
Shelter Manchester: Inspiring Change Manchester Local Evaluation

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GMCA

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Executive Summary

Inspiring Change Manchester (ICM) is an 8-year programme led by Shelter that supports people facing multiple disadvantage (including a history of substance use, mental health or emotional well-being issues, accommodation problems and involvement with the criminal justice system). ICM is part of the Fulfilling Lives: Supporting People with Multiple Needs programme, which is a National Lottery Community Fund programme investing £112m into 12 projects across England.

Previous evaluations of the ICM programme have illustrated that there is significant benefit to long term engagement with the project. This has led to Inspiring Change Manchester developing a 'No Wrong Door' approach to strengthen longer term engagement with both the programme and wider services. The aim of this evaluation was to consider if the positive findings from the previous report continued over a longer time period.

Inspiring Change Manchester

An evaluation was completed which considered behaviour, wellbeing and lifestyle changes in programme members over the life course of the ICM programme. This considered changes in self-reported indicators overtime, as well as applying a cost-consequence model to identify potential fiscal benefits as a result of changes to these indicators.

Key Findings

- **Significant positive improvements across 10 outcomes measured by the Homelessness Outcome Star** when comparing initial and final outcome scores
- There is evidence that **the longer a person engages with the programme, the better their Outcome Star scores** are, but this is not a simple linear effect. This is likely to reflect the complex nature of the lives that the ICM programme works with
- **Significant positive improvements across 10 outcomes measured by the NDT (Chaos Index) Assessment** when comparing initial and final outcome scores
- There is **some evidence of a relationship between length of engagement and improved score for some outcomes** (e.g. 'Social Effectiveness' and 'Impulse Control') **but less so for others** (e.g. both self-harm measures and 'Stress and Anxiety')
- **Potential savings of around £130,000 to public services** are identified over the course of the programme
- The increased wellbeing of programme members seen whilst engaged in the ICM programme has **potentially generated around £550,000 in public value benefit**
- **Potential fiscal benefits of almost £185,000 may have been generated by ICM programme members engaging in education, training and employment opportunities**

Peer Mentoring Scheme

The Inspiring Change Manchester Peer Mentoring Scheme is led by Community-Led Initiatives and aims to improve outcomes for programme members by pairing them with a Volunteer Peer Mentor to support them through the service. The Peer Mentors are either a current or previous programme member with shared experiences of both homelessness and the ICM programme itself. The Peer Mentor can provide advice and support based on their own experiences, provide informal support around the other support structures offered by Shelter and other organisations, as well as acting as a positive role model and supportive friend.

Key Findings

- Peer mentored programme members tend to have spent longer with Shelter's ICM service.
- Programme members that have been **peer mentored show better outcomes on both the Homelessness Outcomes Star as well as the NDT assessment**; both in regards to the proportion of programme members that improve their Outcome score, and in the overall change in Outcome score.
- However, when controlling for length of time on the ICM programme, the average initial score for both mentored and non-mentored programme members are almost identical. This **suggests that peer mentees' overall better Outcomes may be a result of their longer engagement with the service rather than their engagement with the Peer Mentoring Scheme**

Conclusions

The ICM approach continues to illustrate the benefits, both to the programme members and to public services, of having an approach that allows people to drop in and out of the service and be flexible to meet their needs. The membership model that Shelter have employed allows much easier engagement than having to be referred back into the service and complete a series of 'new client' assessments. Other services could learn from this approach.

In the final two years of the ICM funding, Shelter should consider how they can use the findings in this report as well as others published previously, to highlight the significant benefits to the ICM ethos. Systemic changes, which consider these findings, are likely to have significant benefits to users of public services, but also have financial benefits for the public service system itself.

Chapter 1: Shelter Manchester: Inspiring Change Manchester Local Evaluation

[Introduction](#)

Introduction

- 1.1 Inspiring Change Manchester (ICM) is an 8-year programme led by Shelter that supports people facing multiple disadvantage (including a history of substance use, mental health or emotional well-being issues, accommodation problems and involvement with the criminal justice system). ICM is part of the Fulfilling Lives: Supporting People with Multiple Needs programme, which is a National Lottery Community Fund programme investing £112m into 12 projects across England¹.
- 1.2 The Greater Manchester Combined Authority (GMCA) Research Team (formerly New Economy) have been commissioned, alongside other evaluation partners², to evaluate the impact that the ICM programme of work is having on the both the lives of residents in Manchester, as well as the services and systems that are put in place to support members of the programme.
- 1.3 The overarching aim for the local evaluation of Inspiring Change Manchester is to assess the extent to which the project is achieving its four originally intended outcomes:
- **Improving outcomes for people with multiple and complex needs:** Manchester residents with three or more complex needs will have improved health, well-being, housing, employability, reduced re-offending, and these will be sustainable
 - **People with lived experience at centre of design, delivery and governance of services:** Manchester residents with multiple and complex needs will have more opportunities for involvement in the services they need, and influence on decisions that affect them
 - **Introducing and promoting holistic and integrated approaches:** Services will share more information and better co-ordinate interventions for people with multiple and complex needs
 - **Bringing about systems change for people with multiple and complex needs:** Commissioning of mainstream services will respond to project learning, funding cost-effective evidence-based interventions for people with multiple and complex needs.
- 1.4 The ICM programme has now completed its sixth year and Shelter are keen to understand the long-term learning that has come out of the programme. This will ensure future programmes of work are evidence led, as well as providing an evidence base on which to continue to champion best practice when working with people who face multiple disadvantages.

1.1

¹ National Lottery Community Fund, [Fulfilling Lives: supporting people with multiple needs](#)

² Greater Manchester Combined Authority (2018). [Shelter Manchester: Inspiring Change Manchester Local Evaluation](#)

Previous evaluations completed by the GMCA have illustrated a potential for the ICM programme to have a positive impact on the reduction of demand on public services with the potential to save money to the public purse. There is also evidence of significant improvements on a range of outcome measures the longer a person has been engaging with the ICM programme²; this has been further supported by Shelter's move to a 'membership model' whereby, once a person has registered on the programme they remain a member, removing the barrier of having to be referred back in to the service at a later date.

1.5 To build on the work of previous evaluations, the GMCA Research Team were commissioned by Shelter to complete a further follow up evaluation of years 5 and 6 of the ICM programme. This would be designed to meet Shelter's stated outcomes 1 and 4. The evaluation would form two parts:

- Core ICM programme benefits tracking and monetisation over the lifetime of the programme
- A deep dive evaluation of the Shelter Peer Mentoring Scheme

1.6 This report details the evaluation of the work completed in these areas.

Chapter 2: Inspiring Change Manchester

Evaluation of Programme Years 5 and 6

Introduction

- 2.1 Previous evaluations of the ICM programme have illustrated that there is significant benefit to long term engagement with the project. This has led to Shelter Manchester developing a 'No Wrong Door' approach to remove barriers to engagement². These evaluations of the ICM programme demonstrate the social wellbeing benefits to programme members of engaging with the support service. As well as supporting the ethical case for supporting people facing multiple disadvantages, this also has a fiscal benefit to society as well. The research illustrated evidence of a reduction of demand for high-cost public services (such as the criminal justice service and attendance at A+E), moving programme members into longer term and sustainable support services. The report also highlights the number of programme members engaging in education, training and employment, which is of benefit to both the individual as well as society more broadly.
- 2.2 GMCA's previous evaluation applied a cost-consequence model to the outcome scores of ICM programme members to illustrate any potential impact on public services, including how the use of services has changed for members of the programme. This model demonstrated potential financial savings to public services, particularly in relation to programme member wellbeing, a reduction in demand to health services as well as the financial benefits associated with long term volunteering.
- 2.3 Whilst the cost-consequence model does not consider the 'cashability' of these figures, the fiscal benefits of social wellbeing and employment, training and education are never 'cashable' for any one agency as they are just benefits that are seen by 'the system' as a whole, therefore this money will never be applied to service budgets to reallocate resources or decommission services.
- 2.4 The aim of this evaluation was to consider if the positive findings from the previous report continued over a longer time period.

Methodology

2.5 Data Collected between 1 July 2015 and 31st December 2019 was analysed for the purpose of this report (described as the analysis period in this report). Data prior to July 2015 was not considered to be robust enough to be included in the analysis due to significant gaps in the data collection. Additionally, data from 1 January 2020 to 31st March 2020 has not been included in this analysis for data quality reasons.

2.6 Shelter collect outcomes information on a range of measures which are included in this analysis:

- The Homelessness Outcomes Star is used to assess wellbeing and risk factors. A higher score indicates a positive change.
- New Direction Team (NDT) Assessment (Chaos Index) which focusses on indicators of chaotic lifestyle³. A lower score indicates a positive change.
- Member involvement in employment, education and training
- Member involvement in mentoring
- Engagement with other services (including, but not limited to, mental health services, primary care services, drug and alcohol services and engagement with criminal justice agencies).

