

True Stories Real Value

NORCAS Social Impact Study – Report on Outcomes

Report on the findings of the outcomes survey
2011/12 and estimate of social value



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Introduction

This report summarises findings from the second part of the Social Impact study commissioned by **NORCAS**.

The first part of the study outlined the type and breadth of outcomes for a range of stakeholders.

This second part seeks to evaluate the extent to which those outcomes occur and to value the social impact they have. This report also includes two further case studies which illuminate the work of the Over 50's programme.

A third report summarises the qualitative and quantitative reports. And includes evidence from an interview with Acting Assistant Chief Constable Sara Hamblin of the Norfolk Constabulary.

It is important to emphasise that, although this report talks in terms of the experience for the 'average' client' each client has a very different story to their addictive behaviour and the outcomes for clients very enormously dependent upon many factors.

NORCAS plans to revisit the findings of the study in 12 months time to give clients the opportunity to reflect on how their life has changed since their participation in the study.

Acknowledgments

Thanks are due to all who have contributed to this project including the clients who responded to the survey, the key workers who supported the data collection and particularly to Isabel Pollock, Head of Service Delivery & Quality and Information at **NORCAS** who provided invaluable support and essential data from the Illy system.

The Outcomes Survey

An outcomes survey was developed to measure the extent to which the outcomes identified by clients are achieved. It was an online self-completion survey which was planned to be conducted near the beginning of a programme to establish a baseline, at the end or three month point to measure change and finally at a six month point to evaluate 'drop-off'(how long an outcome may last).

The outcomes survey used a 'basket' of indicators to measure change. It is this 'basket' of indicators which, taken together, is used as a measure of each outcome.

It was based on a systematic self-assessment process and included an estimate of the extent to which changes experienced by the client are attributable to the **NORCAS** programme.

This survey was piloted in April 2011 and fully introduced in May. Data collection was closed at the end of April 2012.

A copy of the survey in paper form is provided at Appendix 1.

Measuring Outcomes

Many of the questions asked respondents to provide a response on a scale of 1 to 10 to indicate the extent to which an item describes their feelings or behaviour nowadays with 1 as 'Not Me' and 10 as 'Me'.

The results are reported as the average shift in percentage points along the scale. A score of 1 was virtually unknown but would mean that a person has a full distance to travel before they can achieve a 10 where no issues remains and the item no longer represents a barrier for them.

It is rare for anyone to travel from 1 to 10 so we use 'full outcome equivalents' in our analysis. In this way 5 people travelling 20% of the distance would represent one full outcome.

Attribution¹

Each respondent was also asked to say the proportion to which they attribute the change they have experienced, to the service provided by **NORCAS**. This is given in Figure 1.

Service	Range	Average
SDP	25 – 100%	77%
50 Plus	30 – 100%	76%
Enhanced Support (Hostels)	40 – 100%	78%

Figure 1 Attribution of change to NORCAS

In quite a few instances, respondents recorded a negative change between sample points. This has the effect of reducing the average change but is a good way of accounting for the negative outcomes identified in consultation with the clients.

The results reported below have been weighted to give the actual change attributable to **NORCAS** and are described as 'Attributable improvement'.

¹ Further details of factors accounted for in the valuation of social value are given on page 25

Reliability

It is important to exercise caution in extrapolating these findings to a wider population of **NORCAS** clients. Each programme is very different. Whilst there is often considerable commonality in the outcomes of each programme the extent to which they occur varies significantly between each programme.

This is the first time that **NORCAS** has attempted a research study of this kind. Difficulties were experienced in achieving complete responses and this has resulted in relatively small sample sizes at programme level.

Overall 66 clients submitted at least one response. The challenge with a longitudinal study, such as this, is to achieve consistent responses over time. This is a particular challenge when researching a population that have an erratic life style or may wish to move on from a difficult period in their life.

To be included in the study, respondents needed to submit a series of two fully complete responses and ideally a third at a further three month sample point. This had the effect of reducing the effective sample size to 53 with 21 of these completing a series of three responses.

During the sample period there were 36 Enhanced Support (Hostels) clients of which 25% submitted full responses. There were 116 Over 50's clients of which 12% submitted full set of responses and 35 SDP clients on the programmes included of which 80% submitted responses.

The responses were largely self-completion and many questions relied upon a subjective evaluation by the client of how they are feeling and behaving 'nowadays'. This carries the unavoidable danger that clients having a particularly bad or particularly good day on the day they make their response will be unduly influenced. As the responses are pooled and averaged one can hope that the positive days balance the negative.

Structured Day Programme (SDP)

28 clients provided responses at the start and finish of the programme. Of these 10 provided a follow-up response at 3 or 4 months after the end of the programme. SDP clients attributed an average of 77% of their recovery progression to the SDP programme.

The follow-up survey at 3 to 4 months after the end of the programme indicated that the gains made during the programme are sustained with only a negligible amount of drop-off.

On the whole, SDP clients reported lower levels of improvement than the other two programmes.

Improved general health

The outcome survey uses a number of indicators to evaluate changes to general health. These were:

	Attributable Improvement
People say you 'look well nowadays'	13%
Prioritise shopping for food	9%
Go to bed and get up at relatively normal times	12%
Eat 'as well as most people'	16%
Making plans for the future	19%
Taking 'good care' of own health	16%
Reduced hospital admissions (reduction admissions per year)	Slight Increase
Reduce emergency ambulance call outs (per client per year)	1
Reduction in visits to GP (per client per year)	1

The contribution of the SDP programme to the general health of its clients is clear although not as large as for the other programmes.

Although the survey detected a slight increase in the number of hospital admissions per year, the important factor is that these appear to be planned admissions as the number of emergency ambulance call-outs decreases. This is a scenario that fits with someone who is taking better care of their health.

Increased self respect and improved mental wellbeing

The outcome survey used a basket of the following indicators to evaluate this outcome.

	Attributable Improvement
Feeling positive about the future	15%
Open all mail and respond to the issues it brings	8%
Keeping clean and presentable	10%
Making plans for the future	19%
Feel confident when out in public	14%
Behaviour in presence of others that would later cause regret or embarrassment (per year)	2

The 19% increase in 'Making plans for the future' is very important as it suggests there is a significant increase in hope for the future which is a prerequisite for effective recovery. This is supported by 'Feeling positive about the future' which is the item where the second greatest gain is made.

Improved relationships with family and friends

The support of those around us is an important factor to long-term recovery. It was notable that many clients felt quite positive about their relationships with others even at the beginning of the programme. This may have limited the scope for improvement.

	Attributable Improvement
Relationship with partner	4%
Relationship with children	4%
Relationship with rest of family	5%
Relationship with other people around them	9%

It is notable that SDP clients report less improvement to their relationships than other programmes. The most significant improvement was in their view of their relationships with associates rather than with those closest to them.

