR and BOP is in **Section 2.1**.

NEF Consulting were commissioned to undertake an evaluation of the BOP model and the POCAR programme, primarily to determine the extent to which it improves outcomes and brings about lasting change for POCAR clients and their children; and the concomitant long-term savings to the State. This evaluation also seeks to understand how the model can be developed to transform outcomes for children and whether multi-agency working enhances the skills of social workers and other professionals and, thereby, the effectiveness of the programme overall. Further details of evaluation aims can be found in **Section 2.2**.

We applied Social Return on Investment (SROI) principles for this evaluation. Details are in **Section 3.1**. To understand the change created by the POCAR programme, we created Theories of Change (ToC) for clients, their children and/or unborn children, professionals (e.g. social workers) and the State[1]. We adopted a case studies approach for the valuation element of this evaluation. Details of our methodology are in **Section 3.2.** The limitations to our research findings are noted in **Section 3.3**. They are predominantly due to budgetary and time constraints.

The ToC show that the POCAR programme leads to a range of economic, social, personal well-being and health outcomes for programme users/clients, children and unborn children of programme users, as well as POCAR staff and other professionals. In addition, we identified a number of economic outcomes for the State. Detailed findings are in **Section 4** and a high-level summary of key outcomes by stakeholder is in Table 1 below.

1 A Theory of Change (ToC) can be depicted diagrammatically, linking the activities of a programme, intervention or organisation to the short-term, medium-term and long-term outcomes experienced by service users and other stakeholders.

Table 1: Key outcomes by stakeholder

Stakeholder	Key Outcomes	
POCAR clients	**Short term:**	Social well-being (quality of friendships) and personal well-being (increased self-esteem)
	Medium term:	Reduction in substance use. Provision of crèche enables access to treatment services
	Long term:	Improvements in health, well-being and a reduction in crime and police involvement.
Children	**Short term:**	Increased structure and routine and decreased secrecy. Enhanced safety due to childrens increased visibilty
	Medium term:	Increased time with parent, reduced fear of separation and higher aspiration to succeed
	Long term:	Increased educational attainment, increased employment prospects, reduced mental health issues and less likelihood of substance misuse problems themselves.
Unborn children	**Short term:**	Reduced risk of health issues (including blood-borne viruses and other health issues, such as foetal alcohol syndrome)

A limited scope value for money analysis, using a mixture of Brighton and Hove City Council (BHCC) data and case studies, was undertaken to understand the likely economic benefits to the State the programme creates. Details are in **Section 5**. Analysis of BHCC data (**Section 5.1**) highlights the following:

- The POCAR Programme helps reduce the number of cases with Child Protection Plans by 53% by 3 months after clients have finished the programme and by 85% by12 months after clients have finished the programme.
- The POCAR programme supports significant numbers of parents towards caring for their own children safely and averts the need for them to become looked after by the Local Authority.
- Changes arising from the POCAR progamme occur swiftly, with the majority of transitions in social care status taking place within 3 months of completing the programme

A limited scope assessment of BHCC data highlighted significant savings to the State even when restricting analysis to case management costs alone (see **Section 5.2**). Case management cost savings from 135 children who are no longer LAC or have had their child protection plans discontinued, are conservatively estimated to £1.13 million. When compared to the cost of the POCAR programme, this is equivalent to a potential return of **£3.83 per £1 spent**[2], with the largest benefit accruing from children remaining in or returning to, their mothers care, rather than being in local authority care. The assessment

2 This assumes POCAR can take full credit for this change and it should be noted that in practice the POCAR programme can only take some of this credit. The Theory of Change does however suggest that a significant amount of such change is likely to be attributable to the POCAR Programme

highlights the significant savings to the State that can be achieved through preventing the long term removal of children from their parents.

Finally, three case studies are presented to illustrate pathways through which individual behaviour change leads to wider economic outcomes for the State. The POCAR programme has the potential to save between **£8.70 and £15.00 for every pound spent** on these individuals over a one year period[3]. Further details can be found in **Section 5.3**.

The key conclusions from our evaluation are that the identified stakeholders experience multiple outcomes in the short, medium and long-term. For POCAR clients and their children, we found that participation in the programme contributes to their well-being, and that outcomes for children are highly contingent on the outcomes of their mother (e.g. positive long-term outcomes for children are likely if their mothers reduce or abstain from substance misuse). However, a lack of analysis of longitudinal data means that we are unable to comment definitively on the duration of these outcomes. For professionals, there was evidence of improved professional partnerships and increased understanding of the recovery process.

BHCC data suggests that the programme is successful in helping safeguard both the short and long term outcomes for children, as well as supporting a significant number of mothers in being able to more safely parent their children. These transitions have knock on savings on case management costs. The findings imply that many of the outcomes identified in the Theory of Change are being achieved by the majority of clients. This, combined with the case study analysis, suggests that the value for money argument for the POCAR programme is strong, generating significant savings to the State by reducing need for social services intervention and numbers of children being looked after, as well as healthcare and offending related costs. Further details are discussed in **Section 6.1.**

Our recommendations cover both service delivery and data collection issues. The key themes are: the use of longitudinal data to demonstrate lasting change; engagement with the children of POCAR users; and reflection on the desirability and feasibility of modifying programme delivery. Details are in **Section 6.2.**

3 While evidence is insufficient for the POCAR programme to claim full credit for such savings, the Theory of Change and the evidence with the case studies themselves does suggest that the POCAR programme has played a significant role bringing about the savings outlined in the case studies

2. Introduction

2.1 Background to Brighton Oasis Project (BOP)

Brighton Oasis Project (BOP) is a women-only substance misuse treatment service. BOP provides a unique service model to women with drug/alcohol problems and to children who are affected by substance misuse in the family. The BOP model incorporates a number of programmes to reflect the presenting issues for the women it works with. BOP uses a 'joined up approach', working with social workers, health workers, criminal justice staff and other professionals to provide a service for the women and children, who are some of the most vulnerable in Brighton and Hove

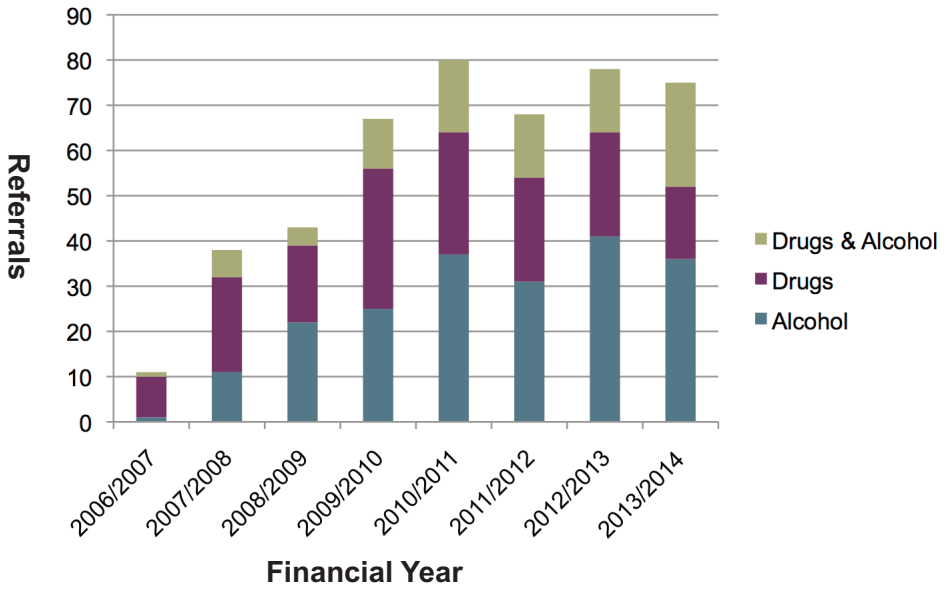
The particular focus of this evaluation is the POCAR programme but, for context and clarity, the overall BOP model also includes:

- Therapeutic crèche service for children of parents accessing treatment, including supervised contact during activity sessions.
- Young Oasis therapeutic services for children and young people affected by substance misuse.
- Support for non-substance using parents and kinship carers.
- Specific interventions for women in the criminal justice system including a DRR (Drug Rehabilitation Requirement) which is a community based court sentence.
- Sex workers' outreach project
- Assessment and care co-ordination

The POCAR programme (Parenting Our Children – Addressing Risk) is for women who use drugs and/or alcohol and have social services involvement with their children. This programme incorporates elements of psychosocial interventions that are typical in drug treatment, including individual and group work sessions. POCAR staff work with women to address their substance misuse, to reduce the risk to their children, and also to improve their parenting skills and general relationships, so that they can meet (and continue to meet) their children's needs.

Since 2006/2007 the POCAR programme has seen 492 referrals, comprising a significant number of women aged 26 or under (approximately 29%). Referrals have increased from just 11 in 2006/2007 to between 68 and 80 each year since 2009/2010 (Figure 1). Since 2006/2007, 44% of clients were referred due to alcohol misuse issues, 36% with drugs misuse issues and 19% with both drugs and alcohol misuse. Figure 1 illustrates how the programme has continued to cater for clients with a mix of drug and alcohol misuse issues once referral numbers swelled in 2007/2008.

Figure 1: POCAR referrals since 2006/2007



Given that their children are an integral part of a participant's POCAR journey, this evaluation will also focus on the BOP services that are specifically designed to cater for these children; namely the Young Oasis Centre: incorporating a crèche, individual therapy, specialist support groups, holiday art groups and a service for young women who are experiencing problems with alcohol use. Young Oasis services are available for all children in the city – not solely those whose parents are accessing treatment either at BOP or elsewhere. Children may be referred to Young Oasis and will participate in a variety of different interventions, depending on their individual needs and requirements.

2.2 The aims of this evaluation

As outlined in the 'Hidden Harm' report (2011/and previous iterations)[4], the potential adverse consequences for the children of problem drug users are often multiple and cumulative. A recent report from Adfam (2014)[5] also highlighted that there have been cases[6] where children have been hospitalised, or have died, after ingesting Opioid Substitution Treatment (OST) drugs, which were prescribed to adults.[7]

The Hidden Harm report outlines that the risk to the child can be reduced through effective treatment and support for parents, and through other stabilising factors. However, the Adfam research demonstrates that substance misuse interventions have their attendant risks and, it is important therefore, not only to extend research to the children of problem drug users, but also to assess the effectiveness of the interventions put in place to help them.

4 Advisory Council on the Misuse of Drugs (2011) 'Hidden harm' report on children of drug users, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf

5 Adfam (2014) Medication Drug Treatment: Tackling the Risks to Children http://www.adfam.org.uk/cms/docs/adfam_ost_fullreport_web.pdf

6 Including 17 fatalities and six non-fatal ingestions, in a decade

7 OST drugs are prescribed in replacement of illegal opioid drugs, such as heroin, with the intention of alleviating withdrawal symptoms and helping to reduce dependence on opioid drugs over time

This social impact evaluation has been commissioned to demonstrate how the BOP model and POCAR programme specifically, improves outcomes, and brings about lasting change for women on the POCAR programme, their children and their families. In addition, the evaluation seeks to address the following issues:

- The effectiveness of the BOP model in delivering significantly better outcomes for children affected by substance misuse in Brighton and Hove.
- How the model can be further developed to transform outcomes for children.
- For social workers, how multi-agency working with BOP enhanced the development of their own skills in working with children and families affected by these issues.
- The value for money of the delivery model, in terms of savings to the State.

3. Methodology

3.1 A principles-based approach

Social Return on Investment (SROI) methodology principles[8] were employed for this evaluation, namely: involve stakeholders; understand what changes; value the things that matter; only include what is material; do not overclaim; and be transparent. The SROI methodology was adapted such that only the outcomes to the State were valued. Additional outcomes for POCAR users, their children and multi-agency professionals while evidenced, were not monetized. Impact of the outcomes is considered, however the methodology does not explicitly quantify the impact of the POCAR programme[9].

3.2 Stages

The stages of our methodology are as follows:

1. Establish the scope of the intervention to be reviewed (e.g. time period and activities) and identify material stakeholders – those who are likely to have been materially impacted by the intervention.

2. Developing a Theory of Change with stakeholders. Theory of Change is a process whereby stakeholders identify the conditions and changes (outcomes) that have to unfold for their long-term goals to be met. A literature review (see Appendix A) was used to construct a 'straw man' Theory of Change, which was then verified and expanded through telephone interviews conducted with a cross-section of stakeholders. These stakeholders are listed in Table 2 below:

Table 2: Stakeholders and telephone interviewees[10]

Stakeholder		Number Interviewed
Programme users (BOP clients)	Current POCAR Completed POCAR Ex-POCAR ('in-recovery')	**2** **2** **1**
POCAR staff	Delivery staff	**1**
Other professionals	Social worker Primary health care Family support services	**4** **2** **2**
TOTAL NUMBER OF INTERVIEWEES		**14**

8 Outlined within A Guide to Social Return on Investment Cabinet Office (Office of the Third Sector) 2012

9 Doing so would require extensive secondary research and/or quantitative data collection, which is beyond the scope and timescale of the evaluation.

10 Interviews were sought with children of BOP clients but we were unable to speak with any.

3. As part of our stakeholder interviews, we also considered the role of others in creating the change (attribution) and whether the change would have happened anyway (counterfactual), in the absence of the intervention.

4. An analysis of the resulting theories of change for POCAR clients, their children and professionals was undertaken to identify all the State outcomes.

5. Case studies were obtained from BOP and the outcomes cross-checked to our State-focused theories of change.

6. Monetisation of these State outcomes involved use of proxies identified from academic and sector-specific literature. Details of all sources are in Appendix A.

Table 3 below summarises the evaluation requirements, how we have addressed them methodologically and the relevant section for findings.

Table 3: Summary of evaluation requirements

Requirement	Methodology stage	Report section for findings
Evidence of how the BOP model, and POCAR programme specifically, improve outcomes, bring about lasting change for women on the POCAR programme, their children and their families	Literature review and stakeholder engagement focusing on barriers and enablers for women and children	4.1.1 and 4.2.1
The effectiveness of the BOP model in delivering significantly better outcomes for children affected by substance misuse in Brighton and Hove.	Stakeholder engagement to understand the counterfactual	4.1.2 (women) and 4.2.2 (children)
How the model can be further developed to transform outcomes for children.	Literature review and stakeholder engagement for enablers for children	4.2.1
For social workers, how multi-agency working with BOP enhanced the development of their own skills in working with children and families affected by these issues.	Stakeholder engagement with professionals	4.4
The value for money of the delivery model, in terms of savings to the State.	Theory of Change for the State (to understand the pathways), analysis of BHCC data and case studies for valuation	4.5 and 5

3.3 Limitations to our research

Convenience sampling was the basis of stakeholder engagement. This means that the views of the professionals and BOP clients who had more favourable experiences are likely to dominate. Our analysis may not be as comprehensive in capturing negative experiences.