Wellbeing and Lifestyle Indicators of Programme Members

2.7 Overall, 374 people have engaged with the ICM programme since its inception in 2014, of whom 356 have engaged within the analysis period and are therefore included in the analysis for this report. Individuals that are very new to the programme (i.e. their first assessment was in Q4 2019/20), those who did not engage for two quarters, or those who have not completed two assessments (and therefore could not change in outcomes) have not been included in the analysis.

2.8 Of the 356 who have engaged with ICM during the analysis period, 319 have engaged with ICM over more than one quarter and 274 have completed 2 or more unique Outcome Star assessments, whilst 261 have completed 2 or more unique NDT assessments.

2.9 Analysis of the NDT and Homelessness Outcomes Star scores have been undertaken in the following way:

- **Change across all members of the programme over time:** this analysis compares the mean score for each outcome every quarter to assess any change over time.

1.1

³ Details of the Homelessness Outcomes Star and NDT Assessment can be found elsewhere² and are therefore not described in this report.

Percentage change over the period is calculated from the change in total average score between the first reporting period (Q2 2015/16) and the last reporting period (Q3 2019/20) for each outcome. A comparison is made across all members over time as well as comparing individual initial and final scores.

- **Change over time by length of engagement with the programme:** this involves considering the length of time that an individual has engaged with the programme, with the length of time being measured by the number of quarters between the first and last engagement. This differs from the previous evaluation due to ICM moving onto a 'membership model', whereby service users do not disengage and reengage from the programme. Change is measured by comparing the first and last recorded scores, with these then being aggregated to the means for the groupings by length of engagement.

Cost Consequence Analysis of the ICM Programme

2.10 In order to provide evidence of the potential impact of the ICM programme on members' use of public services, a cost-consequence analysis has been undertaken building on the findings of the previous ICM evaluation report². The aim of this was to estimate the potential annual savings to certain public services as a result of people engaging with the ICM programme. Consideration is also made to the overall public value benefit generated by the ICM programme in terms of any changes in wellbeing experienced by programme as well as changes seen in members accessing education, training and employment.

2.11 Savings and public value figures have been derived using the GMCA Unit Cost Database⁴, New Economics Foundation⁵ and the HACT Social Value Bank⁶. These figures are in the form of a cost of an intervention (e.g. the cost of an eviction). They have then been applied to the data collected from the, providing an estimate of savings or benefits of a certain intervention.

2.12 The New Economics Foundation's estimates the benefit of improved wellbeing across the following areas: reduced isolation, positive functioning and emotional wellbeing. The Outcomes Star outcomes have been used as proxy measures of these indicators of wellbeing (see Table 1 for list of mapped indicators). The mean change in score has been used to estimate the potential annual public value benefit of the wellbeing changes seen by members of the programme.

1.1

⁴ GMCA (2018). *Cost Benefit Analysis and Evaluation*. Available at https://www.greatermanchester-ca.gov.uk/info/20175/research/155/research_cost_benefit_analysis_and_evaluation

⁵ New Economics Foundation (2009), *National Accounts of Wellbeing: Bringing real wealth onto the balance sheet*. London, UK: New Economics Foundation

⁶ HACT (2018). *Social value bank*. Available at <https://www.hact.org.uk/social-value-bank>

2.13 Table 1: New Economics Foundations indicators of improved wellbeing mapped against the relevant outcomes in the Homelessness Outcomes Star

National Accounts of Wellbeing outcome	Outcomes Star proxy outcome
Reduced isolation	Social networks and Relationships
Positive functioning (autonomy, control, aspirations)	Meaningful use of time Motivation and taking responsibility Self-care and living skills
Emotional well-being	Emotional and mental health

2.14 For the purposes of this analysis, data was used from the 274 programme members who had completed two or more Outcomes Star assessments. The overall average improvement in certain outcomes has been used to model potential savings of the programme.

2.15 It is important to note that this analysis purely provides an indication of areas where public service use may reduce and does not model for the displacement of demand to other services.

Findings

Change across all members of the programme over time

- 2.16 When comparing the initial recorded score and final recorded score for the Outcomes Star assessments, statistically significant improvements are seen for all 10 outcome measures across the cohort (all $ps < .001$) (see Figure 1). The outcomes where the biggest percentage increases are seen are 'Managing Tenancy and Accommodation', 'Meaningful Use of Time' and 'Emotional and Mental Health' (all showing a 43% increase across the analysis period).
- 2.17 In the previous evaluation report, the largest percentage increase seen in the outcome of 'Managing Tenancy and Accommodation', however, the percentage increase has now reduced (previously a 64% increase was reported). 'Managing Money', 'Drugs and Alcohol Misuse' and 'Meaningful Use of Time' all increased by 47% in the previous report, however, smaller increases in the 'Managing Money' and 'Drugs and Alcohol Misuse' are reported in the current analysis period (both increased by 37% during this analysis period compared to both improving by 47% over the previous time period).
- 2.18 The smallest percentage improvement was seen in the 'Offending' outcome, with a change of <1% over the analysis period. This is similar to the findings of the previous evaluation, where 'Offending' was the only Outcome score to experience an overall decrease of the analysis period. However, this is likely to be due to the fact that the average score on the 'Offending' outcome is consistently higher than all other outcomes and, therefore, is likely to be demonstrating a 'ceiling effect' where a score starts high, which makes it difficult to improve.
- 2.19 In the previous period, 'Physical Health' saw the second lowest percentage increase (25%); however, this has improved to a 32% increase during the analysis period. 'Motivation and Taking Responsibility' and 'Self Care and Living Skills' show the lowest increases in the current analysis period (24% and 19% increases).
- 2.20 The number of Outcome Stars completed has reduced overtime, going from an average of 89 Stars completed in the first three quarters compared to 43 completed in the final three. This has implications as the Outcomes scores in the final three quarters represent a much greater number of members than the first three quarters as the programme has grown; therefore, the final Outcomes Scores may not be representative of the members on the ICM programme.

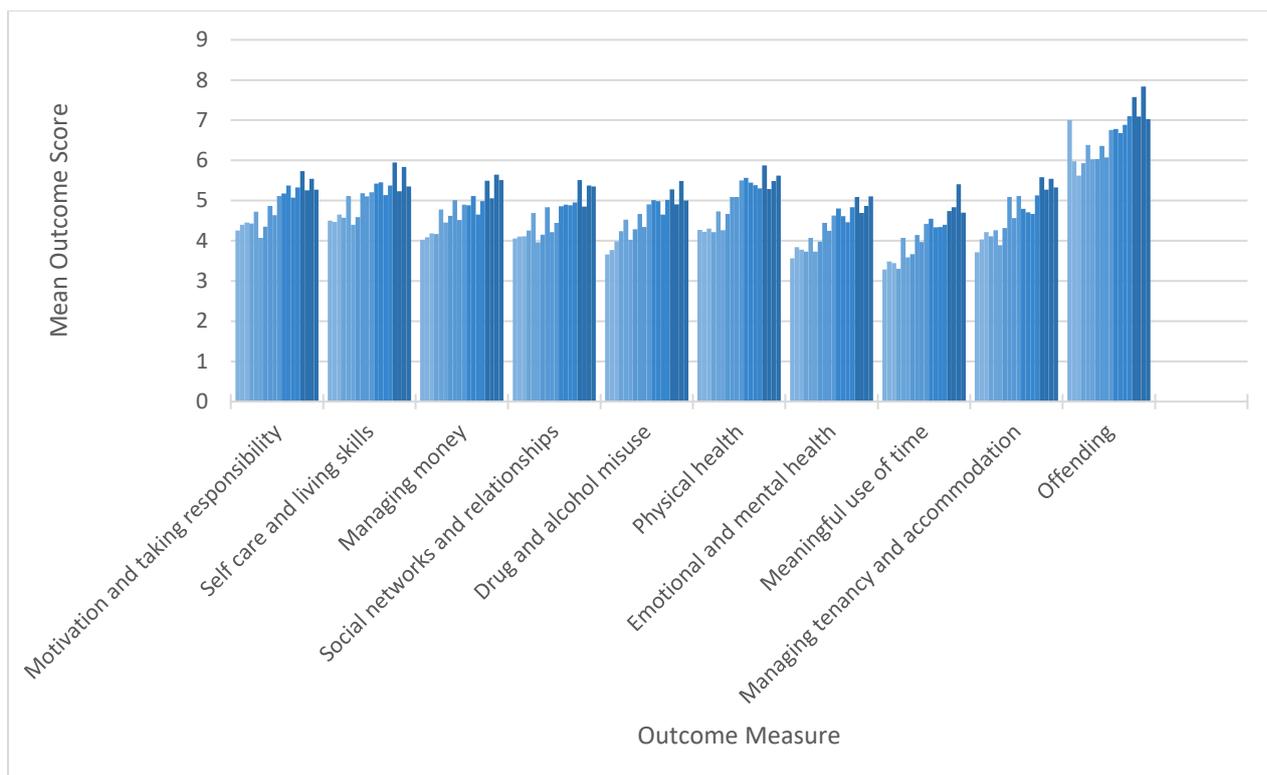


Figure 1: Mean ICM programme member Outcome Star scores by indicator. Each bar represents one quarter from Q2 2015/16 to Q3 2019/20

2.21 There is little evidence to suggest that there is any substantial change across any of the NDT assessment outcomes. 8 of the 10 outcomes show a very marginal downward trend overtime, but this is <1 outcome point for all indicators. Two outcomes, intentional and unintentional self-harm, show a slight upwards trend over time. However, again this is <1 outcome point for both indicators (see Figure 2).