Reduction in criminal or anti-social behaviour

It is important to note that a significant majority of clients do not experience the behaviours contributing to this outcome. This clearly means that such clients could not improve.

However, the zero change they experience must be counted in the average which is used as a multiplier for the valuation. Some clients indicated increased incidences of these behaviours. This may be explained by an increased level of trust and therefore honesty or it may be that their behaviour did change in a negative direction.

It does not seem likely that negative change against these indicators would be attributable to the impact of the **NORCAS** services so where this happened a zero value was used.

In our analysis we made the following assumptions:

‘Most days’ = 16 incidents per month,

‘Most weeks’ = 4 incidents per month,

‘Most months’ = 1 incident per month

‘Sometimes but less than monthly’ = 0.5 incidents per month

‘Never’ = 0 incidents per month

	Attributable Improvement
Fewer incidents per year of behaviour in presence of others that would later cause regret or embarrassment	2
Fewer incidents per year of drinking or substance misuse in a public place	12
Fewer incidents per year of brawling, fighting aggression or arguing in public	No change
Other behaviour which most people would consider anti-social	No change
Fewer incidents of being stopped in street by police	No change
Fewer occasions per year of police called to home	No change
Fewer arrests per year	No change

The biggest reported change under this outcome for SDP clients is the reduction in street drinking and substance misuse in a public place. It fits with the model that SDP clients adopt a structure to their day which helps to establish a more ordered life.

The absence of reduction in the average number of occasions when SDP clients are stopped in the street by police, have police called to their home or in the number of arrests is disappointing. It is possible that this results from increased trust in the **NORCAS** programme whereby clients were likely to under-report such incidents near the start of their programme but to report them more readily once trust with **NORCAS** was established.

Progress towards education, training or work

The SDP programme is not designed to get people into work but it does make a significant contribution to taking them from a position of being quite unready for work or training to a condition where the possibility for work or training is a realistic proposition.

The indicators used are those that were identified by clients as significant to this outcome.

	Attributable Improvement
Participate in paid or unpaid work	No change
Participation in 'community or group activities including volunteering	No change
Participate in organised training or education	No change
Rarely miss an 'important appointment'	13%
Go to bed and get up at relatively normal times	12%
Keeping clean and presentable	10%
Making plans for the future	19%

The most noticeable finding here is that there is no improvement in terms of actual engagement with training, volunteering and work. Plenty of clients do engage with new activities but this is countered by a number who drop activities, possibly in order to be free to engage with the SDP programme which requires a daytime commitment of 3 days per week for at least 8 weeks.

On the positive front, there is significant improvement in readiness for work in terms of motivation ('Making plans for the future'), leading an ordered life ('Rarely missing an appointment' and 'Going to bed and getting up at relatively normal times') and 'Keeping clean and presentable'.

Greater financial stability

After years of addiction, many clients joining the SDP programme have financial difficulties. Some have experienced considerable financial loss over a period of many years. As an eight week programme SDP can have only a limited impact on financial stability, however clients clearly claimed this as an important outcome.

For the purposes of this study we took financial stability to mean that income and outgoings are in balance and people have a realistic plan for paying off debts.

	Attributable Improvement
Finances are under control	7%
Paying rent on time	4%
Open all mail and respond to the issues it brings	8%

The modest average improvement against this outcome masks a significant variation in the experience of clients some of whom have very significant money troubles whilst others have their financial affairs in balance.

Denial is a major factor for this client group. As SDP enables clients to confront the reality of their position it should come as no surprise that many clients report a worse financial position at the end of the programme than they do at the beginning which has the effect of reducing the average against these indicators.

As a group based programme, SDP cannot offer the kind of one to one support that the other programmes provide that can make a significant difference as reported in the other two programmes.

Despite the above, there is a clear improvement which is very positive as, in managing finances, small improvements, if sustained, have significant long term benefits.

A more stable housing situation

Having a safe and secure housing situation provides an important foundation for recovery. On the other hand homelessness can expose clients to significant risk and provides a very poor prognosis for recovery.

Whilst only a limited number of SDP clients would face an immediate risk to their housing the potential impact of homelessness makes this a very important indicator.

	Attributable Improvement
Keeping clean and presentable	10%
Rarely miss an 'important appointment'	13%
Paying rent on time	4%
Risk to housing situation from alcohol or substance misuse	9%
Finances are under control	7%
Open all mail and respond to the issues it brings	8%

The most notable figure is the 9% reduction in the risk to housing due to alcohol or substance misuse. Although this may sound modest, in terms of full outcome equivalent it does suggest that for every ten SDP clients one turns from losing their home to a fully secure home situation.

Over 50's Outreach Programme

14 clients provided responses at the start and finish of the programme. Of these 6 provided a follow-up response at 3 or 4 months after the end of the programme. Clients of the Over 50's Outreach Programme attributed an average of 76% of their recovery progression to the **NORCAS** programme.

The follow-up survey indicated that gains made during the programme were almost fully sustained 3 or 4 months after the fixed term programme with only very minor drop-off.

It was notable that clients on the Over 50's programme indicated relatively high levels of improvement. It seems likely that from a very worrying situation they feel that, with the support of **NORCAS**, they have travelled a considerable distance towards recovery and are enormously appreciative of the impact on their lives and those close to them.

Improved general health

It is notable that the Over 50's indicate a pronounced improvement in their general health as compared to SDP and Enhanced Support (Hostels).

	Attributable Improvement
People say you 'look well nowadays'	44%
Prioritise shopping for food	35%
Go to bed and get up at relatively normal times	18%
Eat 'as well as most people'	35%
Making plans for the future	26%
Taking 'good care' of own health	41%
Reduced hospital admissions (reduction admissions per year)	4
Reduce emergency ambulance call outs (per client per year)	1
Reduction in visits to GP (per client per year)	4

Clients on the Over 50's programme are often referred at a relatively advanced stage of the illness or following a crisis. It is therefore no surprise that their frequency of admission to hospital and frequent visits to the doctor have scope for reduction. We have debated whether it is reasonable to extrapolate the change in three months to a year but take the view that without the intervention of **NORCAS** the previously high demand upon medical services would probably have continued or increased.

The boost in attitude to caring for their health including diet and the feedback from others in 'looking well' is an obvious benefit. A 26% increase in 'Making plans for the future' is also enormously beneficial.

Increased self respect and improved mental wellbeing

The outcome survey used a basket of the following indicators to evaluate this outcome. This outcome is not about medical diagnosis but about the difference that self respect and good emotional wellbeing make to people's lives so the indicators are based on practical changes that they have noted.