Key stakeholders who we were not able to engage with directly, were the children of BOP clients. Their outcomes were identified through discussion with their mothers and professionals and matched to outcomes identified from our literature review.There was reluctance on the part of the mothers to discuss how their behaviour had affected their children in the past. We have therefore only a partial view of the outcomes for children, and the magnitude of change may be understated.

Due to budgetary limits for this evaluation, the causal pathways in the theories of change for the women and their children have been inferred. BOP may benefit from systematically compiling an evidence base to support these judgements.

Extensive quantitative data collection or analysis of secondary data sources were not possible within the scope and timings of the evaluation. It was consequently not possible to provide a robust counterfactual estimate to understand the longer-term impact of the programme. Nor was it possible to fully understand how long changes last or the extent to which the POCAR programme can take credit for any cost savings. Limited resources also meant that the full value of the intervention i.e. placing a value on all outcomes (not just those for the State) could not be undertaken. The value for money assessment does not therefore amount to a full impact assessment, rather it highlights where the largest state savings are likely to have occurred in the short term and the extent to which aggregate data suggests such savings apply to the client group as a whole.

Finally, case studies are not intended to provide monetise all possible costs but rather highlight those where good cost data exists and reasonable assumptions about change in the short term can be made.

4. Theories of Change

A Theory of Change (ToC) is a process whereby stakeholders identify the building blocks required to bring about a given long-term goal. The ToC diagrams included below (Figures 2-5) suggest that the POCAR programme leads to multiple outcomes for a variety of stakeholders, namely:

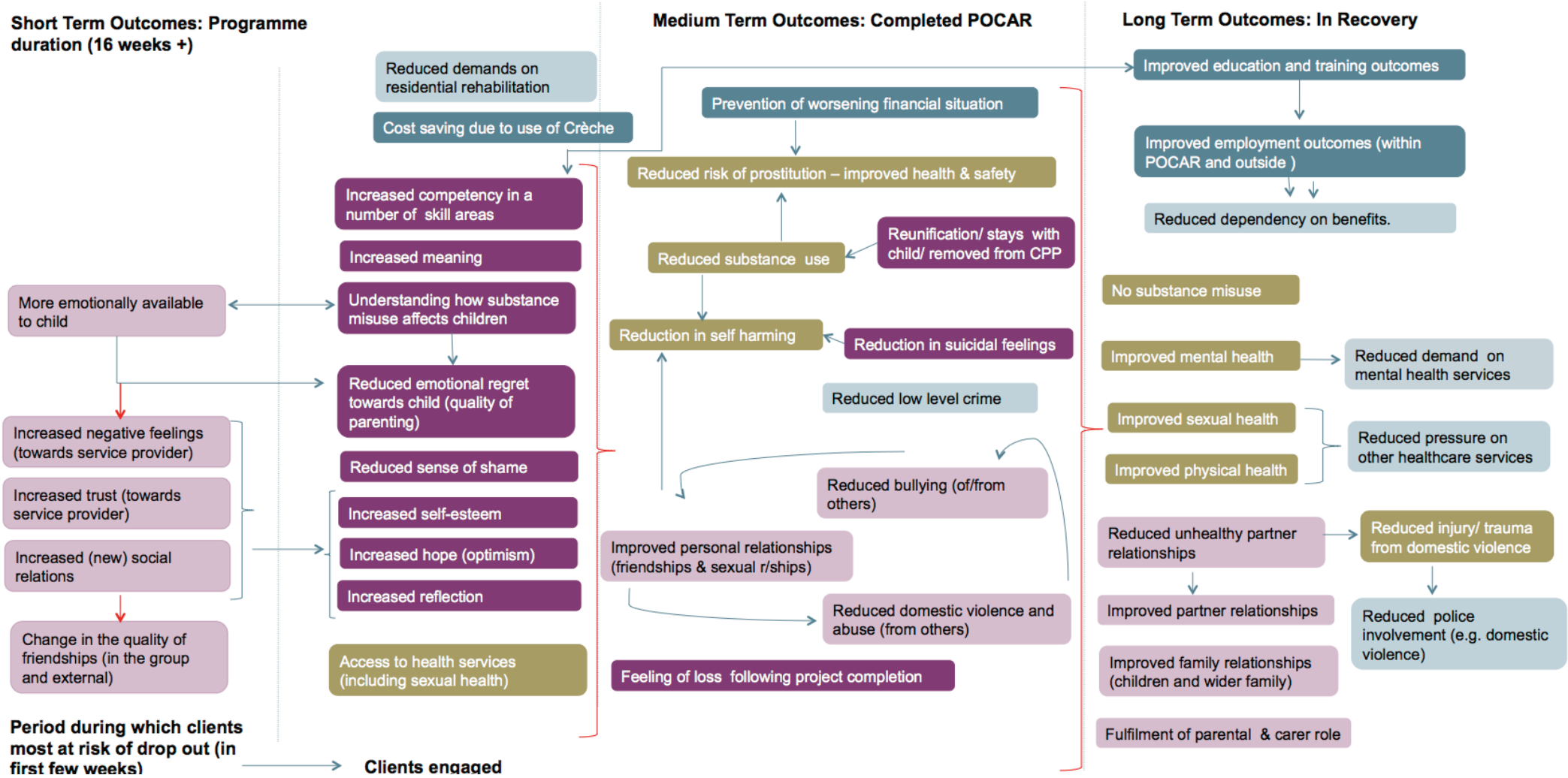
- Programme users (POCAR clients) (see Section 4.1)
- Children of POCAR programme users (see Section 4.2)
- The unborn children of POCAR programme users (see Section 4.3)
- Staff and other professionals (see Section 4.4)

In addition, we have identified a number of outcomes for the State, which are drawn out explicitly in Section 4.5.

Our stakeholder engagement and literature review revealed factors external to the project which hindered or facilitated outcomes for POCAR clients and their children. Our stakeholder engagement also highlighted elements of programme design which similarly hindered or facilitated outcomes. These are explored in Sections 4.1.1 and 4.2.2 respectively.

4.1 Programme users (POCAR clients)

Figure 2: Theory of Change: programme users



In the short term[11] there are two possible pathways for programme users: they can drop out and experience no change, or they can engage with the programme. Understandably, the programme is limited in its ability to contribute to a change process for any participants who drop out. In the initial stages of the programme this potential for drop-out is highest. However, during this period, as illustrated by the ToC, there are also a number of social well-being outcomes for participants; including increased trust in BOP staff, as well as a change in the quality of friendships, within and outside POCAR. For example, a current POCAR client stated that she, "has met some really good friends" in the programme. In the event that participants do engage and continue to participate, the programme contributes to their personal well-being: increasing self-esteem, reducing shame, and increasing participants' understanding of how their substance abuse is affecting their child. For example, an ex-POCAR client shared that, "you think children don't know what is going on, but they do. It can really affect them."

Increased personal well-being can lead to a number of outcomes in the medium term, when the programme is completed; including increased social well-being (such as improved personal relationships) and reduced risks to health and safety. This ToC shows that there can be a reduction in domestic violence and abuse. There can also be an improvement in personal (non-domestic) relationships. For example, "it gives an opportunity to meet like-minded people" (Completed POCAR client), while another ex-POCAR client noted that "I don't see my old (*pre-POCAR*) friends any more, they were bullies".

Potential financial cost savings are also shown in this ToC, relating to the use of the crèche facility at BOP. Participants are free to use the crèche at no cost during the programme and also once they finish whilst engaging in recovery activities such as volunteering or training. This may provide a cost saving, but more significantly it enables women to leave their children in care while they continue using BOP services, which assists in their recovery. A potential negative well-being outcome for participants upon completion of the programme is a feeling of loss. However, it is anticipated that this feeling of loss will last only briefly, as continued and follow-on support is available and accessible from BOP after the programme is completed and a focus of the programme is enabling women to access community support via peer networks.

In the long term, skills and competencies learnt in the programme contribute to increased confidence, as well as improved education and training outcomes, which can then lead to improved employment prospects. For example, POCAR, "gives you the skills you need to identify your problems" (a completed POCAR client); and "clients learn a lot of social skills, which help them in their future lives and employability, such as how to work in a group and how to listen" (Social Worker). In the long term there are also stated to be better health outcomes, and improved family relations. There may be a reduction in unhealthy partner relationships and an improvement in partner relationships, which can

11 The short term is defined as the length of the POCAR programme. The programme is 16 weeks in duration, but this is flexible depending on the individual requirements of each participant. For example, some women may take longer to engage with the programme initially, which would then extend the duration of their participation with POCAR.

reduce domestic violence and the risk of injury or trauma experienced at home. Importantly, a client's reunification with her child, or the removal of the child from a CPP, in conjunction with the support from the Programme, can lead to increased motivation to sustain change. For example, one client who has completed POCAR stated she "was keen to go on POCAR so I didn't lose my boy" and, "My boy is my motivation to stop drinking." A current POCAR client said, "I'm going to choose my son and my car, not a drink. Not all three. That to me has changed my life. It's worth a million pounds to me."

Overall, POCAR clients (current and those who have completed) stated a number of positive long-term outcomes, including increased confidence, that "I stayed drug free" and "the whole programme has helped me; I'm changed, definitely and I feel so much happier".

4.1.1 Enablers and barriers for POCAR clients

As previously mentioned the ToC was developed through a review of literature, which was then verified and expanded through telephone interviews conducted with a cross-section of stakeholders. This qualitative research identified a number of factors that enable success on the POCAR programme, as well as factors that serve as barriers to success. We have identified that some of these factors do occur within the programme and are due to programme design, but that others are external to the programme, and may be areas to be incorporated or considered in the design of the programme in future. The most commonly cited enabling factor for women was having support from their key workers (project-related). The most commonly cited barrier for women was having low motivation to attend and succeed (external).

These enablers are outlined in Tables 4 and 5, and the barriers in Tables 6 and 7, below. The factors marked with an asterisk (*) were identified in the literature and previous evaluations *and* in the qualitative research undertaken by NEF Consulting for this project.

Table 4: Programme-related enabling factors

Enabling factors (programme-related) identified in literature and previous evaluations	Enabling factors (programme-related) identified through NEF Consulting qualitative research (November 2014)
Regular user forums and representation at board level (May 2005 evaluation)	Key work relationship tailored to individual needs
Treated like equals (2014 focus group)	Supportive and challenging group work
Supportive and challenging key work relationship (2014 focus group)*	Group design
Some workers have been through treatment themselves (2014 focus group)	Appropriate length of group sessions
Peer group support (2014 focus group)*	Flexibility of service
Structured and safe programme – women only (2014 focus group)*	Key workers go above and beyond what is required of them
Crèche – allows access to other services and reduces barriers to entry (2014 and 2005)*	Speedy referral process
Key workers notice when they were doing something well i.e. strengths-based approach (2014 focus group)	The free lunches
	Other free activities (e.g.yoga and acupuncture)

Table 4 above highlights that our evaluation has helped to identify several positive aspects of how the POCAR programme operates, which had been overlooked in previous evaluations. Any organisation seeking to replicate the POCAR model will need to be mindful of the positive aspects of programme design.

Table 5: External enabling factors

Enabling factors (external) identified in literature and previous evaluations	Enabling factors (external) identified through NEF Consulting qualitative research (November 2014)
	Motivation because of their child
	Support from partner and family
	Professional-to-professional communication

Table 5 above shows that our evaluation has helped to isolate positive external enabling factors. These issues appear to be overlooked in previous assessments of the programme.

Table 6: Programme-related barriers

Barriers (programme-related) identified in 2005 and 2014 internal evaluation	Barriers (external) identified through NEF Consulting qualitative research (November 2014)
Recording of sessions (2014 focus group)	Time of day of the programme
Social Services referral Fear of taking children away (2014 focus group)*	Discomfort in group situations
New staff paired with long-term users (2014 focus group)	Similarity to a school set up/ bland
Whether staff have themselves been through the programme	Doesn't incorporate the whole family
	Combination of drug *and* alcohol misuse

Barriers which relate to programme design (see Table 6) are areas which BOP has an opportunity to modify, so that their clients have a better user experience. Our research has helped identify additional barriers which may hold back participation and therefore take the programme longer to achieve its aims. We recommend that BOP reflects on the issues noted above and decides on the desirability and feasibility of modifying delivery to minimise the incidence of these issues. Timelines and resource commitments will be key determinants for feasibility.

Table 7: External barriers

Barriers (external) identified in 2005 evaluation and 2014 internal evaluation	Barriers (external) identified through NEF Consulting qualitative research (November 2014)
Stigma/shame	Distance to travel (geographical constraint)
Views of an intimate partner	Low motivation
Potential loss of relationship with partner	Justice system – e.g. a perception that negative drug tests are not given enough weighting during court proceedings
Low self-esteem and co-dependency	Other medical problems interfering with programme attendance
Child protection fears	Lack of awareness of the programme in 'outside world'
Childcare	
Depression	
Views of other users/peers*	
Physical environment/safety – female only	
Perception - "sit in a circle and hold hands" (2005 evaluation)	

BOP has less influence on external barriers, as listed in Table 7, above. However, it is noteworthy that issues such as childcare and safety, and a focus on confidence and motivation building, have been incorporated into the POCAR programme design, for example, through the provision of the crèche and because it is a women-only service. BOP seeks to increase awareness of their programmes through on-going engagement with other services and their advocacy for the needs of female substance mis-users in the 'outside world'.

Matters such as depression are issues that key workers will need to be aware of, and will need to continue working with in a supportive manner, to ensure drop-out is minimised.

The geographical limit is an issue which limits the organisation's ability to scale up delivery. A franchising model could help address this if this becomes an area of interest for funders.