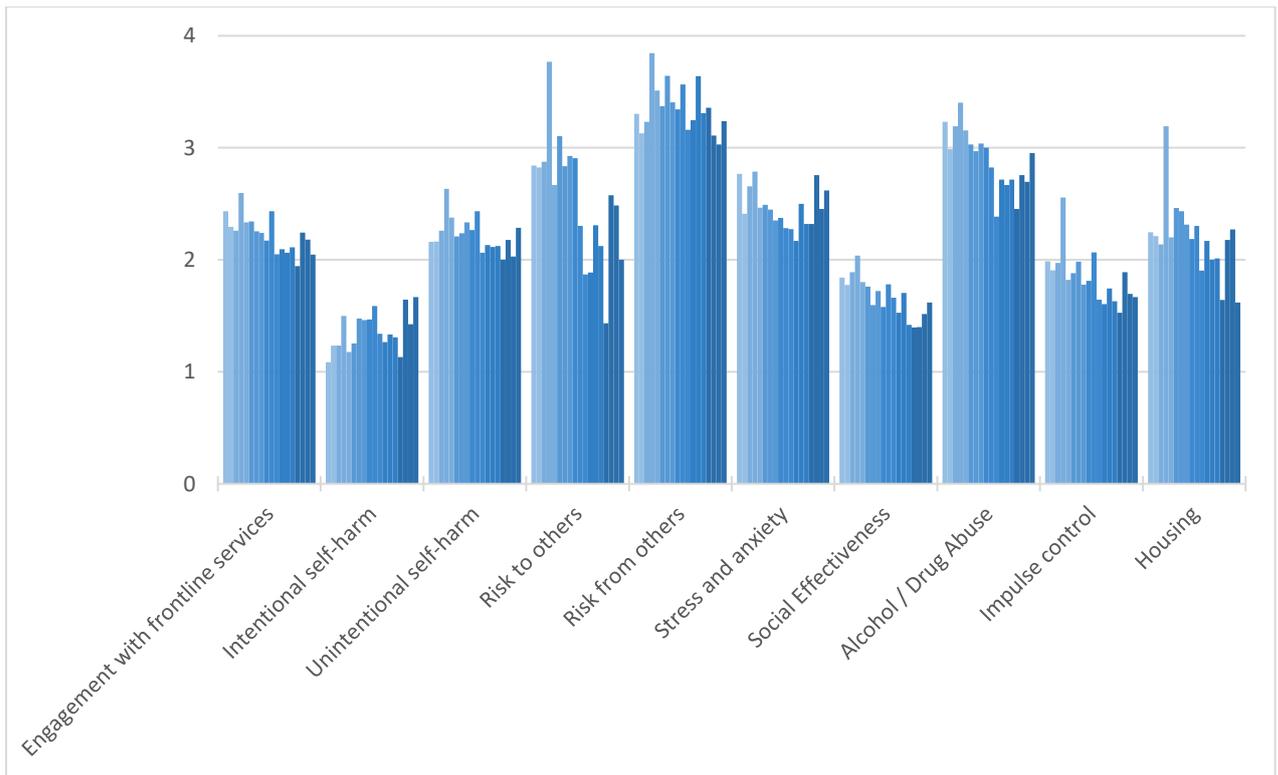


Figure 2: Mean ICM programme member NDT assessment scores by indicator. Each bar represents one quarter from Q2 2015/16 to Q3 2019/20

Comparisons between Members' Initial and Final Scores

2.22 79% of all programme members saw an increase between their first and final score on the Homelessness Outcomes Star. Overall, there was a statistically significant mean increase of 48% between the mean first total score (34.4) and the mean last score (51). Where programme members had a lower total final score than their total initial score, this was, on average 5.7 points (15%) lower at the final score than the initial.

2.23 A large, statistically significant increase has been seen between the first and last score across all Outcome Star measures (all $ps < .001$). The largest increase can be seen in the 'Managing Tenancy and Accommodation' outcome, with a 71% increase between the mean first score (2.9) and last scores (5). 'Offending' showed the smallest proportional increase of 29%, from a mean first score of 5.3 and a mean last score of 6.8; although as discussed previously is likely to be impacted by a 'ceiling effect'.

2.24 Across all programme members there was a 22% decrease between mean first (27.2) and mean last overall NDT score (21.1), with all measures showing statistically significant decreases (all $ps < .001$). The largest decreases were in the outcomes for 'Risk to Others' (30% decrease), 'Housing' (29% decrease) and 'Intentional Self-Harm' (26% decrease). 'Alcohol and Drug Abuse' saw the smallest decline (18% decrease), followed

by 'Stress and Anxiety' (19% decrease) and then 'Unintentional Self-Harm' (20% decrease).

2.25 An overall statistically significant improvement can be seen over in overall Outcome Star score the longer that a person engages with the ICM programme ($p < .001$). There is a clear incremental increase overtime with the exception of those engaging for between 31 and 36 months, which sees a statistically significant decrease in Outcome Star score ($p < .05$); however, there are only 10 people in this group so the figure may be unreliable (see Figure 3). Statistically significant improvements can be seen between people that have engaged with the programme for:

- Less than six months and 7-12 months ($p < .05$)
- 7-12 months and 13-18 months ($p < .01$)
- 31-36 months and 36+ months ($p < .01$)

2.26 There is no difference in outcome score between people that have engaged with the programme between 13 months and 30 months.

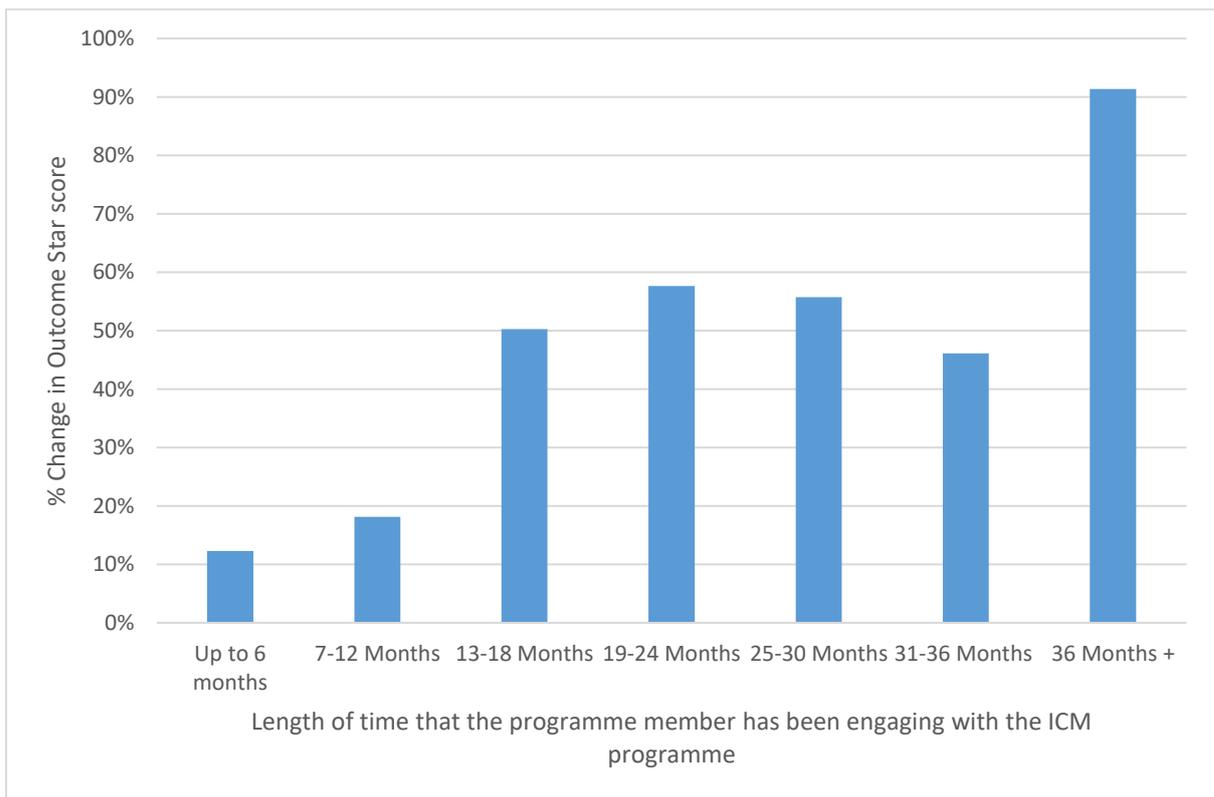


Figure 3: Differences in the percentage change in the overall Outcome Star score for programme members who have been engaging with the ICM programme for different lengths of time

2.27 The difference between mean first and last overall Outcomes Star scores for those who have engaged with the ICM programme for more than 36 months (n=49) is large across all measures (see Figure 4). The largest proportional change in this group was in the ‘Managing Tenancy and Accommodation’ outcome (an increase of 129% and 3.8 points on the Outcomes Star scale). The smallest increase was seen in the ‘Offending’ outcome (61% increase and 3.2 points on the Outcomes Star scale).