	Attributable Improvement
Feeling positive about the future	47%
Open all mail and respond to the issues it brings	16%
Keeping clean and presentable	16%
Making plans for the future	26%
Feel confident when out in public	29%
Behaviour in presence of others that would later cause regret or embarrassment (per year)	5

The contribution of 'Feeling positive about the future' to mental wellbeing is not to be underestimated and the improvement here is dramatic with the average score on a scale of 1-10 going from 4 to 8.

Also of great importance is the measure relating to 'Feeling confident when out in public' which has a near 30% improvement.

A reduction of 5 per client per year in the number of incidents of behaviour in public that they would later regret will also make a big difference to the way they feel about themselves and the way that others feel about them.

Improved relationships with family and friends

The overall positive change for Over 50's is repeated in their relationships with family, friends and those around them.

	Attributable Improvement
Relationship with partner	24%
Relationship with children	18%
Relationship with rest of family	12%
Relationship with other people around them	27%

Apart from the extent of the improvement, the most obvious factor here is the improvement in relationship with their partner which is not such a significant factor in the other two programmes. Once again, the improvement in relationship with those beyond family is the area of greatest change. This is the case with each programme.

Reduction in criminal or anti-social behaviour

It is important to note that a significant majority of clients do not experience the behaviours contributing to this outcome. This clearly means that such clients could not improve.

However, the zero change they experience must be counted in the average which is used as a multiplier for the valuation. Some clients indicated increased incidences of these behaviours. This may be explained by an increased level of trust and therefore honesty or it may be that their behaviour did change in a negative direction.

It does not seem likely that negative change against these indicators would be attributable to the impact of the **NORCAS** services so where this happened a zero value was used.

Respondents were given the possible responses

Never – Sometimes but less than monthly – Most months – Most weeks – Most Days

In our analysis we made the following assumptions:

'Most days' = 16 incidents per month,

'Most weeks' = 4 incidents per month,

'Most months' = 1 incident per month

'Sometimes but less than monthly' = 0.5 incidents per month

'Never' = 0 incidents per month

	Attributable Improvement
Fewer incidents per year of behaviour in presence of others that would later cause regret or embarrassment	No change
Fewer incidents per year of drinking or substance misuse in a public place	No change
Fewer incidents per year of brawling, fighting aggression or arguing in public	No change
Other behaviour which most people would consider anti-social	No change
Fewer incidents of being stopped in street by police	0.5
Fewer occasions per year of police called to home	No change
Fewer arrests per year	No change

It can be little surprise that the Over 50's do not report improvement in their level of anti-social behaviour or criminal activity as this is rarely a significant issue for them.

Progress towards education, training or work

A number of the Over 50's clients are in full or part-time work and others volunteer or participate in community activities.

	Attributable Improvement
Participate in paid or unpaid work	0.1
Participation in 'community or group activities including volunteering	0.3
Participate in organised training or education	0
Rarely miss an 'important appointment'	18%
Go to bed and get up at relatively normal times	18%
Keeping clean and presentable	16%
Making plans for the future	26%

A change of 0.1 in the level of participation in paid or unpaid work equates to 1 in 10 Over 50's clients moving into work as a result of the programme.

For every 3 clients there is an increase of one additional activity such as participation in community or group activities.

There is also a significant improvement in readiness for work illustrated by such factors as keeping important appointments and keeping normal hours.

Greater financial stability

	Attributable Improvement
Finances are under control	26%
Paying rent on time	12%
Open all mail and respond to the issues it brings	16%

The improvement to the way that clients on the Over 50's programme feel about their finances is very significant. Whilst it is important to acknowledge that the impact on a client's actual financial status of a fixed term programme of one to one counselling is necessarily limited, the material change produced by an improved attitude to financial management can have a major impact on it.

A more stable housing situation

Risk of homelessness is often less of an issue for clients on the Over 50's programme.

	Attributable Improvement
Keeping clean and presentable	16%
Rarely miss an 'important appointment'	18%
Paying rent on time	12%
Risk to housing situation from alcohol or substance misuse	5%
Finances are under control	26%
Open all mail and respond to the issues it brings	16%

Few clients on the Over 50's programme feel that their home is under threat from their alcohol or substance misuse so relatively little improvement is registered.

Enhanced Support (Hostels)

9 clients provided responses at the start and finish of the programme. Of these 5 provided a follow-up response 3 or 4 months later. Enhanced Support clients attributed an average of 78% of their recovery progression to the 50 plus programme.

The follow-up survey at 3 or 4 months after the second sample point indicated a slight continuing improvement. This makes good sense as Enhanced Support is an ongoing, rather than a fixed term intervention.

Improved general health

	Attributable Improvement
People say you 'look well nowadays'	23%
Prioritise shopping for food	26%
Go to bed and get up at relatively normal times	24%
Eat 'as well as most people'	23%
Making plans for the future	25%
Taking 'good care' of own health	16%
Reduced hospital admissions (reduction admissions per year)	No change
Reduce emergency ambulance call outs (per client per year)	1
Reduction in visits to GP (per client per year)	6

The impact on the general health of clients on the Enhanced Support programme appears to be significant with major increases in how they feel about their health and the measures they take to contribute to their own health prospects. It is surprising that their own perception of the extent to which they 'Take care of their own health' is not greater. This may reflect underlying long term health issues which changes in behaviour can only influence in a limited way.

Increased self respect and improved mental wellbeing

The outcome survey used a basket of the following indicators to evaluate this outcome.

	Attributable Improvement
Feeling positive about the future	23%
Open all mail and respond to the issues it brings	19%
Keeping clean and presentable	19%
Making plans for the future	24%
Feel confident when out in public	24%
Behaviour in presence of others that would later cause regret or embarrassment (per year)	12

These outcomes represent a considerable contribution to mental wellbeing. The 24% of improvement to 'Feeling confident in public' and a major reduction in the frequency of incidents of behaviour that later cause regret or embarrassment suggest a major boost to self-respect which is an important component of mental wellbeing.

A 19% improvement to 'Open all mail and respond to the issues it brings' is a strong indicator of growing resilience.

Improved relationships with family and friends

Those living in a hostel are frequently estranged from their family or their own children so this outcome has particular significance to this client group.

	Attributable Improvement
Relationship with partner	16%
Relationship with children	19%
Relationship with rest of family	10%
Relationship with other people around them	20%

The most striking finding here is the 19% increase in the way clients on the Enhanced Support programme rate their own relationship with their children. Almost by definition, those clients with children who are living in a hostel setting will not be living with their children so this finding suggests an improved level of access or at least a improved positive regard between children and parent. In most cases this will be regarded as a positive outcome for both parties.