4.1.2 Counterfactual

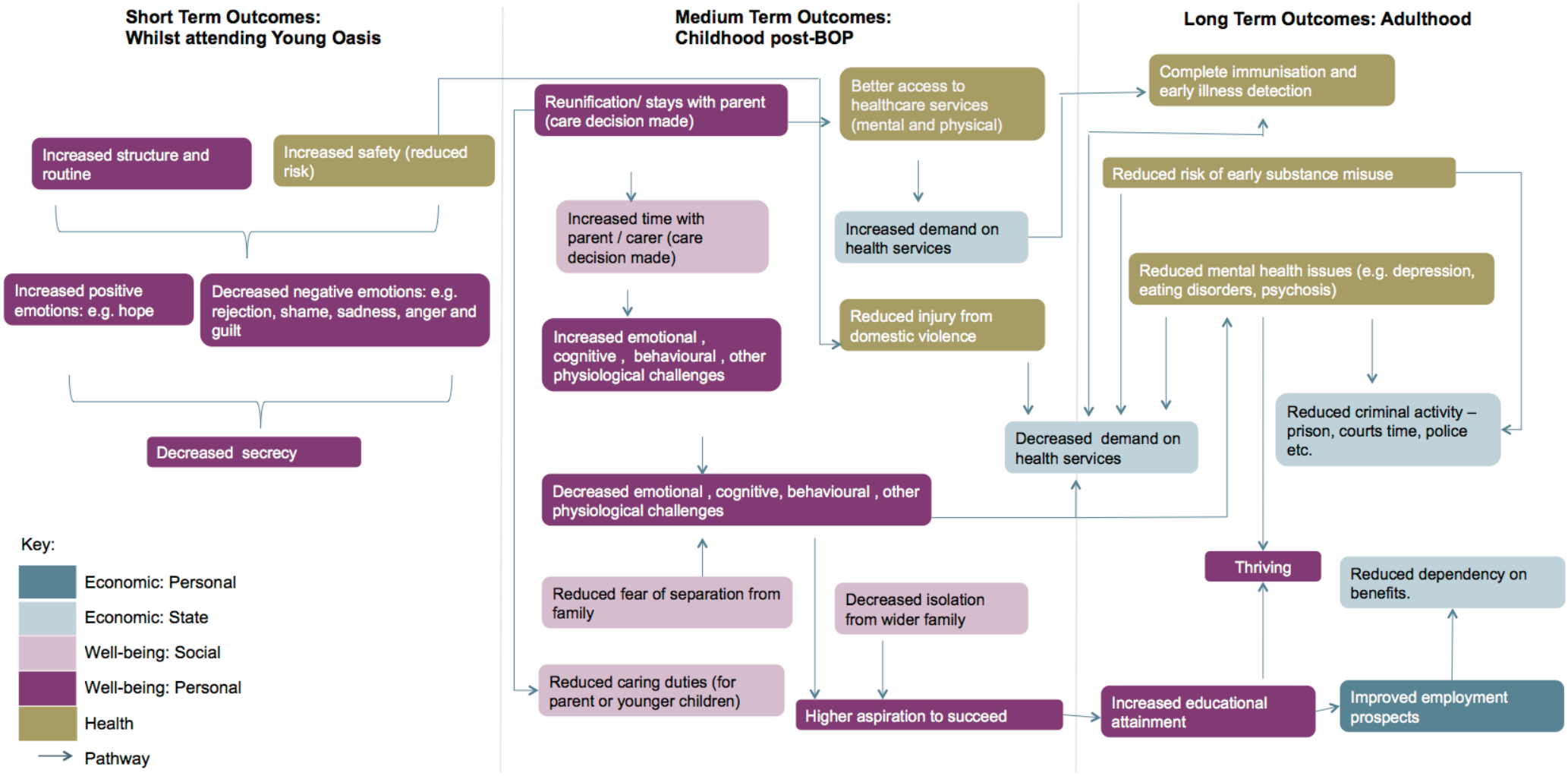
The counterfactual is the measure of what would have happened even if the intervention, in this case the POCAR programme, had not taken place. The POCAR clients interviewed by telephone were asked whether they thought they would have experienced any of the changes described *without* the programme. Overall, the majority of women did not consider the outcomes would have occurred without the programme. For example, a current client stated, "Definitely not. I didn't have a clue; I'd been trying to stop using for years." One client stated that she "might have seen changes because I am motivated, but the programme has definitely helped and has made a big difference." This leads into the question of 'attribution', as follows.

4.1.3 Attribution

'Attribution' refers to an asssessment of how much of an identified outcome was caused by the intervention and how much can be attributed to other people and/or organisations. The POCAR clients interviewed by telephone were asked, 'Other than Brighton Oasis, who else (organisations/individuals) has helped to bring about this change?' Each of the interviewees identified that BOP staff had helped bring about change. In addition, other professionals (social workers and foster carers), family members, and other organisations (e.g. RISE charity) were mentioned as contributors to the clients' success and change.

4.2 Children of POCAR programme users

Figure 3: Theory of Change: children of programme users



In the short term, women's participation in the programme itself contributes to the personal well-being of their children. Additionally, children of participants may themselves be engaged with BOP in a number of ways, which also contributes to their well-being.[12]

Babies/ children attending the Young Oasis crèche are provided with structure and routine. The safety and the well-being of children is likely to be enhanced if their mothers are responding well to the POCAR programme and making positive changes to their substance misuse. Older children, attending either therapy at Young Oasis or the holiday art groups, are more likely to have increased feelings of hope and a decrease in feelings such as rejection and shame. Increased personal well-being also links to a reduced need for secrecy in children. For example, a Social Worker identified substance abuse as "the elephant in the room", and that "once parents are given help, children are then able to talk openly about it, which is very valuable; it gives children a voice".

In the medium term, if the mother responds well to the POCAR programme, the chances of the child remaining in the care of their parent, or being reunited with their parent, is likely to increase. Although remaining with the birth parent is deemed to be positive from a social well-being perspective, there is the potential immediately following reunification, for an increase in 'difficult behaviour' from children, such as "tantrums and arguing" (ex-POCAR client). However, children's difficult behaviour reduces over time as a fear of separation decreases, roles are re-established and the parent becomes more confident and attuned to the child's needs. It is important to note that an increase in reported behavioural challenges may also relate directly to increased parental involvement, and the fact that parents are now *noticing* these challenges. For example, a GP stated that, "parents are more likely to notice and take an interest in their children" after they have been in the programme. A decrease in children's behavioural challenges in the longer term may also result in a higher aspiration to succeed and an increase in educational attainment, which can lead to improved employment prospects and reduced dependency on benefits.

Stakeholder engagement suggested that an increase in care and attention from parents leads to better access to health care services, and an initial increased demand for these services. For example, "children are more likely to be immunised" and parents "are more likely to address health issues" if they are in drug treatment (GP). However, in the medium to long term, there is likely to be an overall decreased demand for health care services for children, due to complete immunisation and early illness identification by parents, as well as a reduced risk of mental illness, and reduced likelihood of substance misuse by the children themselves.

12 Any baby or child of a programme user is offered a place in the Young Oasis crèche whilst their mother attends the programme (for school-aged children this is usually only in the holidays or in exceptional circumstances, if excluded from school). For children four and over one to one therapy at Young Oasis is an option though not every child takes this up. To access this children are referred either by a social worker, parent or drug worker. All children of women currently attending POCAR (or who have in the past) are invited to attend Young Oasis holiday art groups, which offer the children the opportunity of ongoing support.

4.2.1 Enablers for children

The literature review and the current qualitative research have identified a number of enabling factors for success, for children whose parents have drug/alcohol problems. However, it is important to note that where the enabling factors identified in the literature are present (those in the left column), these children are unlikely to reach the threshold for social services intervention and therefore their mothers are unlikely to be part of a programme such as POCAR. Consequently, the relevant enabling factors for children involved with social services and the Young Oasis programme, are in the right-hand column of Table 8 below.

Table 8: Enabling factors for children

Enabling factors (for children) identified in literature	Enabling factors (for children) identified through NEF Consulting qualitative research (November 2014)
Effective treatment and support for affected parent	Support from other families going through the programme
Presence of at least one other caring adult	Effective treatment and support for affected child
Stable home with adequate financial resources	
Maintenance of family routines and activities	
Regular attendance at a supportive school	

4.2.2 Counterfactual

As outlined in section 4.1.2, the counterfactual is the measure of what would have happened even if the intervention, in this case the POCAR programme, had not taken place. Although no children were interviewed as part of this qualitative research, POCAR clients (mothers), social workers and other professionals were all asked whether they thought children would have experienced any of the changes described *without* the programme. Overall, the comments received indicate that, “these changes probably wouldn’t happen without an intervention” (Social Worker). How much of these outcomes can then be attributed to the POCAR programme and BOP specifically, is addressed in the following section.

4.2.3 Attribution

As discussed in section 4.1.3, ‘attribution’ an assessment of how much of an identified outcome was caused by the intervention and how much can be attributed to other people and/or organisations. Each of the interviewees identified that BOP staff had helped bring about the change for women, which then meant that the outcomes for children were possible. In addition, other professionals (social workers and foster carers) were mentioned as contributors to children’s success and change.

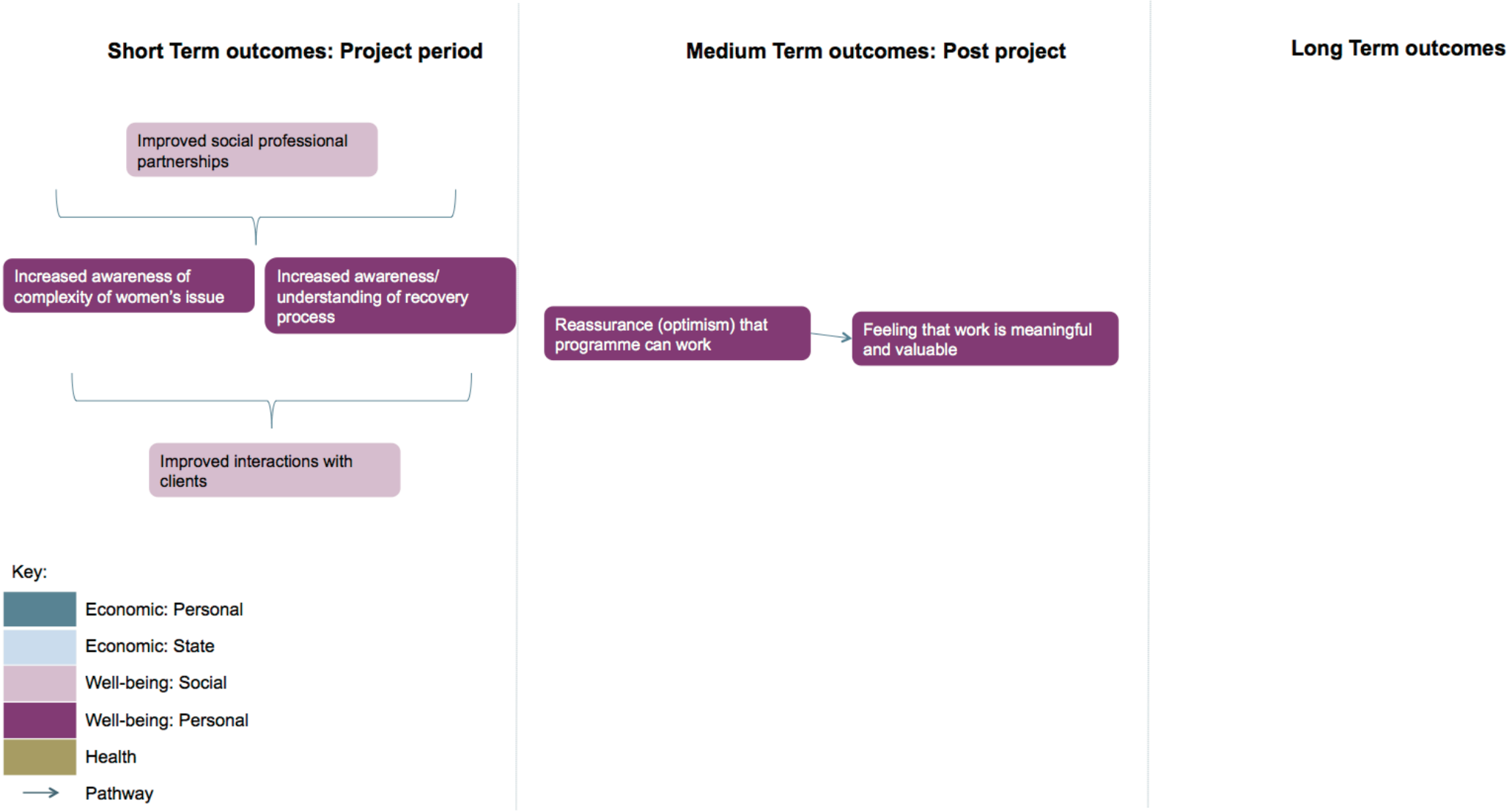
4.3 Unborn children of POCAR programme users

Figure 4: Theory of Change: Unborn children of programme users

The above ToC, has been derived from a literature review and understanding of the counterfactual (i.e. deadweight) and illustrates outcomes for the unborn child. A mother's engagement on the POCAR programme (i.e. resulting in a reduction in problematic use / or substance use abstinence) will reduce the risk of the baby experiencing complications in pregnancy, including blood-borne viruses, foetal alcohol syndrome, and low birth weight. In the medium term, after the child is born, there is an increased likelihood of improved personal and social well-being (relative to the counterfactual) and the child is likely to remain with their mother. This may then lead to positive long term well-being outcomes for that child as they enter adulthood, such as increased educational attainment, improved employment prospects, and reduced mental health issues. The above anticipated outcomes in adulthood are highly assumptive and require longitudinal research to be undertaken to understand what actually happens in the long term, for children whose mothers attend the POCAR programme.

4.4 Staff and other professionals

Figure 5: Theory of Change: Staff and other professionals



The above ToC demonstrates that the outcomes for staff and other professionals involved with the POCAR programme are most likely to occur in the short term. The above has been created exclusively from stakeholder engagement.

The majority of non-POCAR professionals we interviewed have worked with substance misuse clients for some time. The POCAR programme improves professional partnerships, which increases awareness of the complexity of the women's issues as well as a, "wider understanding of their recovery process" (Social Worker). It also appears that there is an increase in personal well-being for the professionals, resulting from reassurance that the programme can work, and a feeling that the work being undertaken is meaningful and valuable. For example, one of the social workers was, "reassured parents have somewhere to go" and that, "we are able to make a difference and help these women." This, along with the improved professional partnerships, can lead to improved interactions with the clients, increasing client trust and adding to the efficacy of their specific intervention

4.5 The change process for the State

As illustrated in Figures 1-5 above, we have identified a number of outcomes for the state, which are explicitly drawn out in the following ToC diagrams. Each diagram illustrates the pathway of State outcomes when POCAR is successful (when the participant is abstinent from substance use) as well as when POCAR is semi-successful (when the risk associated with a participant's substance use is reduced).