2.28 In comparison for those who are new to the ICM programme and have only engaged for up to 6 months (n=18), changes in the total Outcome Star Score was far less pronounced. The largest improvement was seen in the ‘Emotional and Mental Health’ (an increase of 29% and 1.1 point on the Outcomes Star scale). The ‘Offending’ outcome saw no change at all (see Figure 4).

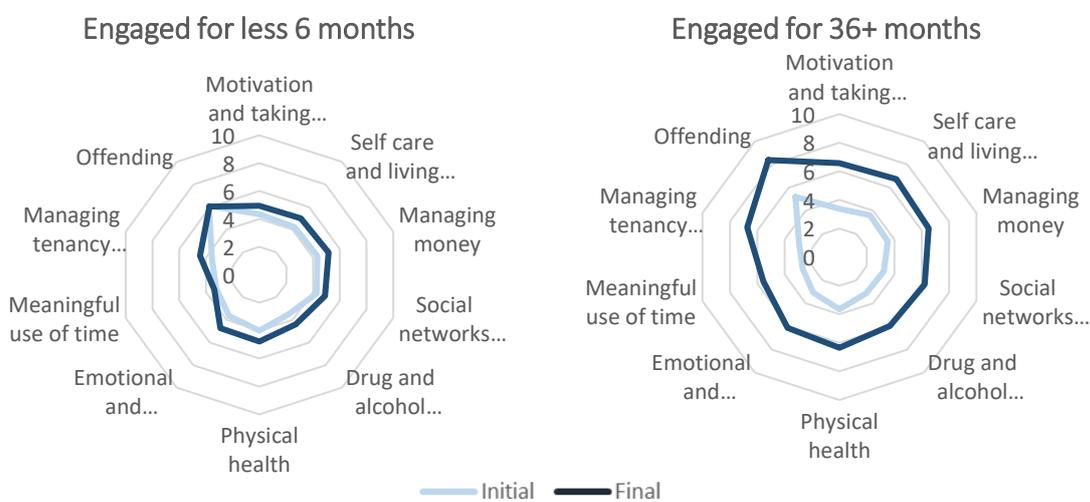


Figure 4: Comparison of initial and final Outcomes Star scores between programme members who have been engaging with the ICM programme for less than six months and those that have been engaging for 36+ months.

2.29 When accounting for the length of time engaged with ICM, programme members who have engaged with ICM for more than 36 months demonstrated the largest decrease in their overall NDT score (38%). In comparison, those who have engaged with the programme for between 7 and 12 months have seen the smallest decline in overall NDT scores (6% decrease). This differs from the changes in the overall Outcome Star scores, where those who had only engaged with ICM for up to 6 months saw the smallest improvement (see Figure 5).

2.30 An overall statistically significant improvement can be seen in overall NDT assessment score the longer that a person engages with the ICM programme ($p=.001$) (see Figure 5). Unlike with the Outcome Star scores, there is a less clear pattern of incremental improvements as people engage for longer. There is a statistically significant increase

in scores (representing an increase in chaotic behaviour) between those engaged for less than six months and those engaged for 7-12 months ($p < .05$), the scores then show a statistically significant decrease (representing a decrease in chaotic behaviour) over the next two time periods (both $ps < .05$) before levelling off.

2.31 There is no incremental difference in NDT assessment score between people that have engaged with the programme longer than 24 months.

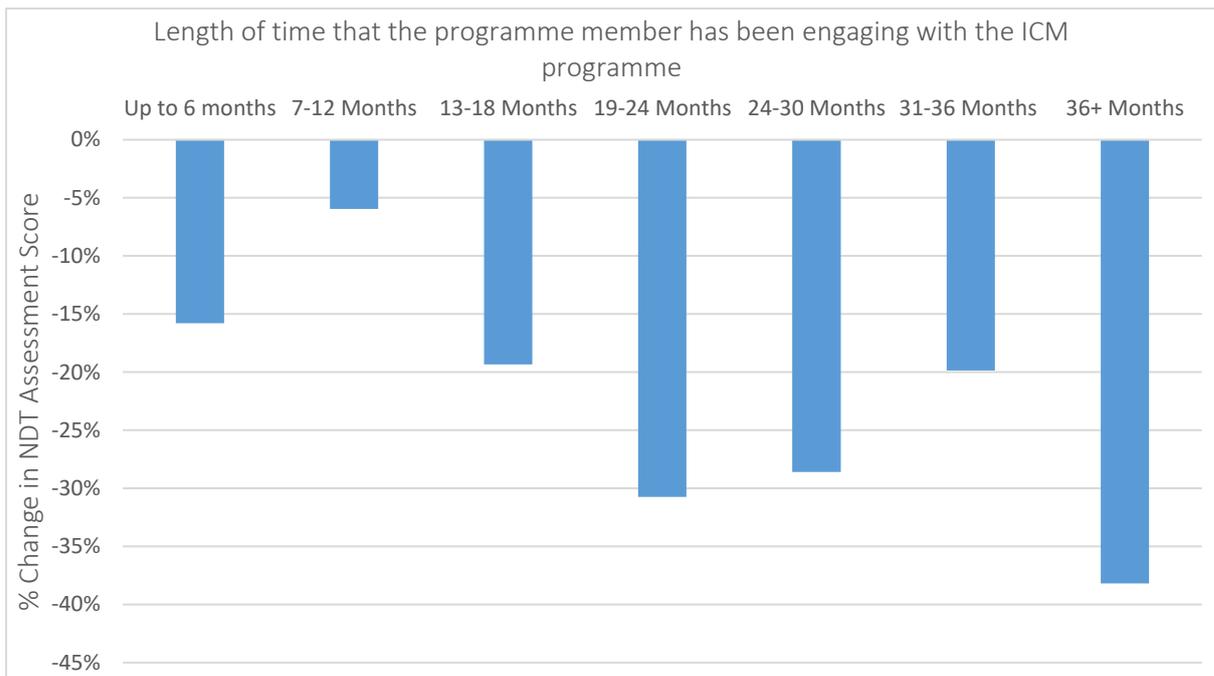


Figure 5: Differences in the percentage change in the overall NDT assessment score for programme members who have been engaging with the ICM programme for different lengths of time

2.32 The difference between the initial mean NDT assessment score and final mean NDT assessments scores for programme members who have engaged for over 36 months is relatively large across all outcome measures (see Figure 6). The largest decrease is seen in the 'Housing' outcome (a 60% decrease), this is then followed by 'Risk to Others' (53%). Meanwhile the smallest decrease is seen in the 'Risk from Other' outcome (28% decrease), 'Stress and Anxiety' (31% decrease) and 'Unintentional Self-Harm (32% decrease).

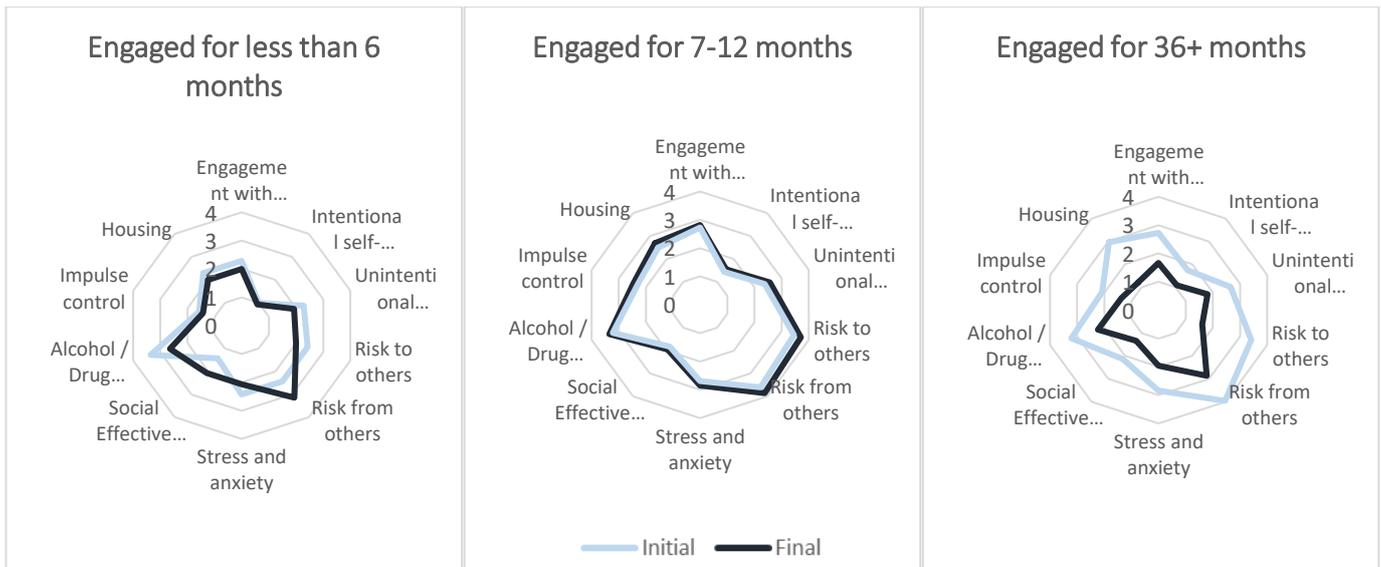


Figure 6: Comparison of initial and final NDT assessment scores between programme members who have been engaging with the ICM programme for less than six months, 7-12 months and those that have been engaging for 36+ months.