Reduction in criminal or anti-social behaviour

Whilst the majority of clients do not experience the behaviours contributing to this outcome it is the Enhanced Support clients that show the greatest improvement against this outcome.

The outcome has relevance to many clients on the Enhanced Support programme as they are not infrequently, people who are making the transition from prison where alcohol or substance misuse has been a factor in their offending.

	Attributable Improvement
Fewer incidents per year of behaviour in presence of others that would later cause regret or embarrassment	12
Fewer incidents per year of drinking or substance misuse in a public place	17
Fewer incidents per year of brawling, fighting aggression or arguing in public	1
Other behaviour which most people would consider anti-social	8
Fewer incidents of being stopped in street by police	No change
Fewer occasions per year of police called to home	No change
Fewer arrests per year	1

A reduction of 17 incidents of street drinking or substance misuse in a public place per client per year is a significant outcome for clients, their local communities and the enforcement authorities. The reduction in incidents of other types of anti-social behaviour is also significant as is the reduction in frequency of arrest.

Progress towards education, training or work

Moving people into work is not a primary objective of the Enhanced Support service though clients indicated that they do move closer to training or employment.

	Attributable Improvement
Participate in paid or unpaid work	0.2
Participation in 'community or group activities including volunteering	0.2
Participate in organised training or education	0
Rarely miss an 'important appointment'	13%
Go to bed and get up at relatively normal times	24%
Keeping clean and presentable	19%
Making plans for the future	25%

Enhanced Support is a continuous programme. It runs until the client no longer needs the support or moves out of hostel accommodation. Sustained support means that clients have a chance to move towards volunteering and or participation in community activities.

Following the principle of full outcome equivalence, the addition of 0.2 per client actually suggests that one client in 5 will move into paid or unpaid work.

Greater financial stability

State benefits are the principal income for almost all of the clients living on Hostels so for them prioritising rent payment and managing spending is the focus of financial management. Whilst housing benefit may be paid directly to the hostel, the client frequently has an obligation to add to this from their own income.

	Attributable Improvement
Finances are under control	9%
Paying rent on time	5%
Open all mail and respond to the issues it brings	19%

There is minor but meaningful improvement to the Enhanced Support client's financial stability.

A more stable housing situation

More than any of the **NORCAS** services, Enhanced Support is designed to keep people in their home and ideally move them on to a more independent housing situation. Each client arrives on the programme having been at risk of losing their hostel place due to misuse of alcohol or substances.

	Attributable Improvement
Keeping clean and presentable	19%
Rarely miss an 'important appointment'	13%
Paying rent on time	11%
Risk to housing situation from alcohol or substance misuse	5%
Finances are under control	9%
Open all mail and respond to the issues it brings	19%

It may be a matter of surprise that clients receiving Enhanced Support do not indicate a greater improvement in the risk to their housing. However, it must be remembered that a key reason why they are referred to the programme can be that such a risk exists. Joining the programme can mitigate the risk almost completely so it may not be present at the time the baseline survey is completed.

Other factors such as paying rent on time, attending important appointments and keeping clean and presentable all see significant improvement which clearly contributes to a stable housing situation.

Valuing the outcomes

The outcomes valued most by clients are changes in their ability to live their lives and to reduce the damage that their addictive behaviour has on others. The examples they give include ‘walking through town no longer looking down at the ground [in order to avoid eye contact with people]’ or ‘knowing that my children no longer worry about coming home and finding Mum unconscious on the kitchen floor’.

Placing a value on these things is a lot like trying to place a value on a beautiful sunset or a random act of kindness from a stranger. We know that we value these things but how can we possibly place a value on them?

The universal unit of value is money. This means that articulating value necessitates trying to place monetary value on these intangible benefits. This makes a lot of people uncomfortable but it is necessary if we are to find ways of measuring and expressing the value of the kind of services delivered by organisations like **NORCAS**.

Value of inputs

Inputs are the money and resources that are devoted to delivering the programmes. They include items such as the cost of providing sessions, the time that clients devote to attending sessions and the cost to them of attending the sessions such as childcare and travel.

Whilst the focus of the study is on the social value of the outcomes we have considered the following inputs as a way of providing a context for the social value related by the **NORCAS** programmes.

SDP		Value of inputs per client
Average amount clients spend travelling to an SDP programme	18 sessions at £1.70 per session	£30
Average cost of providing SDP programme to one client	Cost of delivering one SDP programme £ 8575 / average number of clients that complete 6.5	£1,319
Value of support in kind	2 afternoon photography workshops Tour of Norwich Castle Tour of Cathedral 1 afternoon theatre workshop 3 or 4 afternoon vol sector sessions per programme	£100
Total		£1,449

Enhanced Support		Value of inputs per client
Cost to client of attending sessions over 3 months	None	£0
Cost of providing 3 months Enhanced Support programme in Bury St Edmunds and Lowestoft for one client	Cost of Lowestoft + Bury £68740 / number of clients 36 / 4 (quarter years)	£556
Value of support in kind	None	£0
Total		£556

Over 50's		Value of inputs per client
Average cost of clients travel to Over 50's sessions	ave cost x number session attended 7.5	£8
Cost of delivering the 50+ service in Norfolk for one client	Cost of service for 3 months £22628 less £4,525 spent on awareness programme (not included in study) / 13 clients referred in 3 months	£1,393
Any support in kind if relevant	None	£0
Total		£1401

Initial Valuation of Outcomes

Our formula for arriving at an estimation of the social value of the outcomes is as follows:

$$\text{Social Value} = \left(\text{3 Year Proxy Value} - \text{Deadweight \& Displacement} \right) \times \% \text{ Attributable Change}$$

Assumptions

The estimation necessitates a number of assumptions. These were as follows:

Deadweight

Deadweight is the term given to change that would probably have happened even without the intervention. Given the nature of addiction we have assumed that without any intervention there would have been no change.

Attribution

A number of **NORCAS** clients receive support from other agencies or take initiatives themselves. We asked each client to estimate the amount of change that is attributable to the **NORCAS** programme they were participating in. We have used their figure in adjusting our impact figures i.e. SDP 77%. Over 50's 76%, Enhanced Support 76%.

Displacement

Sometimes interventions can have the effect of moving a problem elsewhere for instance new street lighting to reduce street prostitution in one area might simply mean that the problem moves to another area or clients getting jobs might exclude jobs for others. We could not identify any outcomes where displacement occurs so there was no adjustment for displacement.

Drop off

For some clients, the gains they make last a lifetime but the nature of addiction is such that some clients find themselves back where they started 12 months later. The outcome survey told us that changes on the fixed term programmes are mostly sustained 3 months after the end of the programme but it is difficult to know what proportion are still present 5 or 10 years down the line.