In particular, the figures show that when the mother abstains from substance use, more state outcomes are likely to result, including: reduced demand for health care; and reduced demand for residential care for both the mother and the child. It is clear that abstinence has the highest benefits for the State.

It is important to remember that a participant's substance use outcome ('abstinence' or 'reduced use') occurs as a result of the change process. That is, these outcomes occur alongside other well-being, health, and economic outcomes, as illustrated in the preceding ToC diagrams. The line of accountability for BOP, that is the point up to which it is reasonable for BOP to take credit for the outcomes, is also included within the following diagrams (Figures 6-9).

The Case Studies outlined in Section 5 provide further detail on possible monetised benefits to the State from the POCAR programme.

Figure 6: Pathways for State outcomes - Abstinence (mothers who enter POCAR with children)

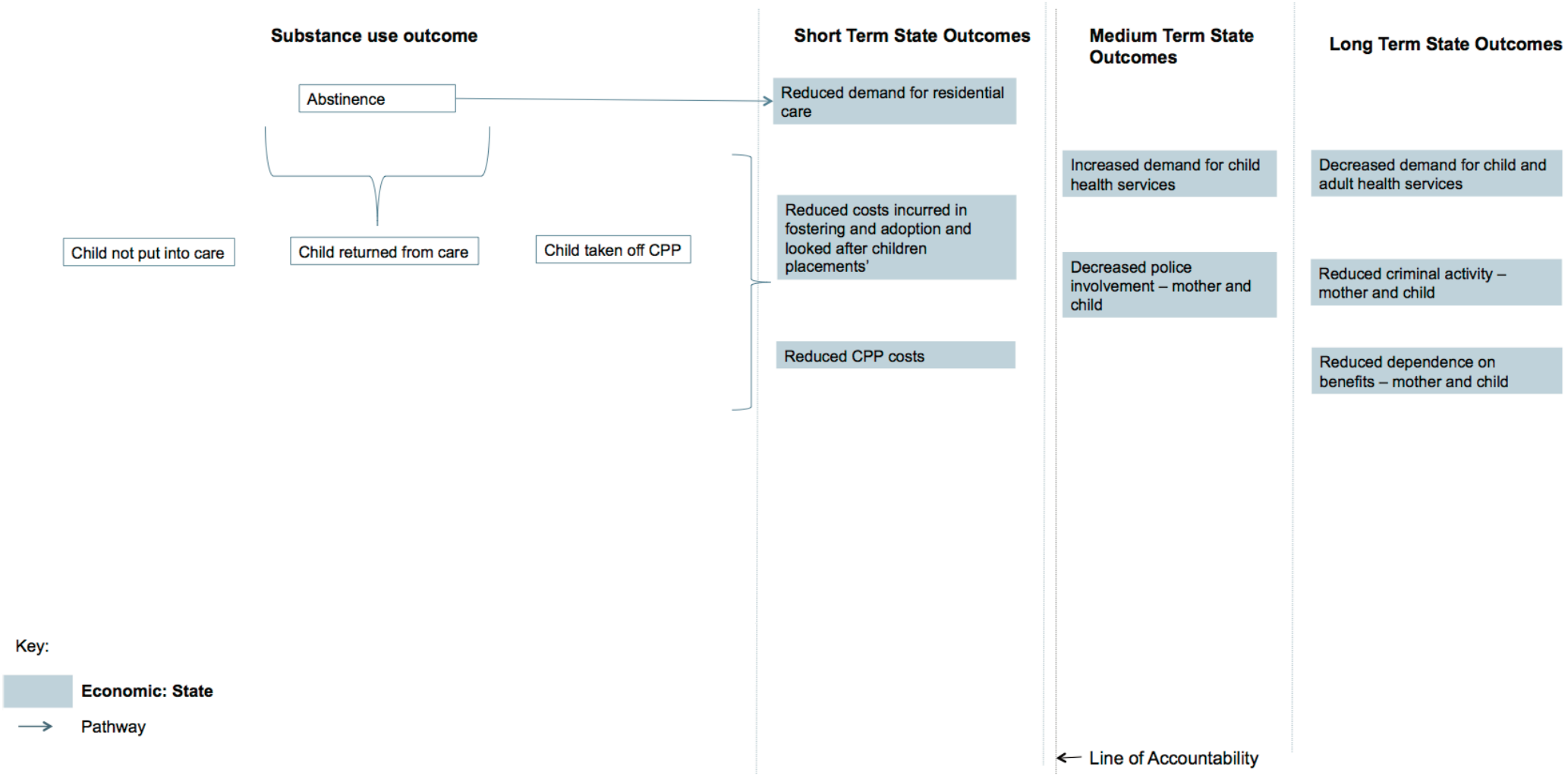


Figure 7: Pathways for State outcomes - Abstinence (pregnant women/ new mothers)

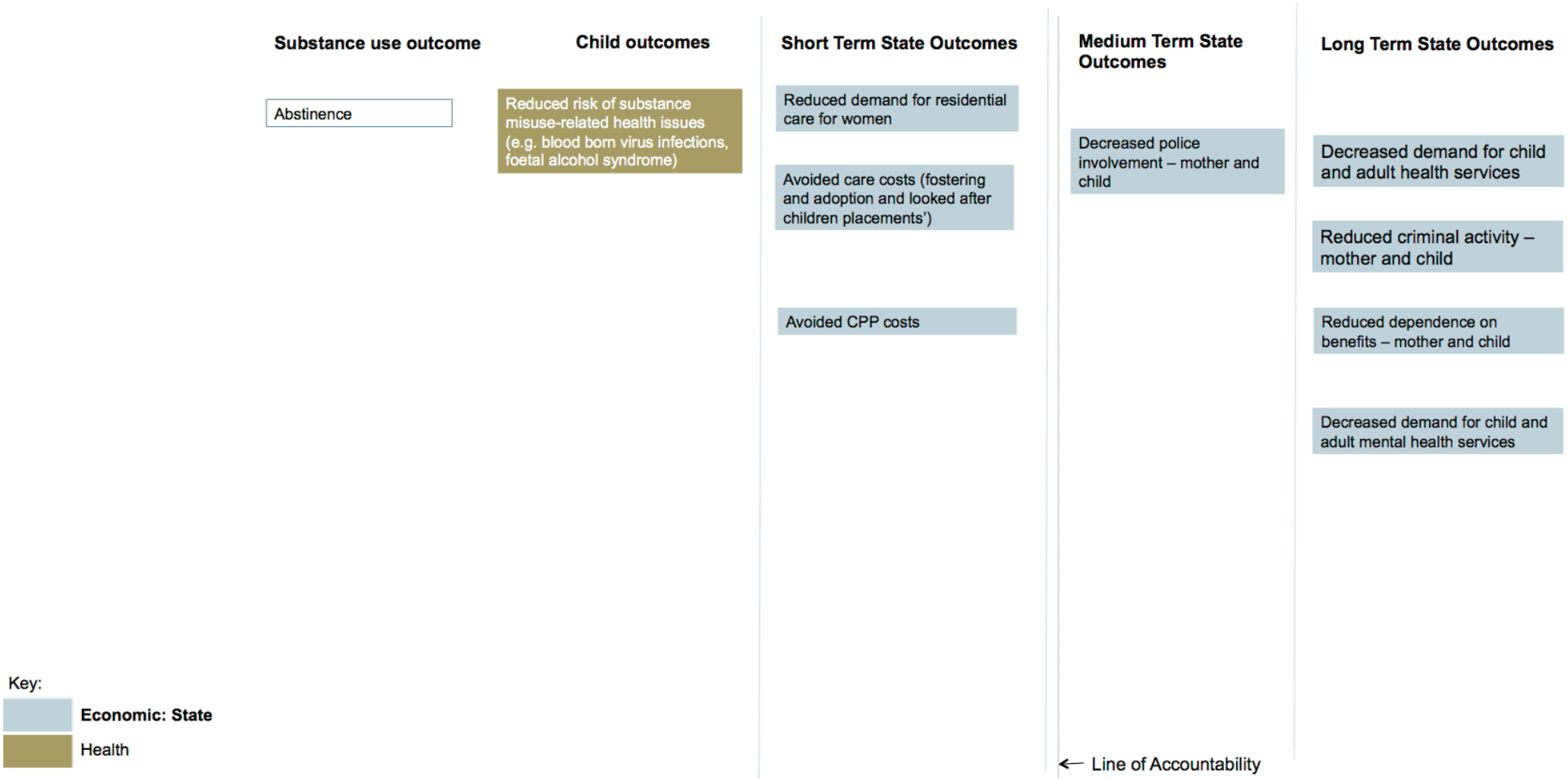


Figure 8: Pathways for State outcomes – Reduced risk associated with participants' substance use (mothers who enter POCAR with children)

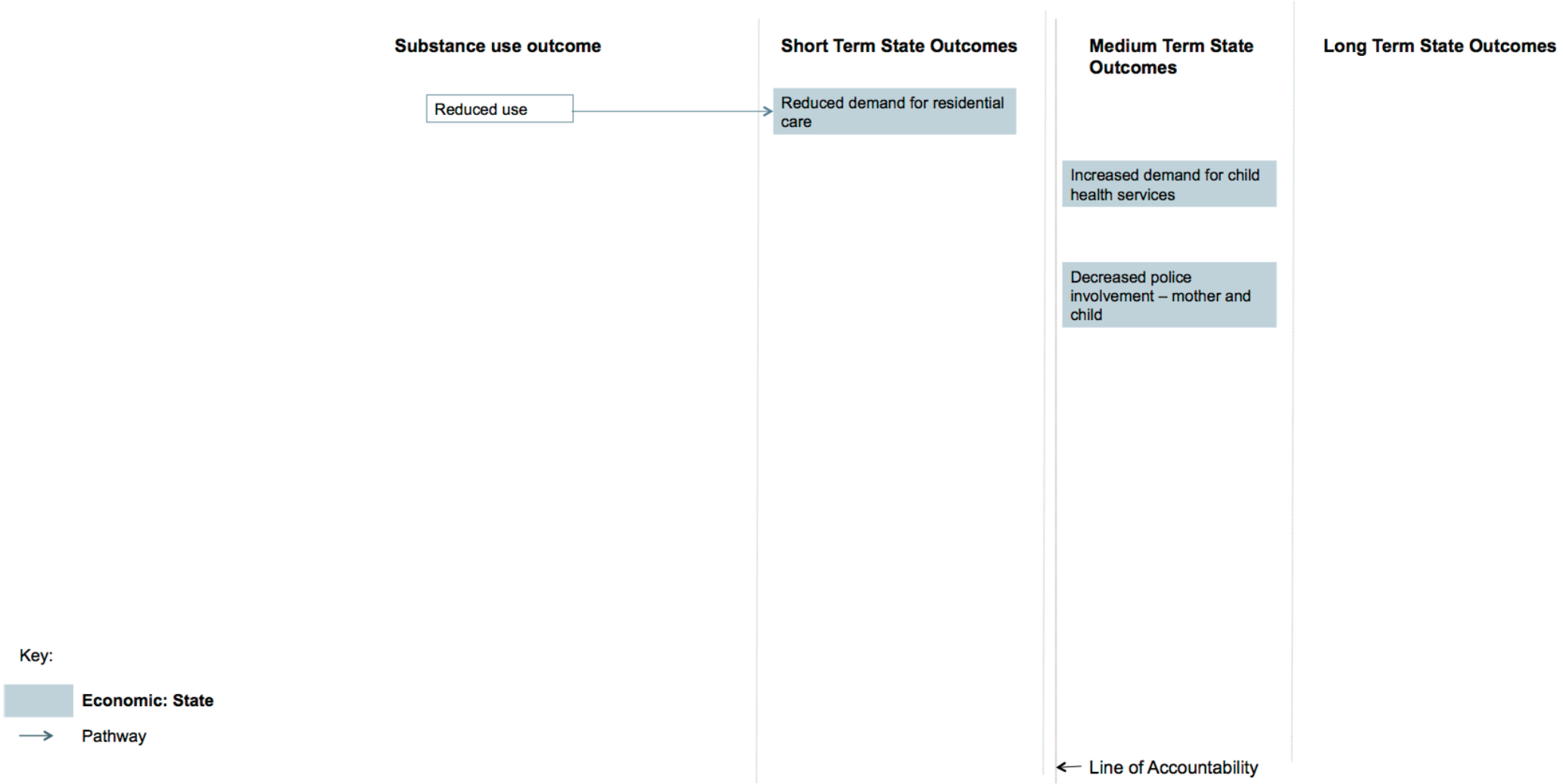
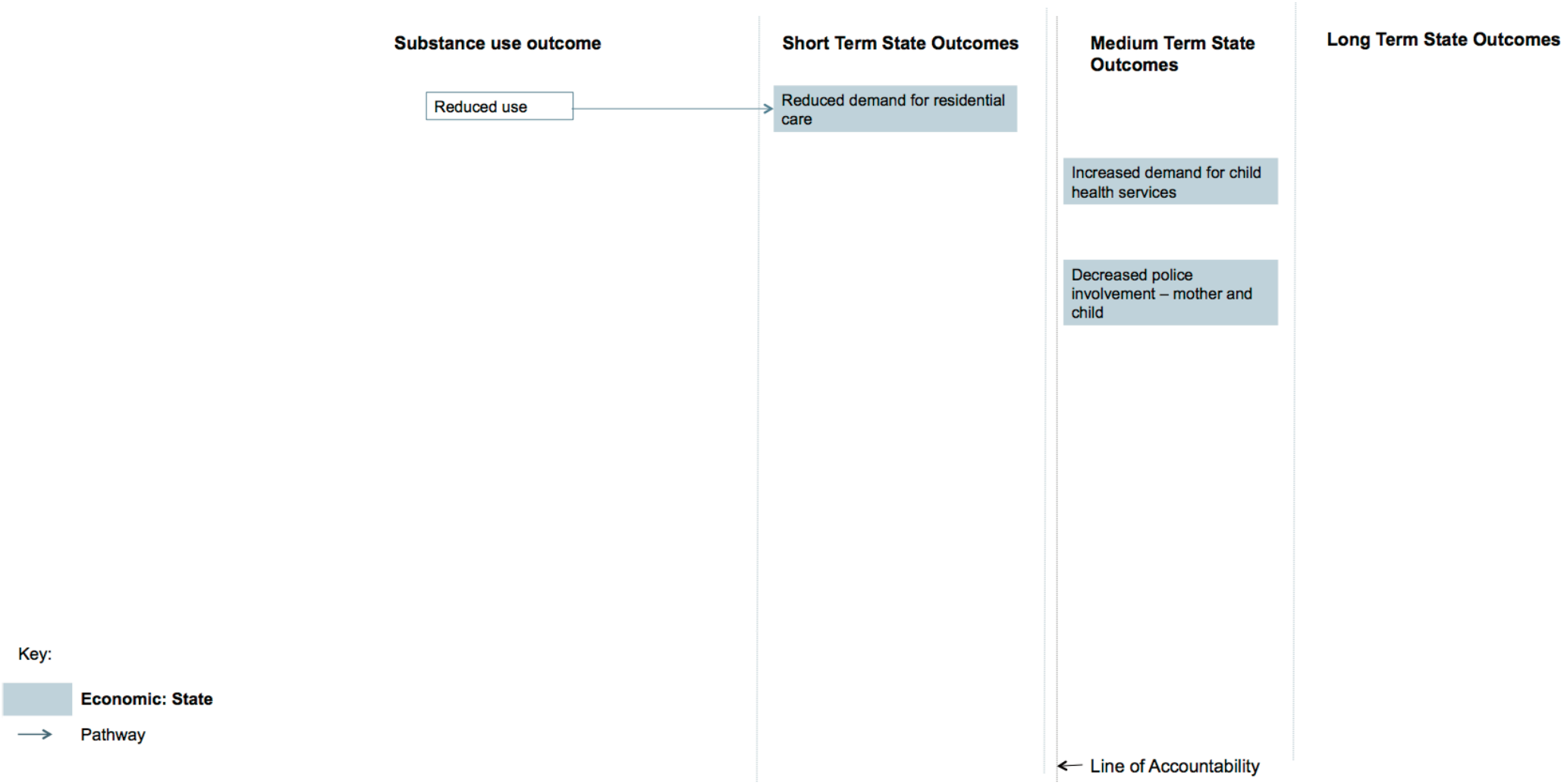