2.33 When the programme members are divided into groups based on the length of time that they have been engaging with the wider ICM programme, not all groups of engagement experience a decrease in their scores across of NDT measures. Those who have engaged with ICM for 31-36 Months experience an average 86% increase in their mean score on the 'Unintentional Self-Harm' outcome and an average 14% increase in their mean score on the 'Impulse Control' outcome. However, this is a relatively small group with only 10 individuals engaging for between 31-36 Months. Those who have been engaging with ICM for up to 6 months experience an average 45% increase in their mean score on the 'Social Effectiveness' outcome and an average 29% increase in their 'Risk from Others' outcome. However, similar to those who have engaged with ICM for 31-36 Months, this is a small cohort, with only 14 individuals in this cohort.

Cost Consequence Analysis of the ICM Programme

2.34 The cost-consequence analysis models the potential savings to public services across the course of the ICM programme to date. Table 2 estimates the potential Impact of ICM on housing services, health services and drug and alcohol services. The analysis reveals a positive potential financial impact of ICM on housing services, health services and drug and alcohol services as a result of a proportionate reduction in evictions, hospital admissions, mental health inpatient admissions as well as a reduction in use of face-to-face drug and alcohol services.

Table 2: Potential cost savings to housing, health and substance misuse services as a result of engaging with the ICM programme. * The analysis includes a 15% deadweight⁷ for all measures with the exception of Drug and Alcohol Services (where a 20% deadweight was applied due to previous findings² indicating a large relative increase in), to reflect the fact that people may have used these services without the ICM programme intervention. An Optimism Bias⁸ of -25% was also applied for all measures apart from Drug and Alcohol Services (where -50% was added due data quality reasons), to account for inconsistencies in the data collection.

Public Service Area	Potential Cost Reduction*
Housing: Evictions	£62,484.96
Health Services: Hospital Admissions and Mental Health Inpatients Admissions	£53,831.30
Drug and Alcohol Services: Face-to-Face Services	£13,963.28
Total potential savings	£130,279.53

2.35 The analysis estimates that the ICM programme has potentially saved around £130,000 to public services over the course of the programme to date, in terms of a reduction in use of more costly, reactive services. Due to the nature of the cost-consequence model, it is not possible to describe whether the cost reductions would ever be cashable and allow the reallocation of resources because of the changes to demand.

2.36 The New Economics Foundations’ National Accounts of Wellbeing publication sets out the benefit of improving wellbeing across the following areas: reduced isolation, positive functioning and emotional wellbeing. The Outcomes Star outcomes have been used as proxies for these measures, and the difference between mean first Outcome Score and mean last Outcome Score has been used to estimate the potential annual public value benefit of the wellbeing improvements seen by members of the programme (see Table 3).

1.1

⁷ Deadweight is an estimation of what would have happened anyway under business as usual

⁸ Optimism bias is an estimation of how confident we are in the data being accurate

More details on deadweights and optimism bias can be found here: https://www.greatermanchester-ca.gov.uk/media/1583/cba_guidance_020414_1312_final.pdf

Table 3: Potential public value benefit of improvements to wellbeing over the ICM programme to date. * The analysis includes a 38% deadweight for 'Reduced Isolation', 35% for 'Positive Functioning' and 25% for 'Emotional Wellbeing' to reflect the fact that people may have used these services without the ICM programme intervention. An Optimism Bias of -25% was also applied, to account for inconsistencies in the data collection.

National Accounts of Wellbeing Outcome	Outcome Star Proxy Outcome	Potential Public Value Benefit*
Reduced Isolation	Social Networks and Relationships	£245,022.15
Positive functioning (autonomy, control, aspirations)	Meaningful use of time; Motivation and taking responsibility; Self-care and living skills (average improvement in scores)	£93,277.02
Emotional well-being	Emotional and Mental Health	£203,311.60
Total potential savings		£541,610.77

2.37 The analysis estimates that the increases seen in Outcome Star Assessments potentially generates around £542,000 in public value benefit over the course of the ICM programme, with reductions in isolation providing the largest potential public value benefit. It must be noted that public value benefits are never 'cashable' for any one agency as they are just benefits that are seen by 'the system' as a whole, therefore this money will never be applied to service budgets to reallocate resources or decommission services.

2.38 The HACT Social Value Bank figure for the social value of regular volunteering has been applied to the number of programme members who have started or completed regular volunteering activities during the course of the analysis period (total of 58 programme members), to estimate the social value of volunteering generated by ICM (see Table 4).

Table 4: Social value generated through the volunteering activity of ICM programme members whilst engaging with the programme. * The analysis includes a 19% deadweight to reflect the fact that people may volunteered without the ICM programme intervention.

Number of Regular Volunteering Opportunities Started/ Ongoing/ Completed	Average Social Value of Volunteering per Person	Total Social Value Generated by ICM Volunteering to Date*
58	£3,249	£185,513.56

Conclusions

- 2.39 The findings illustrate that the beneficial effects of the ICM programme is not linear and does not simply increase on an upward trajectory over time. This is, perhaps, not surprising, given the complex nature of the cohort, who are likely to have more stable periods and periods that are more chaotic over a period of 3+ years. However, Inspiring Change Manchester has successfully illustrated the benefits of maintaining long term engagement with a cohort that is often considered as ‘non-engaging’.
- 2.40 In line with GMCA’s previous report, this evaluation has illustrated significant fiscal benefits in the areas of programme member wellbeing, a reduction in demand to health services as well as the financial benefits associated with long term volunteering. In addition to this, a greater fiscal benefit was identified in the current evaluation in relation to reductions in housing evictions than was seen previously. This may reflect policy changes building on from the learning from the previous GMCA report, as well as the work completed by the University of York⁹, about the benefits of maintaining a residency in order to more effectively engage with services.
- 2.41 ICM is unlikely to be recommissioned in the same way again, it is now important that work and policy use the findings from the ICM programme to inform the development of services going forward.

⁹ Pleace, N., & Quilgars, D. (2017). The Inspiring Change Manchester Housing First Pilot: Interim report. York: University of York.

Chapter 3: Inspiring Change Manchester

Evaluation of Shelter's Peer Mentoring Scheme

Introduction

- 3.1 The Inspiring Change Manchester Peer Mentoring Scheme was led by Community-Led Initiatives (CLI) and aims to improve outcomes for programme members by pairing them with a Volunteer Peer Mentor to support them through the service. The Peer Mentors are either a current or previous programme member with shared experiences of both homelessness and the ICM programme itself. The Peer Mentor can provide advice and support based on their own experiences, provide informal support around the other support structures offered by Shelter and other organisations, as well as acting as a positive role model and supportive friend.
- 3.2 The peer mentoring programme can also form a supportive relationship for the peer mentor themselves, provide useful experience and development, and ultimately lead to better life outcomes. Peer Mentors have the opportunities to gain nationally recognised qualifications such as Level 3 Mentoring, Level 3 Health and Social Care and Level 3 Information, Advice and Guidance. Unfortunately, data regarding the peer mentors themselves was not available for this analysis.

Methodology

- 3.3 Between July 2015 and December 2019, 71 ICM programme members were mentored under the Peer Mentoring Scheme; 20% of all programme members. NDT and Homelessness Outcome Star data is available for all but one programme member mentee, therefore this person has been excluded from the analysis. There is comparison data available for a further 204 non-mentored service users over the same period.
- 3.4 Outcomes have been compared between the earliest available completed outcome, the Outcome score when the person first engages with the Peer Mentoring Programme, and the latest available Outcome score in the analysis period. Some mentees may have completed a large number of self-assessments over their time with the service (up to 16) and some as few as two. This analysis only considers their first and latest self-assessment, as well as their first assessment when starting with a peer mentor (for those that have been mentored).
- 3.5 No outcomes data is available for the peer mentors, only those that have been mentored. It is possible that service users included in the analysis are peer mentors, or that individuals that have been mentored may later be mentors themselves, but this is not possible to draw out from the available data. Programme members' positive outcomes may therefore be linked to their time as a peer mentor, but it is not possible to identify this within the reported analysis.