Many clients will continue to attribute outcomes to a good therapist for many years however, it is fair to assume that the value that can be attributed only to **NORCAS** reduces over time as other influences occur. By adopting a drop-off of 100% over three years we help to ensure a conservative approach which will guard against over-claiming.

In order to account for drop off in value we have assumed the following:

Year 1 100% of attributable value

Year 2 50% of attributable value

Year 3 25% of attributable value

Year 4 + 0% of attributable value

Negative outcomes

The qualitative research with clients identified a number of negative outcomes such as the temporary reduction in confidence that some clients experience when they can no longer use alcohol to give them a temporary boost.



Figure 2 Negative outcomes

Because most of these are associated with measures relating to how people feel which were included in the outcome survey and then averaged, we are satisfied that these negative outcomes are accounted for in the estimation of impact.

Input valuations

For the input valuation we have taken the cost of delivering the programme, including a proportion of **NORCAS** overheads, to each client. In accordance with normal practise we have not included the value of time that the client puts into the programmes but we have included their out of pocket expenses.

Proxy values

One way of arriving at a valuation is to ask the stakeholder. We did this as an exercise to help frame the value of the different outcomes they described in the qualitative stage of this study.

Although this is helpful in understanding relative value and also a useful expression of how much stakeholders appreciate the outcomes, it cannot be relied upon because of the difference in what people say they would do and the way they actually behave.

The best available means of valuing the intangible changes produced for stakeholders is to use a proxy for that change based on how people actually behave. The ideal proxy relates the type of benefit that is created for the stakeholder to a value arrived at on the open market.

Although we don't know the market value to someone of a boost in confidence a proxy may be found for it in the amount that people are prepared to pay for an assertiveness course that has the effect of boosting their confidence. This equates to what people are actually prepared to pay for that outcome.

Furthermore, this approach helpfully detaches the issue of ability to pay as it is possible to identify a value which is balanced across the general population.

We have avoided counting a proxy value more than once by attributing it to the outcome where it fits best. For example the social value of 'Opening all mail and responding to the issues it brings' indicates more positive mental well being (reduction in tendency to denial) but in the valuation is counted towards financial stability as the mail in question is usually a bill.

Proxies for client stakeholders

Outcome	Proxy Description	£ Value year 1	£ 3 yr value	Source
Improved general health				
People say you 'look well nowadays'	Ave women's spending on weight loss products	485	849	Research by Engage Mutual 2010
Prioritise shopping for food	Years added to life by leading a healthy life (diet and exercise) approx 7.5yrs estimate. Assume 25% due to diet. 1.6 quality life years at £30k per year (eat well for a year to gain 1 weeks' worth £576)	576	1008	ONS Ave. Life expectancy 81
Go to bed and get up at relatively normal times	Price of an eight week programme with the London Sleep School	799	1398	thesleepschool.org
Eat 'as well as most people'	2008 Single pensioner 38.93 single of working age 44.73	438	767	Joseph Rowntree Foundation min income standard / ONS 'Family Spending' 2010,
Reduced emergency hospital admissions	Estimated cost of disruption to family life, loss of earnings, taxi fares, etc, for one emergency admission	60	105	Estimate
Taking 'good care' of own health	Cost of annual gym membership	442	774	Research by Sainsbury's quoted by Consumer Association Jan 2011

Proxies for client stakeholders (continued)

Outcome	Proxy Description	£ Value year 1	£ 3 yr value	Source
Increased self respect and improved mental wellbeing				
Feeling positive about the future	12 sessions of life coaching	480	840	The Life Coaching Company 2012
Making plans for the future	Aver spend per player on national lottery £3 per player per week	156	273	Camelot
Feel confident when out in public	12 sessions of life coaching	480	840	The Life Coaching Company 2012

Outcome	Proxy Description	£ Value year 1	£ 3 yr value	Source
Improved relationships with family and friends				
Relationship with partner	Ave cost of divorce (for Enhanced Support this valuation is not appropriate so relationship with children valuation used instead) /2	7,300	7,300	Daily Telegraph 2010
Relationship with children	Spend by a parent per child at Christmas £168 * 2 children	336	588	Idealo.co.uk
Relationship with rest of family	Visiting family 3 times per year at average drive there and back 200 miles at 40p per mile as allowed by HMRC	240	420	Estimate
Relationship with other people around them	Maintenance and repair of house in 2011 £698 say 10% is to protect reputation	69.8	122	ONS Family Spending

Proxies for client stakeholders (continued)

Outcome	Proxy Description	£ Value year 1	£ 3 yr value	Source
Reduction in criminal or anti-social behaviour				
Behaviour in presence of others that would later cause regret or embarrassment	Cost of meal for 2 to make up £60 / incident	60	105	Estimate
Drinking or substance misuse in a public place	£50 fixed penalty for consumption of alcohol in a designated public place	50	88	

Outcome	Proxy Description	£ Value year 1	£ 3 yr value	Source
Clients have a more stable housing situation				
Paying rent on time	Cost of delivering Face to Face debt advice by CAB in 2008	548	959	CAB
Risk to housing situation from alcohol or substance misuse	Average saving from not having to move home	600	1050	realestate.com basic package
Finances are under control	Cost of income protection for a year	276	483	Confused.com

Proxies for client stakeholders (continued)

Outcome	Proxy Description	£ Value year 1	£ 3 yr value	Source
Progress towards education, training or work				
Participate in paid or unpaid work	Ave spending on finding a job (graduates £835) reduced by 50%	417	730	Research by Maestro reported in The Guardian 2005
Participation in 'community or group activities including volunteering	Average spend on games and hobbies per annum	93.6	164	Family Spending 2009 ONS
Participate in organised training or education	Earnings increase gained by moving from no qualification to at least Level 2 qualification (as a percentage of income)	28	49	Department for Children, Schools and Families
Rarely miss an 'important appointment'	Cost of 1 day Time Management Course with Reed Training	684	1197	Reed Training
Go to bed and get up at relatively normal times	Price of an eight week programme with the London Sleep School	799	1398	thesleepschool.org
Keeping clean and presentable	Average annual amount spent on personal hygiene and grooming product	216	378	Mintel 2010

Outcome	Proxy Description	£ Value year 1	£ 3 yr value	Source
Greater financial stability				
Finances are under control	Cost of income protection for a year	276	483	Confused.com
Paying rent on time	Cost of delivering Face to Face debt advice by CAB in 2008	548	959	CAB
Open all mail and respond to the issues it brings	30 min hr / day spent on life admin at min wage £6.08	1106	1936	Department for Work and Pensions Minimum Wage figures