Figure 9: Pathways for State outcomes– Reduced risk associated with participants' substance use (pregnant women/ new mothers)



5. Value for money

Given budgetary and time limitations, it was beyond the scope of this evaluation to undertake a full value for money exercise[13]. In this section, we provide a limited assessment of the POCAR Programme's contribution towards the most immediate and significant economic benefits/ costs savings for the State. Two data sources are analysed. Firstly, BHCC data is summarised, highlighting (among other things) changes in the numbers of Looked After Children (LAC) and the number of Child Protection Plans, 3 and 12 months on. Secondly, we provide a high level value for money assessment using this BHCC data. Finally, three case studies are presented, which illustrate the pathways through which change in individual behaviour leads to economic outcomes for the State.

Data shared through BHCC provides high level information for 356 children of POCAR participants, monitored at 3, 6 and 12 months intervals after completion of the programme[14]. The data measures a child's status within the social care system, as summarised in Table 9.

Table 9: Status within social care

Status	Definition
Advice, Contact and Assessment Service (ACAS)	Child at initial assessment phase
Child in Need Plan (CIN)	Child in no immediate danger but identified as needing support
Child Protection Plan (CPP)	Assesses likelihood of child harm and looks at ways the child can be protected
Looked After Children (LAC)	Child looked after by Local Authority (including foster care)
Dual	Multiple status' (LAC and CPP, LAC and CiN, ACAS and CiN, ACAS and CPP[15]
Closed	Case is closed
18 Plus	Child is 18 or older

13 Additional data collection would have been required for a more extensive value for money assessment, as well as more extensive secondary research to understand the counterfactual.

14 We were unable to obtain the time period to which this data relates to. However, we understand it includes the majority of POCAR clients to date.

15 Covers eventualities whereby a child may be both Looked After and still on a Child Protection Plan. Such eventualities generally occur over a short period of time during transition periods.

We used this data to draw broad conclusions on the programme's effectiveness in preventing Looked After Chilldren or reducing the need for social services intervention. However, as it has not been possible to robustly estimate a corresponding counterfactual case (i.e. what would the numbers have looked like had the same individuals not attended the POCAR Programme?). Therefore our conclusions do not amount to a complete impact assessment or value for money exercise.

5.1 Insights from BHCC data

The POCAR Programme plays a significant role in removing the necessity of Child Protection Plans (CPP) or Child in Need (CIN) Plans. Of the clients that began the programme with children who were the subject of a CPP only 47% still had the plan in place 3 months after finishing the programme (Table 10). Similarly, of parents whose chidren were the subject of a CIN plan at the start of the programme, 47% still had one in place 3 months after finishing the programme. This is evidence that changes arising from the POCAR programme are swift, be it to more appropriate care arrangements or less resource intensive interventions from social services . While even greater change occurs 12 months after completion of the programme, it is in the shorter term where most changes in social care status occur.

Table 10: Case management costs

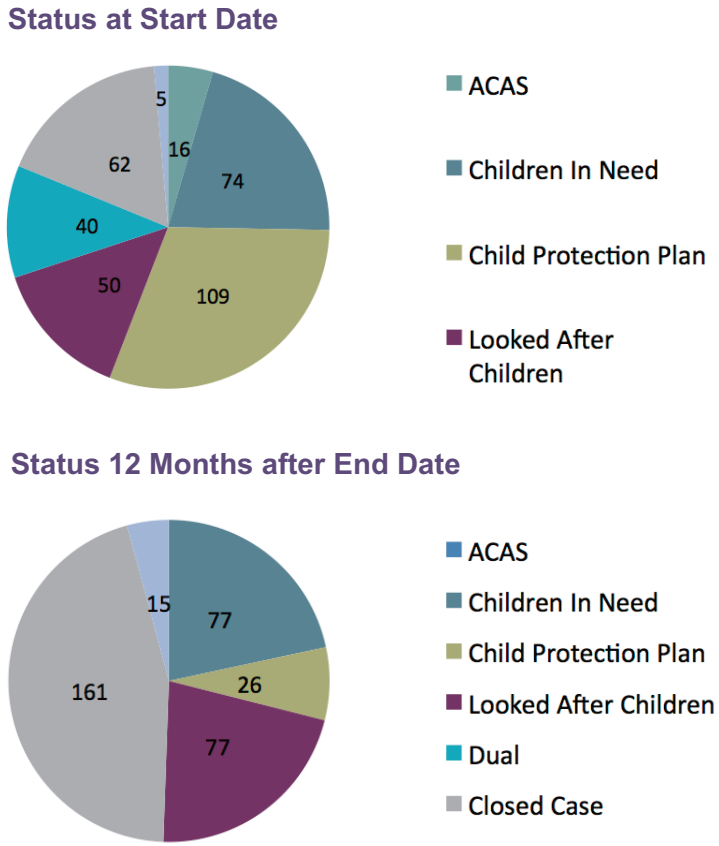
Status at Start	Number of clients	% remaining in same status 3 months after finishing the programme	% remaining in same status 12 months after finishing the programme
Child in Need Plan (CIN)	74	47%	24%
Child Protection plan (CPP)	109	47%	15%
Looked After Children (LAC)	50	72%	50%

Similarly, Table 10 also evidences POCAR's role in reducing the number of existing LAC arrangements. Of the clients that joined the programme with children in LAC status, 72% continued to have their children in LAC status 3 months after programme completion. This is reduced to 50% by 12 months after programme completion. These changes illustrate relatively quick behaviour change and contribute towards potential cost reductions to the State (which is detailed in section 5.2).

While reducing the number of children with LAC status is an exclusively positive outcome, it must be noted that reductions of children on a CIN plan or CPP also include incidents where children are taken into care. While such cases are no doubt the appropriate course of action for the child, it does imply an increased cost to the wider social services. It is therefore important to present a more nuanced picture of different movements in children's' social care status (before and after parental engagement with POCAR) to understand whether 'on balance' the programme helps bring about positive behaviour change among mothers, better outcomes for children and cost savings for the State. The remainder of this section addresses this need, firstly by summarising net changes in social care status of children once parents have been through the programme, and secondly by summarising changes in the social care status of children when parents join the programme with different circumstances (i.e. beginning the programme with children on CIN, CPP or with LAC status).

Figure 10 presents the composition of childrens status within the social care system before their mother attended the POCAR Programme, and 12 months after they had finished the programme.

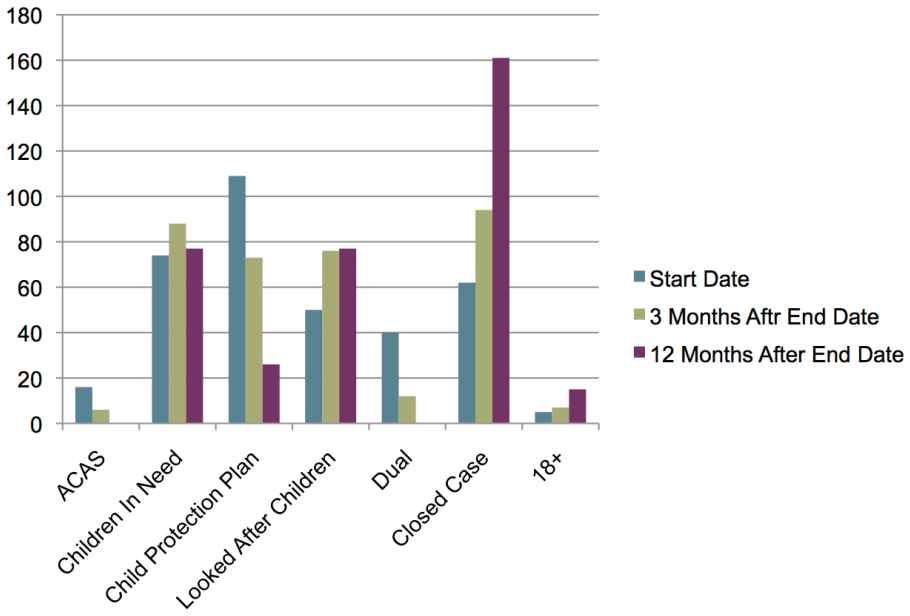
Figure 10: Social care status before and after completion of the POCAR programme



The programme helped to facilitate a closure of an additional 99 cases between the start of the programme and 12 months after completion. In relative terms this means that 45% of all clients have had their children's cases closed 12 months after completion compared to only 17% at the start of the programme. Note this is a net figure, as some 'closed' cases were reopened. The overall number of Child Protection Plans is also significantly lower 12 months after clients completed the programme, although the overall number of Looked After Children has increased. This confirms the fact that while the programme overall is indeed helping a significant number of children to move off Child Protection Plans, or move out of the system entirely, inevitably many children continue to be "Looked After" after programme completion (although given overall trends in closed cases it is likely this number could be even greater had POCAR not been present).

Figure 11 presents the same data over three time periods (programme start, 3 months after, and 12 months after). Significant reductions in the numbers of closed cases and numbers of Child Protection Plans can be seen in the data at 3 months following completion of the programme. This once again suggests that most positive changes are made and sustained relatively quickly. There is also very little difference between the absolute numbers of Looked After Children, both within the 3 month and the 12 month time period after programme completion. This suggests that much of the increase in Looked After Children is due to circumstances or behaviours that are present at the time of programme attendance, rather than behaviour or circumstances worsening in the longer run. Moreover, the data indicates that POCAR may also play a supportive role in identifying where long-term care may be in a child's best interests.

Figure 11: Social care status before, 3 months after, and 12 months after completion of the POCAR programme



We now look at what happened to children who were the subject of either a Child in Need Plan, a Child Protection Plan or with Looked After Children status.

Figure 12: Social care status of Children In Need after programme completion

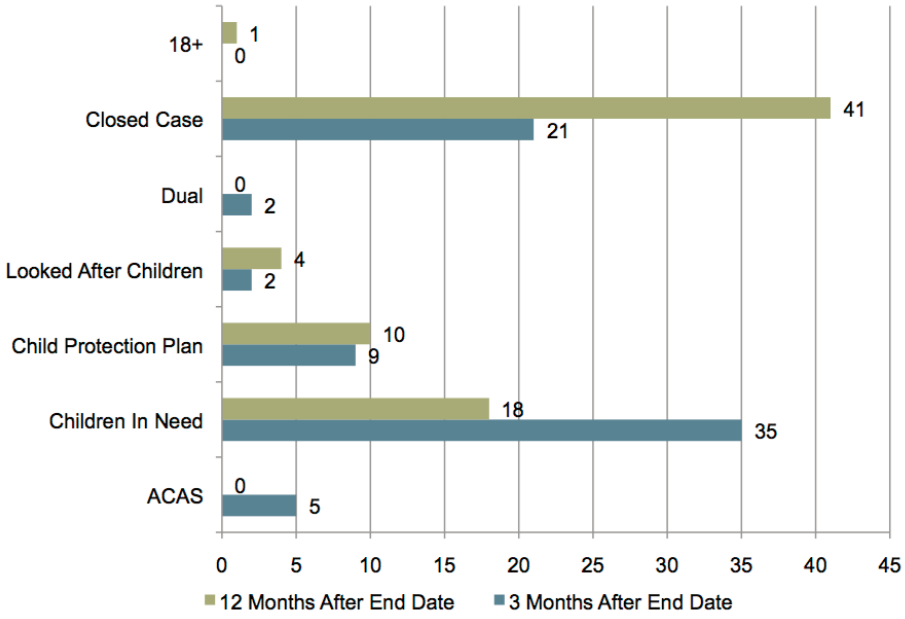
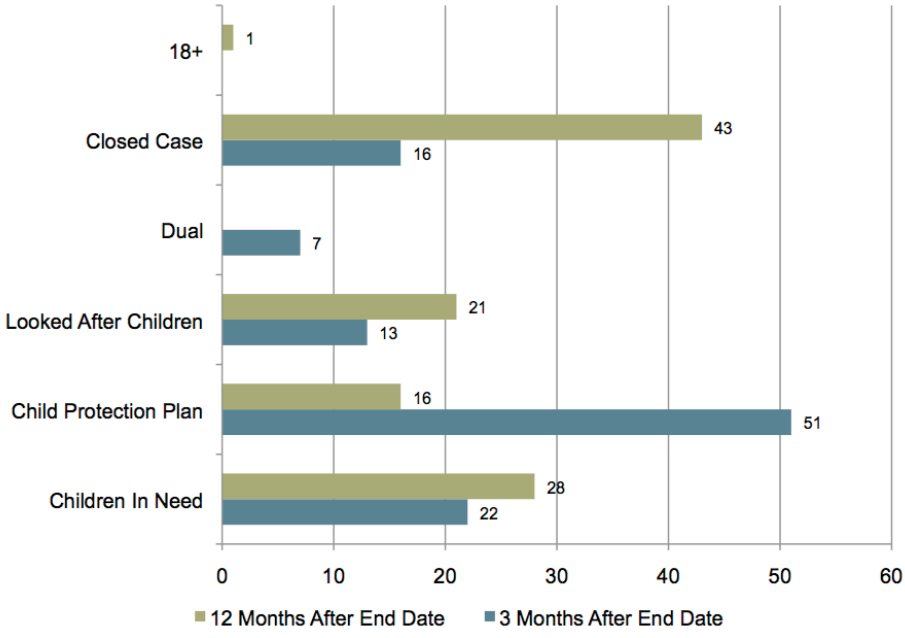