Findings

- 3.6 Peer mentored programme members tend to have spent longer with Shelter’s ICM service. Over 50% of Peer mentored programme members have been engaging with the service for more than 2 years, compared to just 10% of non-mentored service users. Conversely, over 50% of non-mentored service users have been engaging with the service for under a year, compared to 15% of mentored service users (see Figure 7).

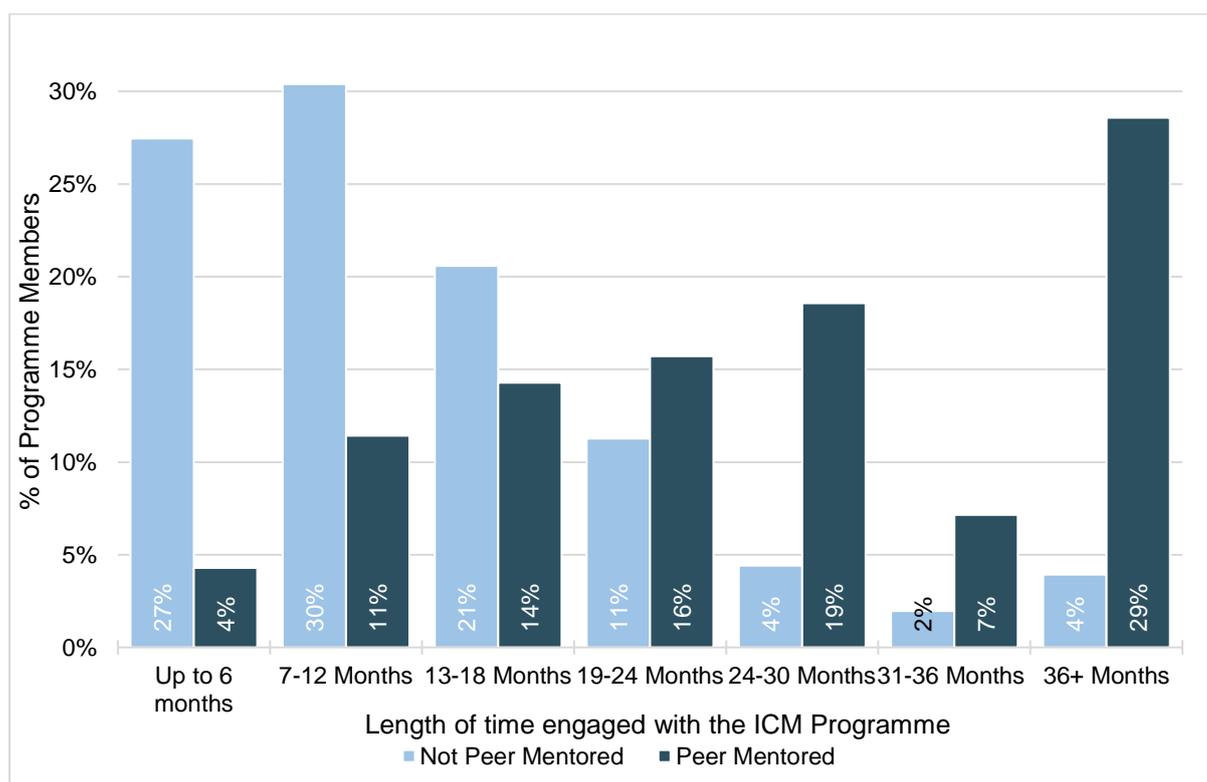


Figure 7: comparison between programme members who are and are not on the Peer Mentoring Programme by how long they have been engaging with the wider ICM programme

- 3.7 Programme members that have been peer mentored show better outcomes on both the Homelessness Outcomes Star as well as the NDT assessment; both in regards to the proportion of programme members that improve their Outcome score, and in the overall change in Outcome score. 91% of mentees had improved Outcome score between their first and latest assessments, compared to 74% of non-mentored programme members, 84% of mentees showed improvements on the NDT assessment compared to 72% of non-mentees (see Figure 8).