Proxies used for valuation for state stakeholders

Sector Stakeholder	Outcome	Proxy Description	£ Value year 1	£ 3 yr value	Source
Health	Reduced hospital admissions	Hospital stay £286 per day inpatient (DfE Negative outcome cost calculator) Median length of stay 1.9 in Eastern region (Hospital Episode Stats NHS 2011)	543	950	DfE Negative outcome cost calculator & Hospital Episode Stats NHS 2011
Health	Reduced ambulance call	Cost per journey (Emergency) £246	246	431	DfE Negative Outcomes Cost calculator 2010
Health	Reduced call to GP	£27 per visit to GP	25	44	DfE Negative Outcomes Cost calculator 2010
Health	Positive change to mental wellbeing	Average unit cost per week of hospitalisation as a psychiatric in-patient	2380	0	Scottish NHS Cost Book 2009
Local Authority	Drinking or substance misuse in a public place	Cost of ASB warning letter £66 sent 20% of cases	13	23	DfE Negative Outcomes Cost calculator 2009
Criminal Justice	Brawling, fighting aggression or arguing in public	Cost of ASB warning letter £66	66	116	DfE Negative Outcomes Cost calculator 2010
Criminal Justice	Other behaviour which most people would consider anti-social	Ave cost of majority of ASB incidents is £4950 but assume minor ASB so 10% and assume only 10% of ASBs investigated	50	87	The Economic and Social Costs of Anti-Social Behaviour (LSE, 2003)
Criminal Justice	Number occasions police called to home reduced	cost of call out	70	123	Updated from 'The economic and social costs of crime against individuals and households 2003/04' 2009
Local Authority	Risk to housing situation from alcohol or substance misuse	Cost to local authority of 1 eviction £6872. Assume 25% unresolved issues lead to eviction	1718	1718	DfE Negative Outcomes Cost calculator 2010

Structure Day Programme social valuation (client stakeholders)

Improved general health	SDP	£ Value per client
People say you 'look well nowadays'	13%	110
Prioritise shopping for food	9%	94
Go to bed and get up at relatively normal times	12%	169
Eat 'as well as most people'	16%	120
Reduced emergency hospital admissions	0	0
Taking 'good care' of own health	14%	106
		600
Increased self respect and improved mental wellbeing		
Feeling positive about the future	15%	128
Making plans for the future	19%	51
Feel confident when out in public	14%	120
		299
Improved relationships with family and friends		
Relationship with partner	4%	281
Relationship with children	4%	24
Relationship with rest of family	5%	22
Relationship with other people around them	9%	11
		338
Reduction in criminal or anti-social behaviour		
Behaviour in presence of others that would later cause regret or embarrassment	2.31	243
Drinking or substance misuse in a public place	12	1040
Brawling, fighting aggression or arguing in public	1	0
		1282
Clients have a more stable housing situation		
Paying rent on time	4%	37
Risk to housing situation from alcohol or substance misuse	9%	98
Finances are under control	7%	33
		168
Progress towards education, training or work		
Participate in paid or unpaid work	0	0
Participation in 'community or group activities including volunteering	0	0
Participate in organised training or education	0	0
Rarely miss an 'important appointment'	13%	54
Go to bed and get up at relatively normal times	12%	169
Keeping clean and presentable	10%	38
		262
Greater financial stability		
Finances are under control	7%	33
Open all mail and respond to the issues it brings	8%	154
		188

Over 50's social valuation (client stakeholders)

Improved general health	SDP	£ Value per client
People say you 'look well nowadays'	44%	373
Prioritise shopping for food	35%	356
Go to bed and get up at relatively normal times	18%	258
Eat 'as well as most people'	35%	270
Reduced emergency hospital admissions	0.9	92
Taking 'good care' of own health	41%	319
		1669
Increased self respect and improved mental wellbeing		
Feeling positive about the future	47%	392
Making plans for the future	26%	70
Feel confident when out in public	29%	246
		708
Improved relationships with family and friends		
Relationship with partner	24%	1744
Relationship with children	18%	105
Relationship with rest of family	12%	52
Relationship with other people around them	27%	32
		1934
Reduction in criminal or anti-social behaviour		
Behaviour in presence of others that would later cause regret or embarrassment	4.89	513
Drinking or substance misuse in a public place	0	0
Brawling, fighting aggression or arguing in public	0	0
Other behaviour which most people would consider anti-social	0	0
Stopped in street by police less often	0.5	0
Number occasions police called to home reduced	0	0
Number of arrests	0	0
		513
Clients have a more stable housing situation		
Paying rent on time	12%	115
Risk to housing situation from alcohol or substance misuse	5%	51
Finances are under control	26%	123
		289
Progress towards education, training or work		
Participate in paid or unpaid work	0.1	40
Participation in 'community or group activities including volunteering	0.3	53
Participate in organised training or education	0.0	0
Rarely miss an 'important appointment'	18%	74
Go to bed and get up at relatively normal times	18%	258
Keeping clean and presentable	16%	62
		486
Greater financial stability		
Finances are under control	26%	123
Open all mail and respond to the issues it brings	16%	305
		428

Enhanced Support social valuation (client stakeholders)

Improved general health	SDP	£ Value per client
People say you 'look well nowadays'	23%	199
Prioritise shopping for food	26%	262
Go to bed and get up at relatively normal times	24%	341
Eat 'as well as most people'	23%	179
Reduced emergency hospital admissions	1.0	108
Taking 'good care' of own health	16%	127
		1216
Increased self respect and improved mental wellbeing		
Feeling positive about the future	30%	252
Making plans for the future	32%	88
Feel confident when out in public	32%	271
		611
Improved relationships with family and friends		
Relationship with partner	20%	118
Relationship with children	24%	144
Relationship with rest of family	12%	51
Relationship with other people around them	26%	31
		344
Reduction in criminal or anti-social behaviour		
Behaviour in presence of others that would later cause regret or embarrassment	11.7	1224
Drinking or substance misuse in a public place	17	1501.5
		2725
Clients have a more stable housing situation		
Paying rent on time	11%	108
Risk to housing situation from alcohol or substance misuse	5%	55
Finances are under control	9%	42
		205
Progress towards education, training or work		
Participate in paid or unpaid work	0.2	126
Participation in 'community or group activities including volunteering	0.2	28
Participate in organised training or education	0	0
Rarely miss an 'important appointment'	13%	52
Go to bed and get up at relatively normal times	24%	341
Keeping clean and presentable	19%	72
		620
Greater financial stability		
Finances are under control	9%	42
Open all mail and respond to the issues it brings	19%	369
		411