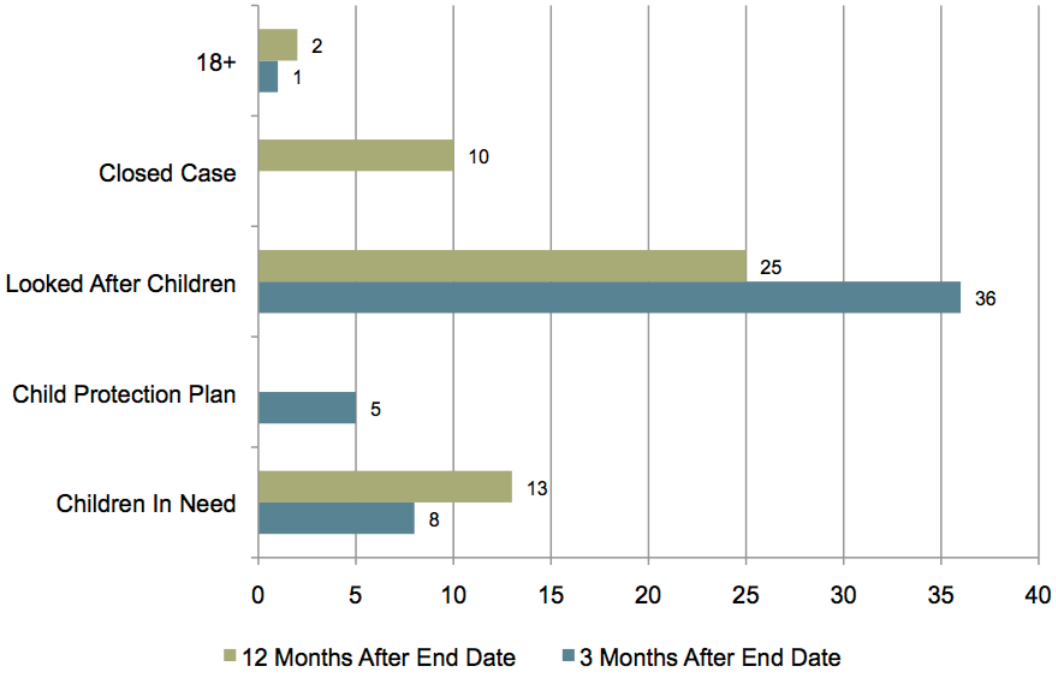
Figure 12 shows that of the 74 children whose mothers undertook the POCAR programme and who were the subject of a CIN plan, only 18 remained CIN after 12 months (24%). While 10 children moved on to a Child Protection Plan and 4 became Looked After, over half (41) progressed towards being closed cases, by 12 months after engagement. Note that as before, significant change happens 3 months after programme completion. Given these numbers (for both 3 and 12 months after the programme), it is reasonable to suggest that on balance, POCAR is helping this group of mothers to become responsible parents while reducing the longer term burden on social services.

Figure 13: Social care status of children with Child Protection Plans after programme completion



Similarly, Figure 13 shows that the programme supports many mothers towards safely caring for their child. Of the 109 children with a Child Protection Plan at the start, 43 (39% of the total) were closed cases and 28 (26% of the total) were stepped down to a Children In Need Plans within a year after programme completion. Again, a lot of this change happens by the data collection point 3 months after clients complete the programme. There remains movement in the other direction, with 21 (19% of the total) Child Protection Plans leading to cases of Looked After Children. However, the general trend is towards closed cases or less intensive care plans.

Figure 14: Social care status of Looked After Children after programme completion



Of clients with existing Looked After Children arrangements (50), 36 remained LAC at 3 months and 25 at 12 months (Figure 14). In nearly all cases, less costly Child Protection Plans or Child in Need Plans were transitioned to, or cases closed entirely. This is further evidence to suggest that many of the positive outcomes as highlighted in the Theory of Change have been achieved in practice, and in significant numbers.

It must be stressed that some of the above changes may have happened without support from the POCAR Programme. Nevertheless, interviewees consistently attributed positive changes to the POCAR Programme and felt that many of these changes could not have happened without the support the programme gave. It is therefore clear that the POCAR programme plays a strong role in helping parents achieve improved outcomes as highlighted in the BHCC data.

5.2 Value for money assessment of BHCC data

The key changes outlined above have significant cost implications for Local Authorities and the wider State, both in terms of more immediate case management and care costs as well as longer term costs related to (among other things) the parent and child's health, employment prospects, and offending behaviour. We only assess the cost implications in terms of case management over a 6-month period, as a wider value for money assessment over the longer term went beyond the scope of this project.

Table 11 summarises average case management costs over a 6-month period for Children in Need and children with Child Protection Plans, in addition to the care proceedings costs and the cost of closing a case.

Table 11: Case management costs

Case management process	Definition
Children In Need	£1,146[16]
Child Protection Plan	£2,467[17]
Care Proceedings Costs (Looked After Children)	£27,354[18]
Closing a Case	£195[19]

The six month case management cost of a Child Protection Plan is greater than managing Children In Need. The costs incurred to Local Authorities of obtaining a Care Order and finding and maintaining a placement is nevertheless significantly greater, even when using an estimate at the lower end of the cost spectrum (PSSRU, 2013).

Table 12 uses these values to approximate some of the cost implications of the previously presented BHCC data. It shows the significant potential savings to Local Authorities that can be achieved through closing cases, transitioning from more intensive care plans to less intensive plans, or returning children to their parent(s). If it is assumed that these changes would not have happened without support from the POCAR programme, and if it is assumed that the POCAR programme can take credit for 6 months of the associated case management cost savings, savings to the State already outweigh the per person cost of the POCAR programme by a ratio of £3.83 for every £1 spent.

16 Holmes et.al. (2010), Table 2. Assumes a 50:50 split of children under and over 6 years.

17 Holmes et.al. (2010), Table 2. Assumes a 50:50 split of children under and over 6 years.

18 Itemised cost data provided by the Brighton Oasis Project

19 Holmes et.al. (2010), Table 1.

Table 12: Value for money assumptions – BHCC data

Social care status			
Before POCAR	**12 months after POCAR**	**Number**	**Cost saving (over approximately 6 months)**
CiN	Closed	41	£38,991
CPP	CiN	28	£36,988
CPP	Closed	43	£97,696
LAC	CPP	0	£0
LAC	CiN	13	£536,211
LAC	Closed	10	£421,980
Total		**135**	**£1,131,866**

Approximate unit cost of POCAR programme per child: ***£2,192***[20]
Total cost of POCAR programme for 135 clients: ***£295,881***
Total case management savings accruing from change in social care status: ***£1,131,866***
Cost benefit ratio: ***£3.83 returned for every £ spent***

The above ratio should be treated with caution, as it relates only to 'positive' movements in social care status, uses narrow and conservative case management cost estimates, and overlooks the vast majority of State savings outlined in the Theory of Change. In addition it does not value incidences where children have remained on CPPs or CIN plans (where some individuals may have been forced to give up care of their children without the support of the POCAR programme). More data on impact is needed to infer such preventative effects.

However, the ratios are useful in highlighting the significant direct cost savings of safely transitioning children into their parent's care. The BHCC data therefore suggests a strong value for money argument from a case management perspective alone. When associated costs of health, employment and offending behaviour are also taken into account, a more extensive value for money assessment would further strengthen the tangible benefits the programme creates for the wider State.

20 Approximate cost of POCAR Programme per parent = £4,500. There are approximately 2.053 children to every mother on the POCAR Programme. The cost per child is therefore £4,500/2.053 = £2,192.

5.3 Value for money assessment of three case studies

This section presents three anonymised case studies, which illustrate the pathways through which individual behaviour change leads to economic outcomes for the state. Case studies allow stronger assumptions to be made regarding wider cost savings to the State and as such give a better indication of the value for money of the programme (when positive outcomes have been achieved). The assessment infers State costs that are avoided for a maximum benefit period of one year, as we lacked access to an evidence base to make assumptions over a longer period of time.

5.3.1 Case study 1: Romy

Romy

Romy had been referred to the POCAR programme previously, around concerns with her alcohol use and her parenting. At that time she had a young baby called India and 2 older children. Romy was vulnerable and easily led by acquaintances calling themselves friends, who used her place to drink and use drugs. Romy had a history of unhealthy relationships with violent men. She was in denial about her problems with alcohol and went through the motions of the programme without really engaging, presenting as quiet and withdrawn, and on several occasions smelt of alcohol. It became clear that Romy wasn't managing. Sadly her baby was adopted and her elder children removed to the care of Romy's mother.

A few years later Romy was referred again to the POCAR programme. She was pregnant and looked well. Romy presented differently; she was open, engaging, and honest and was reporting complete abstinence from both alcohol and drugs. Romy had a supportive social worker, and staff worked together to monitor and support Romy through her pregnancy and recovery. Romy gave birth to a healthy boy. Although Romy was evidently in a positive place, her past still raised obvious concerns and anxieties; a Child Protection Plan was put in place and a mother and baby placement were found for Romy and her baby. Romy embraced this opportunity and was motivated to do anything to parent Stanley in a healthy way, and prove her ability to do so. The placement went extremely well and mum and baby went home together.

What was different? Romy explained she had made the decision to change for herself but also for the sake of her baby and older children; losing her daughter was the hardest lesson to learn. Romy understood her risk situations and why she had made previously bad decisions around relationships. Romy wanted a future, a family, and to be happy. She understood the practice of taking each day as it comes, and talking through feelings and issues. Romy was able to reflect on her previous experience and reports that she was not ready for change when she was last on the POCAR programme.

At the time of publication, Romy is still engaged with BOP, taking her rehabilitation seriously and thinking about her family's future. Romy is currently volunteering within BOP and is keen to use her experiences positively to help

others and give something back. Romy has also had some contact with her daughter, India, which has enabled her to process some of her guilt and has given her more motivation for her recovery. She will always be India's mum and hopes one day they can have a relationship. Romy sees her elder children daily and they are beginning to stay overnight with her. She is managing Stanley's needs and re-starting her life.

Outcomes

The potential benefits and avoided costs of the intervention to the State and broader public sector are the following:

- Avoided adoption costs
- Avoided cost of inpatient detoxification
- Avoided costs associated with transition to CIN plan
- Avoided cost of police involvement (associated with domestic violence)
- Avoided medical costs associated with trauma/ injury from domestic violence

Economic benefits

Avoided adoption costs

Given Romy's previous experience, it is likely that her new child would have been put forward for adoption without the support provided from POCAR. Drawing on research published by the Personal Social Sciences Research Unit (PSSRU, 2013), there is an average cost of **£40,422** for inter-agency fees, adoption activities (including family finding) and one year's services for adoptive parents (e.g. adoption support, health and education support, and financial support). When taking into account the variable support provided to adoptive parents, avoiding the need for adoption provides a saving to the State of between **£34,716** and **£56,476** per annum.

Avoided cost of inpatient detoxification

Without support from POCAR and other social services, it is probable that Romy would have required additional support to address alcohol misuse. It is likely that she would have been admitted to an Inpatient Detoxification Unit (IPU) to receive medical, psychiatric and psychological care to deal with her alcohol misuse. The average cost of such care is estimated at £1,061 per patient per week (PSSRU, 2014). Assuming a stay of between 1 and 3 weeks, the avoided costs are **£1,061 - £3,183**.

Avoided costs associated with transition to CIN plan

Romy demonstrated that she was capable of managing Stanley's needs. Assuming she continued to care for Stanley in this way it is likely she would have been taken off a Child Protection Plan. Holmes et.al. (2010) estimate the

total 6 month case management cost for children under six with a Child Protection Plan to be £3,069, compared to £1,387 for children in need. Valuing this change for the period of 6 months, this results in an avoided cost of **£1,682**.

Avoided cost of police involvement (associated with domestic violence)

Before involvement with the POCAR programme, Romy had a history of relationships with violent men. Assuming such relationships persisted in the absence of support, it is possible that some police involvement would have been required to deal with some incidences of domestic violence. Research published by the SROI Network (2014) cites the cost of such involvement at £415 per incident. Assuming involvement in 1 to 4 incidents, the POCAR programme is likely to have contributed towards a saving of between £415 and £1,660 as a result preventing such incidences from occurring.

Avoided medical costs associated with trauma or injury from domestic violence

Incidents of domestic violence are also likely to lead to increased medical costs from resulting injury or trauma. This has been estimated at £415 per incident (SROI Network, 2014). Assuming that between one and four incidents per year result in such medical costs being prevented, the avoided costs are **£1,171 – £4,684**.

Summary

Table 13 presents a summary of the potential economic benefits resulting from the behavioural changes of Romy. The cashable benefits to the wider public sector are estimated to be between **£39,045** and **£67,685**, with avoided adoption costs accounting for a significant proportion of such savings. Costs associated with a Child Protection Plan have been discounted, as it is likely one was still in place. With the POCAR programme costing approximately £4,500 per person, the economic benefits account for between **£8.60** and **£15.00** of every pound spent.

While the POCAR programme cannot take the full credit for such benefits, it is clear that it has played a significant role in bringing about many of the changes required for these benefits to be realised. It is also plausible that additional outcomes may have been relevant, while others may have been sustained over a longer period. However, given the lack of detailed evidence to predict the longer term benefit period of outcomes or infer for more nuanced outcomes, a conservative approach has been taken in illustrating the economic benefits arising from Romy's changes.