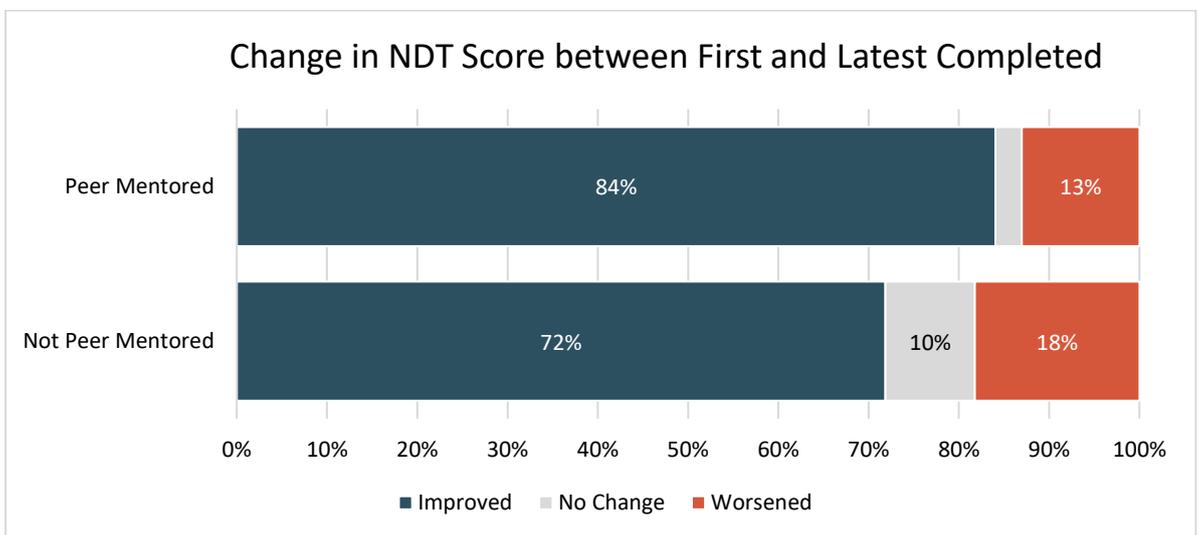
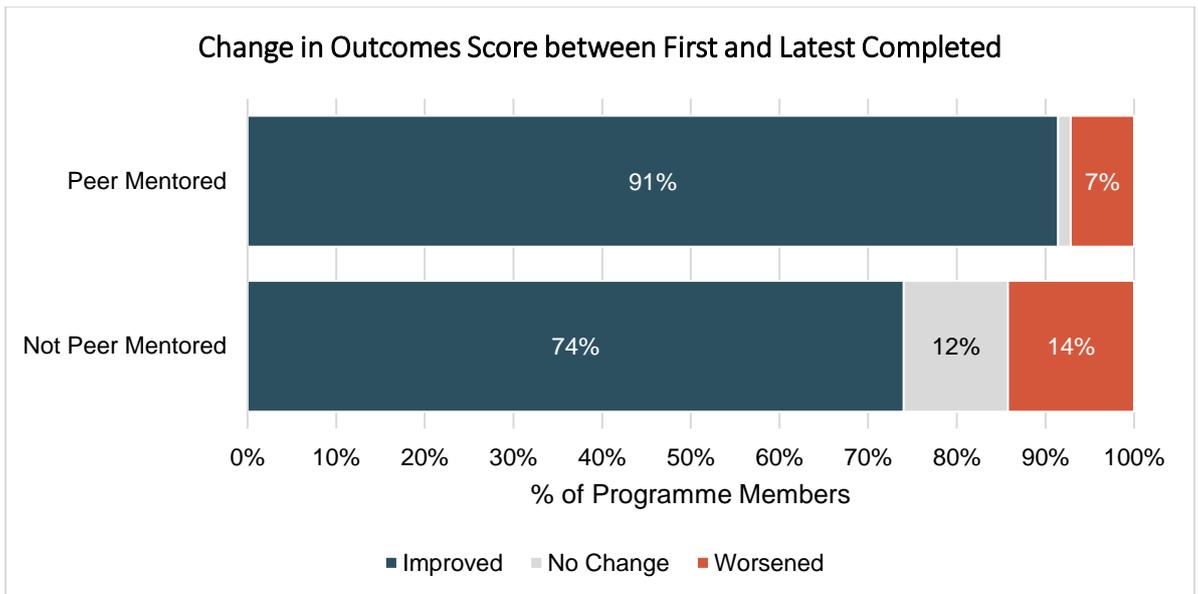
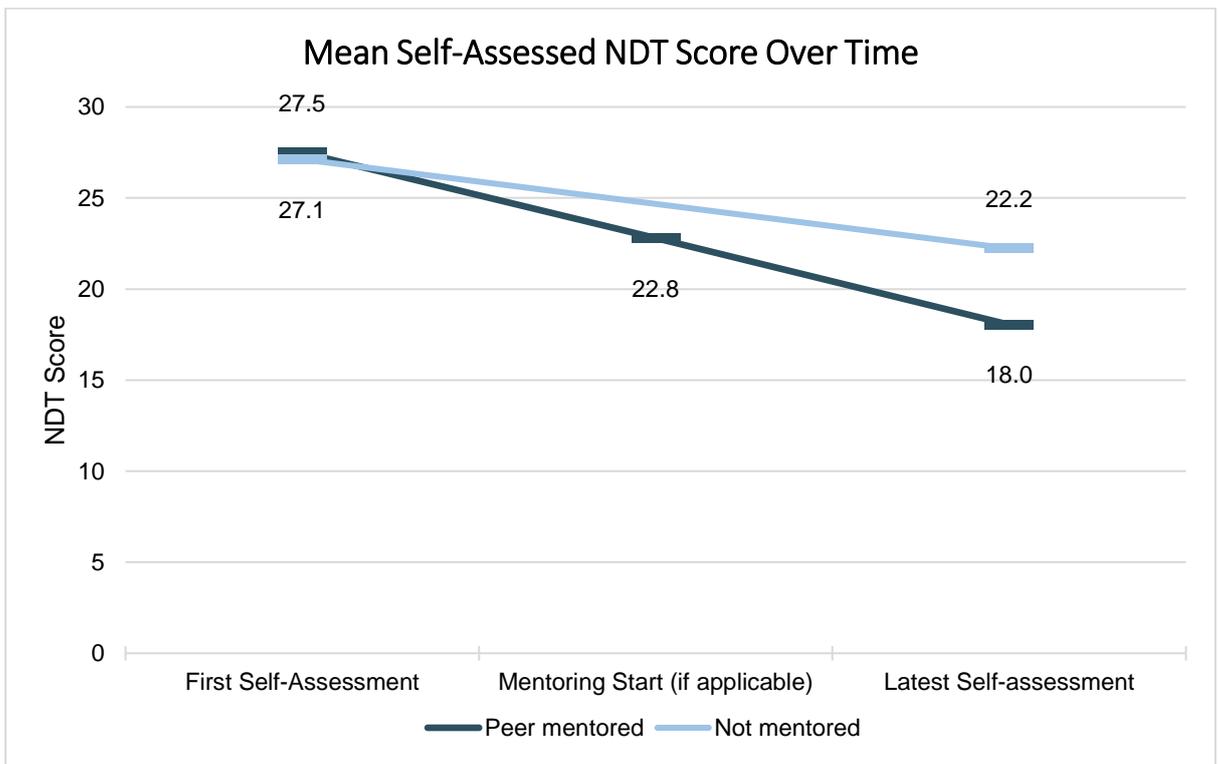
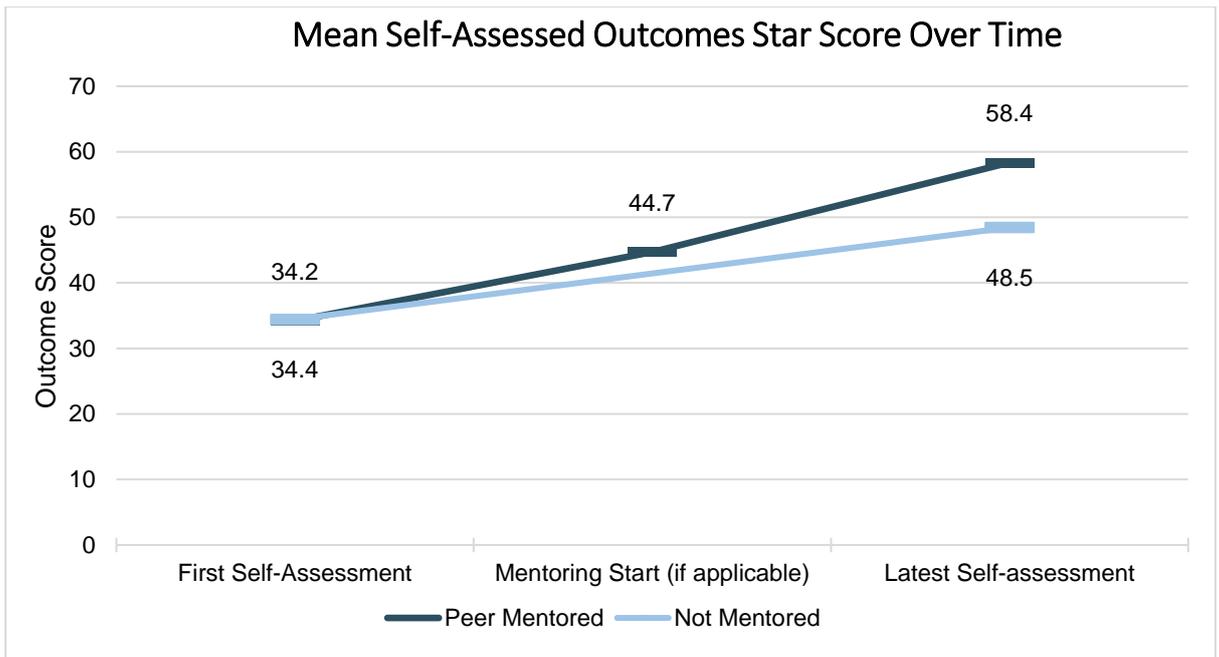


Figure 8 Change in Overall Homelessness Outcome score and NDT score between first and latest completed assessment

3.8 It is possible that this is a result of a difference between the cohorts of programme members who take up peer mentoring or not, perhaps with those who are more motivated and engaged taking up peer mentoring. However, if this is the case, it is not visible at first assessment. Mentored and non-mentored programme members report almost identical average initial scores on both the Outcomes Star (34.2 and 34.4, respectively) as well as the NDT assessment (27.5 and 27.1 respectively). However, mentees report a much higher average Outcome score (58.4 and 48.5 respectively) and NDT score (18 compared to 22.2⁹) at their most recent assessment compared to non-mentored programme members (see Figure 9).

1.1

⁹ A lower NDT score indicates a less chaotic lifestyle and therefore is positive



3.9 *Figure 9: Mean Outcome Star and NDT assessment scores for all programme members at first assessment, start of peer mentoring (for those that engage with a peer mentor), and latest self-assessment. Note: A lower NDT score indicates a less chaotic lifestyle and therefore is positive*

3.10 Further analysis was completed to understand if the improvements in Outcomes score is due to the length of time engaging with the ICM programme (as discussed in Chapter

2) or because of the programme user's engagement with the Peer Mentoring Scheme, or a combination of both of these factors.

- 3.11 No statistically significant correlation ($p > .05$) was found between the number of weekly contacts that a mentee has with their mentor and the change in overall Outcome Star and NDT assessment score or (see Figure 10).

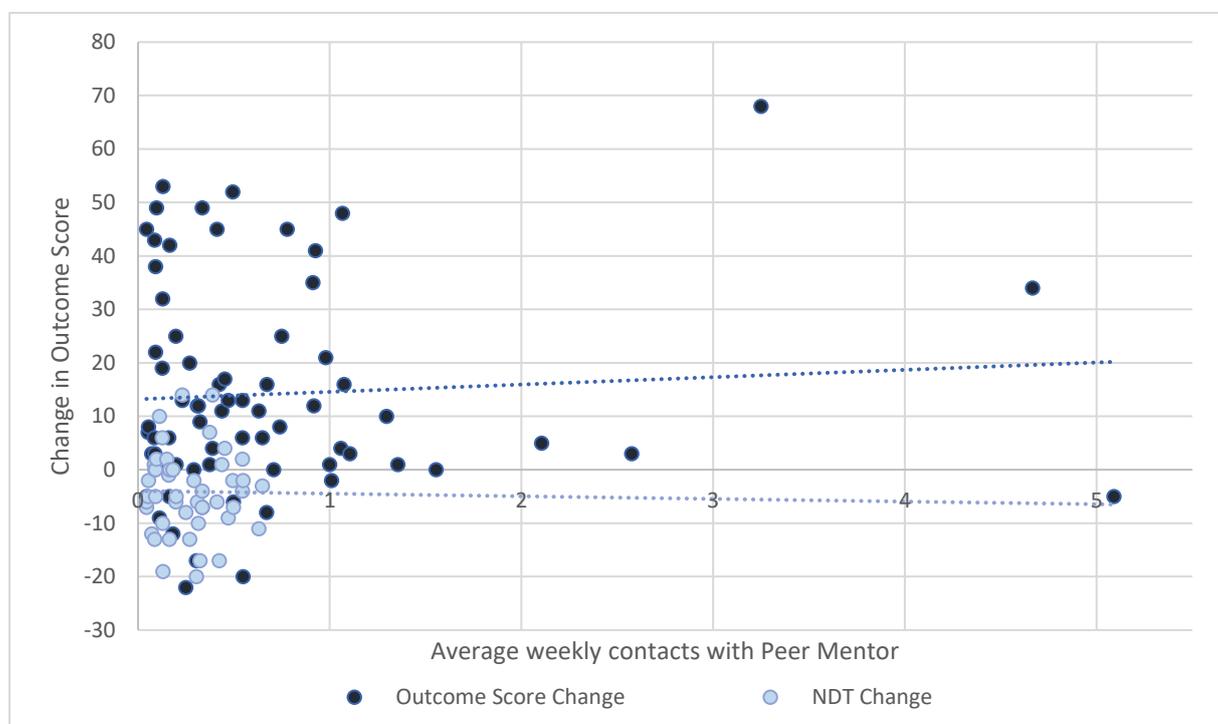


Figure 10: Change in Outcome Star and NDT assessment score from first engaging with a peer mentor to latest outcome score, compared with the mean weekly contacts with their peer mentor. The trend is not changed by remove outliers above 2 contacts per week.