Summary by stakeholder and programme

	SDP	Over 50's	Enhanced Support
Input value per client	£1,449	£1,453	£556
Value of outcome for client	£3,136	£6,027	£6,131
Value of outcome for society	£936	£4,205	£3,236
Net social dividend per client	£2,623	£8,780	£8,811
Social return on investment	1:3	1:7	1:17

Summary of social value calculations

	SDP					Over 50's					Enhanced Support				
Values in £	Client	Health	Criminal Justice	Local Authority	£ Total	Client	Health	Criminal Justice	Local Authority	£ Total	Client	Health	Criminal Justice	Local Authority	£ Total
Improved general health	600	44	0	0	643	1669	3580	0	0	5249	1212	1346	0	0	2562
Increased self respect and improved mental wellbeing	299	269	0	0	568	708	541	0	0	1249	611	581	0	0	1191
Improved relationships with family and friends	338	0	0	0	338	1934	0	0	0	1934	344	0	0	0	344
Reduction in criminal or anti-social behaviour	1282	0	188	274	1470	513	0	0	0	513	2725	0	823	396	3548
Clients have a more stable housing situation	168	0	0	161	168	289	0	0	84	289	205	0	0	89	205
Progress towards education, training or work	262	0	0	0	262	486	0	0	0	486	620	0	0	0	620
Greater financial stability	188	0	0		188	428	0	0		428	411	0	0	0	411
	3136	313	188	435		6027	4121	0	84		6131	1927	823	486	

50+ case study: Tina's Story

Tina awoke in A&E having tried to take her own life. Now her work colleagues say they have 'the old Tina back' and her children have a dependable Mum to turn to.

"I grew up living with my parents and a younger sister. We were allowed to wander out of the door in the morning clutching a jam sandwich but had to be back in time for tea. It was a strict but happy childhood although there was a great deal of pressure always to be a good girl.

I was fascinated with words and wanted to work in linguistics. I did a Degree in English Language. Then I qualified as a nurse but stopped nursing when my children arrived.

Wine was our celebration. Then it became that if we are having some wine that means we must be having fun but I started to have it too often. I knew that I was having it more than I should. It got to a point where we were all drinking every day.

I stopped going out because the need to drive would mean that I couldn't have a drink. I would turn down opportunities to go somewhere unless someone else was driving.

As the years went on I got more silly, shouty and depressed after a drink. I also forgot what I had said. It got to a point where I was relying on it and I was suffering from quite a deep depression. I had a bit of a breakdown just before my Mother died but I put off going to the Doctor because it might be seen as weak.

I was working and looking after the children and trying to be all things to all people. Then one day my body decided not to work. One of the Doctor's tests was for liver function and that was the point at which she asked if I drank quite a lot.

I was treated for the depression and I had some counselling but not much changed. Then one day I thought, this is it, and I headed down the garden with a bottle of whisky and all the anti-depressants and Co-codamol I could find. I ended up in A&E.

I saw a different Doctor who said that I really wouldn't be able to move on unless I sorted out my drinking. I was referred to a link worker who explained the options but also said that unless I addressed the drinking those things wouldn't really work and she recommended NORCAS or TADS.

I had a look online and read the pamphlets and then I rang up. I hadn't realised until that point that the Over 50 service is one-to-one. I had expected to join a group but I couldn't see that working for me.

"Middle-aged drinking is hidden. You are not down the High Street on a Saturday night getting drunk. It is quietly having your tipples at home and bothering nobody but slowly committing suicide."

We are not of the generation that will stand up and say 'I have a problem' because we were brought up where if you have a problem shame on you and don't admit it. You just try and sort it out.

When I met my NORCAS worker I expected to be told to stop drinking and I wasn't. Hardly any of it was about drinking. It was about sorting out me. I found that so refreshing. It was tailored to me. It wasn't even 'How would you like to do this?'

Because I didn't know how I wanted to do it? She took me as I was and we found our way through it.

Her first approach was, 'let's manage this'. To identify exactly how much I was drinking, because you lie. It was at least two bottles a day and probably more. We reduced it a bit at a time.

I plateaued at half bottle of wine, realised that I have to do this forever and got really panicky. We talked about it and I realised that I needed support from those around me. Julia suggested that I did a complete withdrawal for a week and my family joined in. Julie followed me through it. She was so confident that my problems were solvable.

The Over 50's programme supports you all the way through and at whatever level you need.

“It might sound melodramatic but without the NORCAS 50 plus programme I would probably have gone up the garden again with a bottle of something and some tablets because I couldn't see how to get out of the cycle.”

Drinking was my guilty secret and I spent my life hoping no one would find out. Now I am free. It is a wonderful feeling. Driving is a big thing. I used to resent having to take the kids somewhere because it meant that I couldn't have a drink that night.

Now I can take somebody out and bring them back. I have been to staff dos. I have lost 2 stone, not just from the drinking, but you don't get the munchies and you take more exercise. It does wonders for the self esteem and I think I have started to like myself better.

Not turning up at work hung over makes me a nicer person at work and a better employee. At work they say they have the old Tina back. People notice a more cheerful, thinner person with more mental energy. I am more of a Mum now and I feel better respected.

When she wanted me to give up drinking the Doctor said 'You might have another 40 years' and I thought 'I hope not' but now I think 'I wonder what I could achieve now'.”

50+ case study: Mary's story

Mary's started drinking heavily after her husband died. Five years later things were no better and the effects of her drinking contributed to a stroke. Then she realised she must do something about it.

"My childhood wasn't very good but I enjoyed school. I left at 17 and went to teacher training college. I started teaching physical education and dance in East London. I was involved in that for about 30 years. I did all ages but eventually specialised in children with special needs.

I moved to East Anglia when my husband retired. When he died I began drinking a lot. I had never been on my own before and everything was going wrong.

Drinking didn't seem that bad as it was a break from reality. I was really quite happy with it because I needed an escape. I was finding it very difficult to cope and the more difficult it got, the more I drank and it got worse.

It was around 5 years before I had the stroke. I thought 'If I don't stop drinking so much I'll have another one'. If I was crippled I couldn't look after the dog or the horse and I didn't really want to have another stroke so I thought I better do something about it.

I phoned Drinkline and they said that there is an AA nearby. I went along a couple of nights. They were all welcoming but they were mates and nobody would talk to me as a person. I didn't agree with everything they thought they would do. Nobody would listen to anything I said.

I referred myself to CADS and their worker suggested NORCAS as he felt I was a little old for what they did. I saw Julie more or less weekly and it gave me the time and the space to realise that I had a problem and to do something about it.

I drank normally with other people but it was when I was on my own that I drank a lot. Julia

worked with me from February to the end of June. I realised that life could be better without drinking so much. It was quite a relief to get rid of the anxiety of having to get things done so that I could have a drink, which is what it had become.