Table 13:Valuation of State outcomes from case study 1 (Romy)

Outcomes for the State	Unit cost (£)	Unit Cost Rationale	Assumption	Lower value	Upper value
Avoided adoption costs	£40,422 for one year	Average cost of adoptive services: Fees – £27,000 Adoption activities – £6,344 Services received by adoptive parents – £1,372 to £23,132 (average £7,078) *Reference: PSSRU (2013)*	Romy would have lost 'Stanley' for adoption without support from the POCAR Programme. Lower and upper value of support services for adoptive parents presented. Support services valued for one year only. Assumption *Strength: Strong*	£34,716	£56,476
Avoided cost of inpatient detoxification	£1,061 per week	Average cost of inpatient detoxification. *Reference: PSSRU (2013)*	Romy would have been admitted to an Inpatient Unit (IU) to deal with her alcohol misuse had she not participated in the POCAR programme. It is assumed she would have stayed between 1 and 3 weeks. *Assumption Strength: Moderate*	£1,061	£3,183

Outcomes for the State	Unit cost (£)	Unit Cost Rationale	Assumption	Lower value	Upper value
Avoided costs associated with transition to CIN plan	£1,682 for 6 months	Average total costs of case management processes for different types of children in need over a six month time period: Child Protection Plan (child under 6) – £3,069 Children in Need (child under 6) – £1,387 *Difference – £1,682* *Reference Holmes et.al* (2010)	Romy demonstrated that she was capable of managing Stanley's needs. Romy may have been taken off a Child Protection Plan as a result. Assumes transition to Child in Need plan takes place. Avoided cost valued for 6 months only. *Assumption Strength: Moderate*	£1,682	£1,682
Avoided cost of police involvement (associated with domestic violence)	£415 per incident	Fiscal cost to the police per incident of domestic violence. *Reference: The SROI Network (2014)*	Romy would have incurred incidences of domestic violence, and police involvement, in the absence of support from the POCAR programme. It is assumed that between one and four incidents per year would have been avoided. *Assumption Strength: Weak*	£415	£1,660
Avoided medical costs associated with trauma / injury from domestic violence	£1,171 per incident	Fiscal cost to the NHS per incident of domestic violence. (£1,171 per incident). *Reference: The SROI Network (2014)*	Romy would have experienced trauma/ injury from domestic violence in the absence of the intervention. It is assumed that between one and four incidents per year would have been avoided. *Assumption Strength: Weak*	£1,171	£4,684
TOTAL				**£39,045**	**£67,685**

Approximate unit cost of POCAR programme: ***£4,500***
Cost benefit ratio: Between ***£8.70*** *and* ***£15.00*** *for* ***every £ spent***

5.3.2 Case study 2: Julie

Julie (aged 28 years)

Children's Services referred Julie to the POCAR programme while she was in prison and awaiting the birth of her second child. They were concerned that Julie had a history of problematic substance misuse including heroin, cannabis, crack and diazepam dating back to 2008, and that she had used heroin throughout the earlier stages of her pregnancy. The Local Authority sought an Interim Care Order for her unborn son because prior to her prison sentence Julie did not engage with services and they felt it was unclear whether Julie would be able to abstain from using drugs when back in the community. It was stated that Julie showed limited insight into how her lifestyle could impact a child's development.

During her pregnancy, Julie reduced her heroin use. She was placed on substitute prescribing (methadone) when she entered prison and over time reduced her use of this. Julie gave birth in prison and soon after her release she engaged with POCAR. The baby went into foster care when judged to be well enough to leave hospital. Julie was screened as negative for all substances from her first day on POCAR in. Since then she has consistently screened negative across all substances and alcohol. Julie reports complete abstinence from all substances since she entered prison. She has drunk small amounts of alcohol on several occasions socially, however she reports this was a low amount and she discussed this with POCAR staff and her social worker. Julie has engaged well with professionals since the birth of her son. As a result of her progress plans to place the baby with a family member for the long term were reviewed and the baby was rehabilitated to her care.

Julie started in Phase II at BOP. The facilitator states she showed motivation, wanting to improve her well-being and focus on having a better future for her and the baby. She was slightly disengaged to begin with due to ill health, but has after that she engaged well with the group, showing reflection and improvement in her life skills. She has recently moved house and is doing well.

Outcomes

The potential benefits and avoided costs of the intervention to the State and broader public sector are the following:

- Avoided kinship care legal costs
- Avoided costs associated with transition to CIN plan
- Avoided prescribing costs associated with substance misuse
- Avoided cost of inpatient detoxification
- Avoided cost of residential care (mother)

Economic benefits

Avoided kinship care legal costs

Without support from POCAR and other social services, Julie would have had her baby placed with a family member. Local cost data provided by the Brighton Oasis Project estimates the total cost of such care proceedings to be **£27,354** (i.e. taking into account administration costs and the cost of Social Workers, Practice Managers, Lawyers and Barristers). Note this excludes the ongoing cost to the State of a Special Guardianship Arrangement and is therefore a conservative estimate.

Avoided costs associated with transition to CIN plan

Following support from the POCAR programme Julie showed continued to refrain from substance misuse and was ultimately entrusted with the care of her new born baby. Assuming quality of care and abstinence persisted; it is likely that she would have been taken off a Child Protection Plan. Holmes et.al. (2010) estimate the total 6 month case management cost for children under six with a Child Protection Plan to be £3,069, compared to £1,387 for children in need. Valuing this change for the period of 6 months, this results in an avoided cost of **£1,682**.

Avoided prescribing costs associated with substance misuse

It is likely that Julie would have required additional support to address her drug misuse without support from the POCAR programme. Specialist prescribing services (i.e. community prescribing for drug misuse in a specialist drug service setting, including drug treatment needs assessments and a range of prescribing treatments) may have been accessed in the event if a relapse, costing approximately £54 per patient per week (PSSRU, 2013). Assuming between 6 months and 1 of specialist prescribing, between **£1,409** and **£2,818** of State expenditure would have been avoided[21].

Avoided cost of inpatient detoxification (mother)

Given the severity and persistence of Julie's historic drug misuse, Julie may have required treatment in hospital at a specialist Inpatient unit (IPU). The unit cost of an inpatient stay is approximately **£152 per day** (PSSRU, 2013), with an average stay of 8 days[22]. Assuming between a 4 and 12 day stay, between **£608** and **£1,824** would have been avoided.

Avoided cost of residential care (mother)

Given the severity and persistence of Julie's historic drug misuse, Julie may have required some residential rehabilitation to deal with this in the absence of POCAR programme support. The cost of such care is **£669 per week** on average (PSSRU, 2013). Assuming between 4 – 6 months this translates to a potential avoided cost of between **£11,636** and **£17,453**.

21 Specialist prescribing treatment courses often last for several years, however each outcomes is valued for a maximum of one year only

22 http://www.riverviewmedicalcenter.com/RMC/services/behavioralhealth/InpatientPsychiatricUnit.cfm

Summary

Table 14 presents a summary of the potential economic benefits that arise from Julie's behavioural changes. The cashable benefits to the wider public sector are estimated to be between **£42,416** and **£51,131**, with avoided costs associated with kinship care accounting for a significant proportion of such savings. This accounts for between **£9.40** and **£11.40** of every pound spent. Further benefits may also be relevant (e.g. changes in Care Order costs); however it is conservatively assumed that other such social services provision would have remained broadly similar in the short term had the POCAR programme not been accessed.

As with the previous case study, the POCAR programme can take some but not all of the credit for these benefits. Similarly, due to the uncertainty in predicting both the precise cost implication of Julie's lifestyle changes for the State and the benefit period of State outcomes, a conservative approach has been taken in highlighting the potential economic benefits of this case study.

Table 14:Valuation of state outcomes from case study 2 (Julie)

Outcomes for the State	Unit cost (£)	Unit Cost Rationale	Assumption	Lower value	Upper value
Avoided kinship care legal costs[23]	£27,354	Itemised costs of care proceedings: £27,354 *Reference: Local cost data provided by Brighton Oasis*	Julie's child would have been placed into the care of a family member with support from the POCAR Programme. *Assumption Strength: Strong*	£27,354	£27,354
Avoided costs associated with transition to CIN plan	£1,682 for 6 months	Average total costs of case management processes for different types of children in need over a six month time period: Child Protection Plan (child under 6) – £3,069 Children in Need (child under 6) – £1,387 Difference – £1,682 *Reference Holmes et.al. (2010)*	Julie may have been taken off a Child Protection Plan as a result of her abstinence and ability to care of her new born baby. Assumes transition to Child in Need plan takes place. Avoided cost valued for 6 months only.	£1,682	£1,682

23 Note this excludes the ongoing cost to the State of a Special Guardianship Arrangement and is therefore a conservative estimate

Outcomes for the State	Unit cost (£)	Unit Cost Rationale	Assumption	Lower value	Upper value
Avoided specialist prescribing costs associated with substance misuse	£54 per week	Direct and indirect cost of specialist prescribing for drug misuse in a specialist drug service setting. *Reference: PSSRU (2013)*	Julie would have required further specialist substance misuse support had she not participated with the POCAR Programme. Treatment period of period of between 1 months and 4 months is assumed. *Assumption Strength: Weak*	£1,409	£2,818
Avoided cost of inpatient detoxification (mother)	£152 per day	Direct and indirect cost of inpatient detoxification for people who misuse drugs or alcohol. *Reference: PSSRU (2013)*	Julie would have required further specialist substance misuse support had she not participated with the POCAR Programme. Treatment period of period of between 1 months and 4 months is assumed. *Assumption Strength: Moderate*	£608	£1,824
Avoided cost of residential care (mother)	£669 per week	Residential rehabilitation for people who misuse drugs or alcohol (unit cost per resident). Drawn from a sample of 34 residential rehabilitation programmes. *Reference: PSSRU (2013)*	Julie would have required some residential rehabilitation treatment for her drug misuse. It is assumed that Julie would have needed between 1 and 4 weeks treatment. *Assumption Strength: Moderate*	£11,363	£17,453
TOTAL				**£42,416**	**£51,131**

Approximate unit cost of POCAR programme: ***£4,500***
Cost benefit ratio: Between ***£9.40*** *and* ***£11.40*** *for* ***every £ spent***

5.3.3 Case study 3: Chrissy

Chrissie (aged 19 years)

Social services referred Chrissie to POCAR programme after the birth of her first child. Social workers were concerned that due to neglect that Chrissie experienced as a child, and her subsequent chaotic teen years, and limited safe support network, she might be unable to keep her baby safe or meet its needs consistently in the short and long term.

Chrissie abstained from drugs (i.e. cannabis, MDMA, methadone and prescribed medications) and alcohol throughout her pregnancy. However she returned to using alcohol after the birth. When Chrissie began the POCAR programme she was binge drinking on a weekly basis and care proceedings were underway. Chrissie did not see her alcohol use as problematic, given the amount she had used before. Chrissie was reluctant to engage with professionals and did not want to leave her baby in the crèche, as she felt that social services would remove him without her knowledge.

As Chrissie settled into her timetable she became more comfortable leaving her baby in crèche and began to focus on her substance misuse in key-work sessions and in groups, learning about harm minimisation techniques. Chrissie engaged in challenging work, looking at the impact of drug and alcohol use on parenting, and was able to reflect on her own difficult childhood. Through this process Chrissie was able to identify the qualities of the parent that she wanted to be. Chrissie also explored her relationships, and the potential risks associated, with both her family and social networks. During her time at POCAR, Chrissie began to voice her understanding that her drinking was problematic, and she was no longer comfortable with how this would impact on her parenting.

Chrissie began to change her social group when drinking and became more confident in sticking to her drinking limits and using refusing techniques. Chrissie found herself a volunteering position and began swimming lessons with her baby. When Chrissie completed POCAR, she had not drunk alcohol for 4 weeks, care proceedings had ceased and had been replaced with a child protection plan. She continues to attend BOP activities and receives occasional telephone support. Chrissie has ceased offending and met the criteria for successful results under the Stronger families Stronger Communities programme.

Outcomes

We consider that the potential benefits and avoided costs of the intervention to the State and broader public sector are the following:

Avoided adoption costs
Avoided cost of repeat offending

Economic benefits

Avoided adoption costs

Due to Chrissie's circumstances and history she was at risk of losing her child to adoption, had her alcohol misuse continued or worsened. Drawing on research published by the Personal Social Sciences Research Unit (PSSRU, 2013), the average cost of inter-agency fees, adoption activities (including family finding) and one year's services for adoptive parents (adoption support, health and education support, financial support etc.) are **£40,422**. When taking into account the variable support provided to adoptive parents, avoiding the need for adoption provides a saving to the State of between **£34,716** and **£56,476**.

Avoided cost of repeat offending

Following support from POCAR, Chrissie had ceased offending and continued to volunteer. Had support not been available it is likely that previous patterns of behaviour would have persisted, including offending. The overall cost to the police of an individual arrest and detention is **£593** (The SROI Network, 2014). Assuming that Chrissie would have committed between one and five such offenses in the absence of the POCAR programme, avoided costs of between **£593** and **£2,965**.

Summary

Table 15 presents a summary of the potential economic benefits that are inferred from Chrissie's case study. The cashable benefits to the wider public sector are estimated to be between **£35,309** and **£59,441**. Again, it is assumed that costs associated with Child Protection Plans would have remained broadly similar in the short term irrespective of access to POCAR.

As with previous case studies, a conservative approach has been taken in highlighting potential economic outcomes and the length of time such outcomes endure. Credit for any avoided costs savings should be attributed to a wider set of factors than the POCAR programme itself, however it is clear the programme makes significant contribution to such savings.