- 3.12 When comparing the average scores in service users' latest assessments, depending on how long service users have engaged, there is a strong and near identical trend for both mentored and non-mentored programme members, with higher scores being strongly related with longer engagement with the programme. This pattern is seen for both the Outcomes Star and NDT assessment score (see Figure 11).

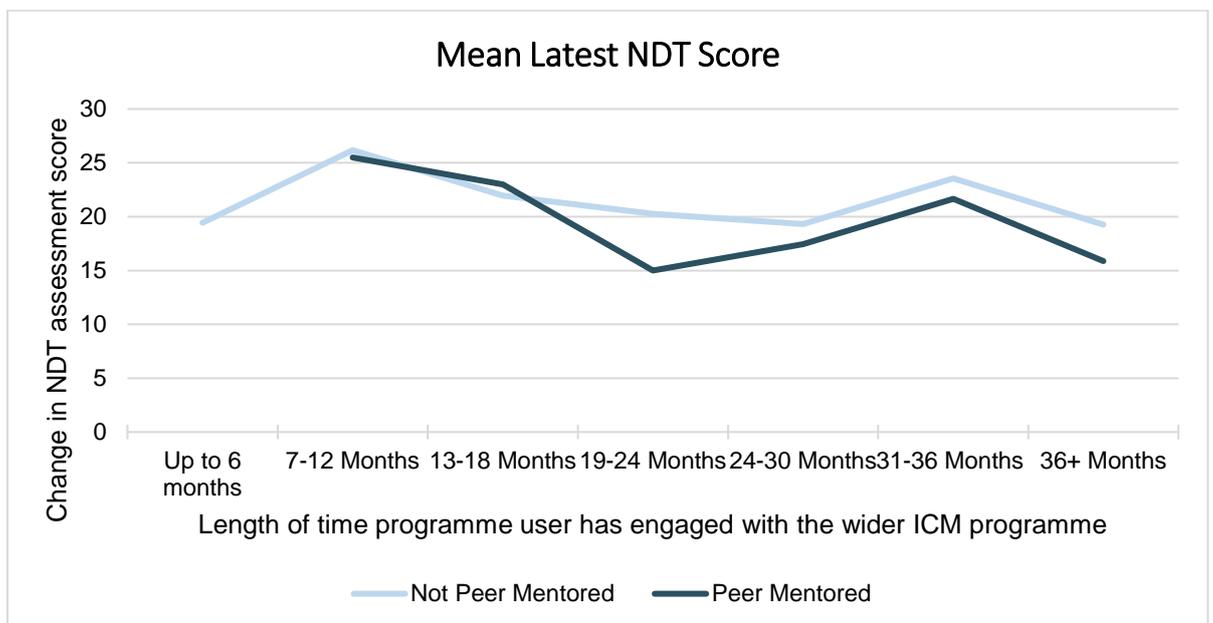
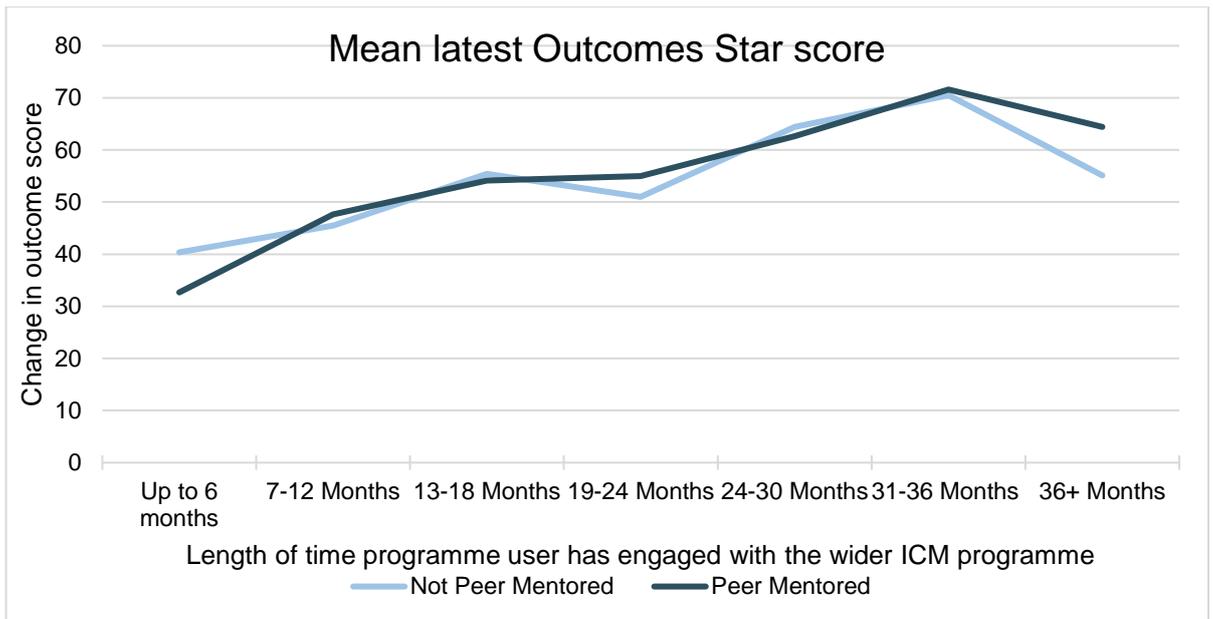


Figure 11: Mean score in latest outcome score assessment by how long the programme member has engaged with the wider ICM programme.

Conclusions

- 3.13 People who have engaged with the Peer Mentoring Scheme have, on average, been engaging with the ICM programme longer than those who are not on the Scheme. Mentees show better outcomes than non-mentees. However, when compared with non-mentees over a prolonged time period, there is no apparent added benefit to being mentored compared to simply being engaged with the ICM programme for a long period of time.
- 3.14 Given that the average initial score for both mentored and non-mentored programme members are almost identical, it appears that peer mentees' overall better Outcomes (in terms of larger improvement in Outcome score, and larger percentage of programme members that have improved their Outcome score) may be a result of their longer engagement with the service rather than their engagement with the Peer Mentoring Scheme.
- 3.15 This does not exclude the possibility that peer mentoring may be what enables these service users to engage with the service for longer. However, from the data available, it is not possible to determine whether service users engage for longer as a result of peer mentoring, or whether people who engage for longer are more likely to engage in peer mentoring.
- 3.16 It would be useful to get some qualitative feedback from mentees to understand the impact that members themselves feel the Scheme has made, as it is likely that there are other benefits that are not easily identifiable in Outcomes data alone. The original research plan was to include interviews with mentees. However, because of the Covid-19 lockdown, this was not possible. Future research should consider this as an area of interest.
- 3.17 Furthermore, no data was provided on the actual Mentors themselves. It would be interesting to see if there are any additional benefits in outcomes scores for the mentors. The Scheme will undoubtedly develop transferable skills, such as communication skills, that will be beneficial in gaining training and employment opportunities. This again should be considered in any future research.

Chapter 4: Inspiring Change Manchester

Concluding Remarks

- 3.18 This piece of research aimed to build on the initial findings of previous work, which illustrated the long-term benefits of engaging with the ICM programme, both in terms of improved outcomes and fiscal benefits. It also aimed to evaluate the impact of Shelter's Peer Mentoring Scheme on mentees. Both pieces of work have been considered separately in this report.
- 3.19 The ICM approach continues to illustrate the benefits, both to the service users and to public services, of having an approach that allows people to drop in and out of the service and be flexible to meet the needs of the programme member. The membership model that Shelter have employed allows much easier reengagement than having to be rereferred to the service and complete a series of 'new client' type assessments. Other services could learn from this approach.
- 3.20 In the final two years of the ICM funding, Shelter should consider how they can use the findings in this report as well as others published previously, to highlight the significant benefits to the ICM ethos. Systemic changes, which consider these findings, are likely to have significant benefits to users of public services, but also have financial benefits for the public service system itself.