My progress was quite gradual. I was surprised at first to find I could go without a drink. It was balancing the better things that were coming into my life, like my painting.

Each session was about an hour which I found terribly hard work but valuable.

"On the weeks when I didn't see her she phoned. It helped me enormously."

The one-to-one is effective for me because if I set my mind to do something, I like to get on with it. I felt like I could get on with it with her.

I found here completely professional and I admired that because that is how it has got to be. She showed a genuine concern to achieve her goal and she helped me enormously.

We did quite a lot of work on bereavement which was helpful and was part of finding a better life without my husband and without drinking so much.

“I am not sure what would have happened without NORCAS. I wasn't very well mentally at the time and it was getting worse. I was in a desperate state so I think things could have got a lot worse.”

Now I am less worried about everything. I am calmer than I used to be. I no longer go along with everything people say, which is what I was doing when I first lost my husband and was drinking a lot. People thought they could just take over my life. People like to adopt you. I thought it was kindness but I wasn't in a state to think about it.

I have more time and time seems more valuable. One can do an awful lot in a short space of time and it is more quality use of time rather than galloping through everything before having a drink. Things like reading and thinking about things, being aware of life. When your head is clear you can use energy more ergonomically.

I have begun to enjoy painting again because I had got into a bit of a mess with that. And I think I slowed down a bit. I had been getting a bit manic.

Alcohol gave me confidence to keep going without my husband and people seemed to go along with that. It is very different now because I am not as confident as I was when I was drinking a lot. It is not all 'Stop drinking and life's a bowl of roses!'. It is difficult to find an escape from reality when you need one.

I do a lot of work as a volunteer with riding for the disabled. I am able to decide better how much I am able to do. I hadn't done a thing with horses before my husband died. I went to help and because I could get on with the riders I got dragged into an awful lot of work which was too much for me at the time. I got put on committees and it just became too much. Now I am helping again and I decide how much I do.

I am very grateful to have received the help I received. I know I couldn't have done it on my own.”

Thank you. Now let's consider matters relating to your health and your emotional outlook in the last three months

Q6 Please think about the last three months and indicate how much the following apply to you. **1 is definitely not me. 10 is definitely me.**

Please put a mark on the scale or write n/a if no response

	Not me!	Me!
6a	<i>People say I am looking well nowadays</i>	
	1	10
6b	<i>I prioritise shopping for food to ensure I eat properly</i>	
	1	10
6c	<i>I normally feel positive about my future</i>	
	1	10
6d	<i>It is rare for me to miss an important appointment</i>	
	1	10
6e	<i>I go to bed and get up at relatively normal times</i>	
	1	10
6f	<i>I open all my mail and respond to the issues it brings</i>	
	1	10
6g	<i>I eat as well as most people</i>	
	1	10
6h	<i>I usually keep myself clean and presentable</i>	
	1	10
6i	<i>I make plans for the future</i>	
	1	10
6j	<i>I take good care of my health nowadays</i>	
	1	10
6k	<i>I feel confident when out and about in public</i>	
	1	10

Q7 Still thinking about the last 3 months please answer the following questions

Please write number

- 7a *How many times in the last three months have you been admitted to hospital? (for any reason)* _____
- 7b *How many times in the last three months has an ambulance been called to attend to you? (for any reason)* _____
- 7c *Approximately how many times in the last ONE month have you had an appointment with your GP? (Doctor – for any reason)?* _____

Now let's think about how you relate to the people around you

Q8 Alcohol and substance use can affect our relationships with family, friends and neighbours. **Thinking about the last 3 months** please score the following with a score of 1 as couldn't get much worse and 10 as couldn't get much better.

Please mark the scale. If not applicable write n/a

	Couldn't be worse!	1	5	10	Couldn't be better!
8a	<i>Your relationship with your partner</i>				
8b	<i>Your relationship with your children</i>				
8c	<i>Your relationship with the rest of your family</i>				
8d	<i>Your relationship with other people around you</i>				

Q9 Thinking about the last 3 months please list the community or group activities that you have participated in more than once. These could be clubs, hobbies, sports, campaigning organisations, voluntary work, community groups, etc.

If not applicable write n/a. If more than 4 name most important to you

Q10 Thinking about the last 7 days and excluding any NORCAS programmes. Have you done any of the following?

Please tick as many as apply.

10a	<i>Paid work of any kind.....</i>	<input type="checkbox"/>
10b	<i>Any kind of organised voluntary work</i>	<input type="checkbox"/>
10c	<i>Any organised training or education</i>	<input type="checkbox"/>
10d	<i>None of the above.....</i>	<input type="checkbox"/>

Q11 Now, thinking about the last three months please say how often you are likely to be involved in the following behaviours. Please tick once in each row

	Never	Sometimes but less than monthly	Most months	Most weeks	Most days
11a	<i>Behaviour in the presence of others that would later cause you regret or embarrassment</i>				
11b	<i>Drinking or substance misuse in a public place</i>				
11c	<i>Brawling, fighting aggression or arguing in public</i>				
11d	<i>Other behaviour which most people would consider anti-social</i>				

Q12 Alcohol or substance misuse sometimes brings NORCAS clients into contact with the Police. Thinking about the last 3 months . . .

Please write a number

12a Excluding arrests, approximately how many times have the Police stopped you in the street? _____

12b Excluding arrests, approximately how many times have the Police been called to your home for a matter where you were involved? _____

12c In the last three months, how many times have you been arrested? _____

Q13 If you are on probation - please indicate the extent to which NORCAS has helped you to avoid breaching the terms of your license.

Please tick one

- Not on license 1
- Not at all 2
- A little..... 3
- Quite a bit 4
- Without NORCAS I probably would have breached my license 5

The final questions relate to housing and your financial situation

Q14 Thinking about your financial and housing situation over the last three months please indicate the extent to which the following applies to you and score 1 as definitely does not apply to me and 10 as definitely applies to me.

Please put a mark on the scale or write n/a if no response

- | | Not me! | Me! |
|---|---------|-----|
| 14a I pay my rent or mortgage in full and on time | 1 | 10 |
| 14b Alcohol or substance misuse does NOT put my housing situation at risk | 1 | 10 |
| 14c My finances are under control. My spending is balanced by my income and have plans for repaying my debts (if any) | 1 | 10 |

Q15 Think about the other organisations and agencies that have supported you over the last 3 months. Then answer the following question.

Please write a percentage

What proportion of the change you have experienced do you think is has come about through your work with NORCAS? _____ %

Thank you! This information is vital to helping NORCAS to continue and improve its work. We will want to ask you these questions again at a future date to show how things are changing for you. This can be done over the telephone if you like. For this reason it is vital that you let NORCAS know if you change your address or telephone number.



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