Table 15:Valuation of State outcomes from case study 3 (Chrissie)

Outcomes for the State	Unit cost (£)	Unit Cost Rationale	Assumption	Lower value	Upper value
Avoided adoption costs	£40,422 for one year	Average cost of adoptive services: Fees – £27,000 Adoption activities – £6,344 Services received by adoptive parents – £1,372 to £23,132 (average £7,078) *Reference: PSSRU (2013)*	Chrissie's child would have been given up for adoption without support from the POCAR programme. Lower and upper value of support services for adoptive parents presented. Support services valued for one year only. *Assumption Strength: Moderate*	£34,716	£56,476
Avoided cost of repeat offending	£593 per arrest and detention	The overall cost to the police of an individual being arrested and then detained. *Reference: The SROI Network (2014)*	Chrissie would have continued to offend without support from the POCAR programme. It is assumed between one and five arrests were prevented. *Assumption Strength: Strong*	£593	£2,965
TOTAL				**£35,309**	**£59,441**

*Approximate unit cost of POCAR programme: **£4,500***
*Cost benefit ratio: Between **£7.80** and **£13.20** for **every £ spent***

6. Conclusions and recommendations

6.1 Conclusions

This evaluation of the BOP model (and the POCAR programme specifically), was undertaken to determine the extent to which it improves outcomes and brings about lasting change for clients and their children; and the concomitant long-term savings to the State. This evaluation also sought to understand how the model can be developed to transform outcomes for children, and whether multi-agency working enhances the skills of social workers. The key conclusions from our evaluation for POCAR clients, their children, professionals and the State are outlined as follows.

6.1.1 POCAR clients

This evaluation has identified multiple outcomes in the short, medium and long-term, for POCAR clients. There are two possible pathways for programme users: they can drop out and experience no change, or they can engage with the programme. In the initial stages of the programme the potential for drop-out is highest and, understandably, the programme is limited in its ability to contribute to a change process for any participants who do drop out.

However, if programme users do engage with the POCAR programme, this evaluation has demonstrated that it can improve outcomes in the short, medium and long term, and can bring about lasting change. For example, this evaluation has identified: improvements to social well-being (quality of friendships), personal well-being (increased self-esteem), increased competencies (including in parenting skills), improvements in health and well-being, a reduction in domestic violence, and a reduction in substance use. These outcomes are shown in the ToC in **Figure 2**.

The extent to which clients' outcomes are improved (in the short, medium and long term) is related in part to their substance use outcomes, that is, whether the POCAR programme results in a *reduction* in or complete *abstinence* from substance use. Improved outcomes are seen when substance use is reduced, but lasting change may be more evident if abstinence from substance use is achieved. We did not have access to longitudinal data that would help to understand the duration of these outcomes and whether they are lasting, or demonstrate BOP's line of accountability beyond the short-medium term. These pathways are also identified in the ToC in Figure 2, and more explicitly in the context of State outcomes in **Figures 6-9**.

This evaluation has also identified a number of factors that enable success on the POCAR programme for its clients, as well as factors that serve as barriers to success; some of these factors are due to programme design, and some of these factors are external to the programme. The most commonly cited enabling factor for women was support from their key workers (project-related). The most

commonly cited barrier for women was when they experienced low motivation to attend and succeed (external).

6.1.2 Children of POCAR clients

This evaluation has identified that women's participation in the programme (as well as children's own engagement with BOP[24]) contributes to the personal well-being of their children. This is particularly the case in the short term, where babies in the crèche are provided with structure and routine. Older children, who may be separately referred to therapy and/or attend holiday art groups, are more likely to have increased feelings of hope and a decrease in feelings such as rejection and shame.

In the medium to long term, if the mother responds well to the POCAR programme, the chances of the child remaining in the care of their parent, or being reunited with their parent, is likely to increase. Our stakeholder engagement also suggested that an increase in care and attention from parents who are responding well to POCAR can lead to better access to health care services. For example, "children are more likely to be immunised" and parents "are more likely to address health issues" if they are in drug treatment (GP). This is closely related to parental involvement and the fact that women are improving their parenting skills, and are more aware of their children and their specific needs. In the medium to long term, if the mother reduces or abstains from substance use, there is likely to be a reduced risk of mental illness and reduced likelihood of substance misuse by the children themselves. This is illustrated in the ToC in **Figure 3** and also in the Case Studies provided in **Section 5.**

The extent to which the BOP model delivers significantly better outcomes for children affected by substance misuse in the city is shown in the counterfactual (the measure of what would have happened, even if the intervention had not taken place), discussed in **Section 4.2.2.** Overall, this evaluation indicates that the changes children experience probably would not happen without the BOP/ POCAR intervention.

This evaluation has identified a number of ways that the model may be developed to transform outcomes for children. As discussed, the outcomes for children can be contingent on the outcomes of their mother; therefore, the internal and external factors that can prevent mothers from engaging or succeeding on the programme (identified in **Section 4.1.1**) must also be taken into account when thinking about how to transform the model to ensure improved outcomes for children. In addition, this evaluation identified in particular, that support from other family's going through the programme helps to improve outcomes for children in the short, medium and long term. This feature could be more explicitly acknowledged and incorporated into programme design.

As identified in the limitations section (**Section 3.3**), we were not able to engage directly with children of BOP clients. Their outcomes were identified through discussion with their mothers and professionals and then matched to outcomes identified from our literature review. In addition, as was the case for the POCAR clients, we did not have access to longitudinal data that would help to understand the duration of outcomes for children. Consequently, we are unable to comment conclusively on whether these outcomes are lasting.

6.1.3 Professionals

An objective of this evaluation was to determine, for social workers, the extent to which multi-agency working with BOP enhanced the development of their own skills in working with children and families affected by these issues.

This evaluation has demonstrated that improved professional partnerships are likely to occur in the short term. In the medium to long term for non-POCAR professionals, it appears that there is an increase in personal well-being resulting from reassurance that the programme can work, and a feeling that the work being undertaken is meaningful and valuable. This, along with the improved professional partnerships, can lead to improved interactions with the clients, increasing client trust and adding to the efficacy of their specific intervention. This is identified in the ToC in **Figure 5**.

6.1.4 State

As illustrated in the ToC diagrams (**Figures 2-5**), we have identified a number of outcomes for the State, which are then explicitly drawn out in the 'State pathway' ToC diagrams (**Figures 6-9**). In particular, the figures show that when the mother *abstains* from substance use, more State outcomes are likely to result, including a reduced demand for health care, residential care for the mother, and long term placements for the child, as well as reduced criminal activity and reduced dependency on benefits, in the long term.

6.1.5 State – Value for money

BHCC data suggests that the programme is successful in helping both children at risk into more appropriate care, as well averting the removal of a significant number of children from the care of their birth parents and supporting mothers in safely parenting their children. There is much evidence to suggest that, on balance, the POCAR programme has supported positive outcomes for the majority of its clients. More specifically, the data shows that:

- The POCAR Programme helps reduce the number of Child Protection Plans by 53% by 3 months after clients have finished the programme and 85% by 12 months after clients have finished the programme (see Table 10).
- 3 months after completion of the programme a significant number of positive changes in case statuses are observed.
- The POCAR programme helps support a significant number of case closures – overall the POCAR programme contributes to 15% of CP (Child Protection)

plans being closed in the time period up to 3 months after completion of the programme and 39% in the time period up to 12 months after completion.

- The POCAR programme supports significant numbers of parents towards caring for their children safely.
- Of the 74 children with a Child in Need Plan at the start of the programme,, 55% of these had been closed by 12 months after programme completion.
- Of the 109 children on a Child Protection plan, 39% no longer had social service involvement and 26% had stepped down to a Child In Need Plan.
- Of the children who at the start were “Looked After Children” (LAC) almost half were no longer LAC at 12 months post treatment start.
- There is an increase in the number of “Looked After Children” (LAC) which is observed within 3 months of programme completion, with numbers of LAC remaining fairly stable in the longer term (3 – 12 months after). This is not necessarily a negative outcome of the programme however. It potentially indicates that the programme helped identify where women were unlikely to be able to parent their children safely in the long term and that decisions about children’s care were informed more quickly as a result.

A limited scope assessment of BHCC data also highlights significant savings to the State through reduced case management costs alone. Case management cost savings from 135 who are no longer LAC or have had their child protection plans discontinued, are conservatively estimated to £1.13 million. When compared to the cost of the POCAR programme, this is equivalent to a return of **£3.83 per £1 spent**[25], with the largest benefit accruing from children remaining in or returning to, their mothers care, rather than being in local authority care. More generally this strongly supports the conclusion that the POCAR programme may be good value for money even under a set of short term and narrow criteria.

Case study valuation also demonstrates that (when positive behaviour change is achieved) the programme supports greater cost savings for the State in the short term when other factors (health, offending behaviour) are taken into account. They provided evidence of POCAR supporting a series of State outcomes, including:

- Avoided adoption costs
- Avoided costs associated with transition to CIN plan
- Avoided prescribing costs associated with substance misuse
- Avoided cost of police involvement (associated with domestic violence)
- Avoided cost of repeat offending
- Avoided medical costs associated with trauma/ injury from domestic violence
- Avoided kinship care legal care costs
- Avoided costs of inpatient detoxification
- Avoided cost of residential treatment (mothers)

25 This assumes POCAR can take full credit for this change and it should be noted that in practice the POCAR programme can only take some of this credit. The Theory of Change does however suggest that a significant amount of such change is likely to be attributable to the POCAR Programme

The three case studies suggest that the POCAR programme supports savings of between **£8.70** and **£15.00** for every pound spent on over a one year period, where such positive outcomes are achieved[26].

When findings from BHCC data and the case studies are taken together, we conclude that the value for money argument for the POCAR programme is strong, generating significant savings to the State by preventing case management, healthcare and offending behaviour costs over the short term. Furthermore, if behavioural changes are sustained over the longer term, other factors are likely to be of similar importance, such as avoided costs associated with, education and employment prospects. I;

6.2 Recommendations

We provide five recommendations covering data collection issues and programme design.

1. Improve monitoring and evaluation processes

We recommend BOP use the Theory of Change as a blueprint for measuring programme impact. BOP should review existing data collection mechanisms to identify appropriate indicators that measure outcomes as outlined in the Theory of Change. BOP may wish to include further questions within existing data collection mechanisms to understand programme outcomes that are not being measured. BOP may also wish to include questions within their data collection mechanisms to understand attribution and the extent to which BOP can take credit for different outcomes.

Such data, when used alongside a more complete understanding of the counterfactual, would allow BOP to start to better **prove** their impact, as well as to **improve** the way the programme is delivered by using such information for decision making.

2. Take advantage of longitudinal data to demonstrate lasting change

As discussed, we did not have access to longitudinal data and, consequently, we made assumptions about some of the long term outcomes, based on literature and our qualitative research. Therefore, we are unable to comment definitively on whether outcomes are lasting. BOP should take advantage of available longitudinal data (e.g. BHCC data) to **prove** the extent to which outcomes (as outlined in the Theory of Change) are achieved over the longer term. This may involve partnerships or collaborations with appropriate organisations or analysis within BOP.

26 While evidence is insufficient for the POCAR programme to claim full credit for such savings, the Theory of Change and the evidence with the case studies themselves does suggest that the POCAR programme has played a significant role bringing about the savings outlined in the case studies

3. Understand impact

Analysis of longitudinal data is not sufficient to fully prove the **impact** of the POCAR programme. BOP may wish to commission or undertake further research to better understand the extent to which some of the outcomes (as outlined in the Theory of Change) would have happened anyway if POCAR did not exist. Such research would also allow BOP to better understand the extent to which things are likely to have got worse for particular client groups, had POCAR support not been available.

Analysis of secondary data sets and/or the establishment of credible impact assumptions from secondary literature would help BOP better understand their impact.

4. Engagement with children

As discussed, we were not able to engage directly with children of BOP clients. Therefore, we may have only a partial view of the outcomes for children, and the magnitude of change experienced by these children may be understated.

BOP may need to determine how to engage with a wide range of children, in order to more fully understand the outcomes for this important stakeholder group. It is noted, however, that a number of these children are babies and toddlers and cannot be engaged with directly.

5. Explore identified enablers and barriers to success

As discussed, our evaluation has helped identify several positive aspects (enablers) as well as barriers to the success of the POCAR programme. Exploring ways to engage with the enabling factors is likely to amplify the impact of the POCAR programme.

Barriers that relate to programme design are areas which BOP has an opportunity to modify, so that their clients have a better user experience. We recommend that BOP reflects on these barriers and decides on the desirability and feasibility of modifying service delivery to minimise the incidence of the identified issues.

Appendix: Bibliography

Adfam (2014) *Medication Drug Treatment: Tackling the Risks to Children* (Available online): http://www.adfam.org.uk/cms/docs/adfam_ost_fullreport_web.pdf

Advisory Council on the Misuse of Drugs (2011) *Hidden Harm: Responding to the needs of children of problem drug users* (Available online): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf

Brighton & Hove JSNA (2013) *6.1.3 Children in need*

Brighton Oasis Project (2014) *Case Studies*

Brighton Oasis Project (2014) *Complexity and Outcomes for all female POCAR clients discharged between 1st April 2010 and 31st March 2014*

Brighton Oasis Project (2014) *Diagram showing referral routes between services in relation to POCAR*

Brighton Oasis Project (2010) *Evaluation of the POCAR Service: Key Findings, Conclusions and Recommendations*

Brighton Oasis Project (2014) *Oasis Results for Triple P Over Time*

Brighton Oasis Project (2014) *Outcomes for clients discharged from POCAR – monitoring and evaluation form*

Brighton Oasis Project (2014) *POCAR Analysis Annulled* (Spreadsheet)

Brighton Oasis Project (2014) *POCAR Programme Chart*

Brighton Oasis Project (2014) *POCAR Focus Groups Report*

Brighton Oasis Project (2014) *Summary of outcomes for Oasis POCAR clients 2006 – 2011* (Spreadsheet)

Cunningham, L. and Haynes, P. (2005) *Evaluation of the Relationship Support Programme: Brighton Oasis Project,* HSPRC University of Brighton

Holmes, L., McDermid, S., Soper, J., Sempik, J. and Ward, H. (2010) *Extension of the cost calculator to include cost calculations for all children in need,* CCFR Loughborough University (Available online): http://www.lboro.ac.uk/media/wwwlboroacuk/content/ccfr/publications/extension-of-the-cost-calc.pdf

NPC (New Philanthropy Capital) (2010) *Recommendations for Measurement: Brighton Oasis Project* NPC Report

NPC (New Philanthropy Capital) (2010) *Brighton Oasis Project Theories of Change* NPC Report

Personal Social Services Research Unit (PSSRU) (2013) *Unit Costs of Health and Social Care 2013*

SROI Network (2014) *Domestic Violence (fiscal cost to Police) The Global Value Exchange* (Available online): http://www.globalvaluexchange.org/valuations

Turning Point (2011) *Bottling It Up: The Next Generation – The effects of parental alcohol misuse on children and families* London (Available online): http://www.turning-point.co.uk/media/53899/bottlingitup2011.pdf