

NHS England Liaison and Diversion peer support

A review of Pathfinder sites

Revolving Doors Agency and NEF Consulting October 2018





Executive Summary

Revolving Doors Agency were appointed with NEF Consulting to evaluate the Liaison and Diversion peer support pathfinder sites in Birmingham & Solihull and Wiltshire. Peer researchers were central to the methodology working closely with Revolving Doors Agency to undertake in-depth interviews with service users, volunteer and paid peer supporters in both sites. NEF consulting undertook a Social Cost Benefit Analysis (SCBA).

Wiltshire had a larger number of clients on their books than Birmingham & Solihull. Wiltshire also tended to engage a slightly higher proportion of their caseloads than Birmingham & Solihull. Birmingham & Solihull also had a higher average of client contacts than Wiltshire. This is reflective of the different complexity of the caseloads both sites were attempting to engage.

All of the service users interviewed were positive about their experiences with peer support. Service users drew a picture of peer supporters making them feel understood, respected, committed to and a sense of persistence from the peer supporters to keep users in contact with the service. The service users we interviewed were at various stages in their engagement with the peer supporters resulting in variations in the level of service impact experienced. Nonetheless service users in most cases identified positive impact on their lives, varying from more stable living conditions, better financial circumstances and headway being made with other services.

NEF Consulting conducted a SCBA during the research. While some uncertainties remain in the data underpinning the SCBA, the findings do suggest a positive social value return on every £1 invested, in the range of £1.04 to £3.58, with a central estimate of £2.28.

There was also evidence that the peer supporters, both paid and volunteers, benefited positively from the role they played in the service. The paid workers were moving on to new employment and the volunteers spoke of stability in their lives and ambitions for the future. When assessing both models there clearly was a great deal of positive impact for all involved but there also were issues to highlight. In particular, the sustainability of models that rely so heavily on the networks and 'social capital' of the paid workers in both services. Without contingency planning this leaves both sites vulnerable to problems which could impact on service users if peer supporters and other key staff move on.

To this end we are recommending a 'hybrid' model that combines the best elements of the Wiltshire and Birmingham & Solihull models and includes both paid staff and volunteers (See Appendix 1). At the heart of the model is sustainability of the service and to ensure that there is opportunity and planned progression for volunteers and paid staff alike. With caveats NEF Consulting offer a best estimate of the annual cost of roll out of the peer supporter service is in the range of £4-7 million per year, with variation accounting for uncertainty in the size of the target population.

1. Introduction

'It's a journey, you know, it's a journey for the service users, the staff and the peers. And so from being a service user to then a peer and then having the opportunities to be on the other side in the court, supporting people and sitting on interview panels... it's almost like being given another chance in life. Like you're reborn'. (Service user, Wiltshire)

1.1 Background

Revolving Doors Agency embarked on this review of the Liaison and Diversion peer support pathway sites sharing the perspective of the Liaison and Diversion (L&D) National Team that there is real and evidential value in Peer Support.

We understand Peer Support to be an interaction whereby people with similar experiences support one another and work towards living more fulfilling lives. Research literature points to multiple benefits evolving from peer support; for the client, the peer supporter and the wider services and community. Benefits include;

- Using a shared experience to enable trust to develop between those who are typically hard to engage and the peer supporter. (Gillard et al., 2014)
- The peer supporters serving as valuable and credible models of the possibility of recovery for both the clients and criminal justice professionals. (Gillard et al., 2014)
- Peer supporters can model useful skills and effective problem-solving strategies, and respond in a timely fashion to prevent or curtail relapses and other crises. (Gillard et al., 2014)
- The 'offending' community have a stake in changing the system and expectations for failure or change. (Weaver et al., 2012)
- It can challenge negative attitudes of staff and provide an inspiration for all members of the team.
- Being employed as a peer worker is generally seen as a positive and safe way to re-enter the
 job market and thus resume a key social role (Mowbray et al., 1998)
- Peer supporters feel empowered in their own recovery journey (Salzer & Shear, 2002), have greater confidence and self-esteem (Ratzlaff et al., 2006) and a more positive sense of identity, they feel less self-stigmatisation, have more skills, more money and feel more valued (Bracke et al., 2008).

Despite our shared perspectives, this is a relatively new initiative, especially in Criminal Justice. Therefore, knowledge regarding the implementation of peer support services is limited and this review captures some of the early lessons learned from the Pathfinder sites. It also provided an

opportunity to explore the implementation of two quite different models of peer support for L&D in the two pathfinder sites; Wiltshire and Birmingham & Solihull.

1.2 The LET proposed model of peer support

The National Lived Experience Team (LET) act to support the design and delivery of Liaison and Diversion. The National Liaison and Diversion Programme Board asked the National Lived Experience Team to develop a service specification for peer support.

This request followed a number of contributions from the LET which highlighted the potential value of peer support within the service. The resulting service specification was developed by the Lived Experience Team with the support of NHS England and Revolving Doors Agency through a series of co-production workshops.

The National Lived Experience Team Peer Support Model

The peer support function can either be delivered directly by an existing provider, or may be subcontracted through a specialist organisation. This will be a local decision.

There are three distinctive roles that comprise the peer support team as below:

- A **manager** within the Liaison and Diversion service to have responsibility to manage the peer support service.
- Lead peer support worker; a full time role, (even if not employed directly must be regarded as an integral member of the main Liaison and Diversion team), who directly takes on cases, in particular more complex and demanding cases and supports recruitment, supervision and development of the volunteers (see below for more detail on the role).
- A team of **volunteer peer supporters** who receive a dedicated and bespoke training programme and who volunteer for a maximum 18-month period (see below for more detail on the role).

The LET made the clear distinction that they were advocating a peer support service, rather than a peer mentor service, the former being a more 'passive' intervention encompassing listening, support and encouragement. In contrast, 'peer mentoring' is regarded as a more active role and encompasses advising and helping.

1.3 The Pathfinder sites' models

The two pathfinder sites are in Wiltshire and Birmingham & Solihull NHS Trusts. Wiltshire aligned itself closely to the proposed LET model: having a lead peer coordinator working with a bank of volunteer peer supporters within the Avon and Wiltshire NHS Trust. Birmingham & Solihull was already in the process of implementing a model whereby two paid Peer Mentors would be employed by Shelter and given training and support via a Peer Mentoring programme already in operation. The Peer mentors would work directly within the L&D team. There would be no volunteers.

In terms of clients and ways of working, the Wiltshire model again was well aligned with the proposed National LET Model, with the clients in the main being experiencing their first time in the criminal justice system with the work of the peer supporter volunteers being largely about support rather than action. At any one time Wiltshire had a team of between 5 and 10 peer support volunteers each working a few hours a week. This gave the service flexibility to quickly respond to new clients. It also allowed them to cover a large geographical patch. In contrast, Birmingham & Solihull's two Peer Mentors were employed to work full-time with the most hard to reach service users with the aim of stabilising their lives through accessing relevant services such as housing, mental healthcare or benefits.

1.4 Revolving Doors Agency brief

Our brief was to:

"Provide the Liaison and Diversion team with robust evidence of the comparative effectiveness of the two different models, including a cost-benefit analysis, delivered by NEF Consulting, and identify clear and actionable recommendations to improve delivery of the existing services.

The review will include qualitative data collection in the form of semi-structured interviews with paid and volunteer peer support workers and service users, interviews and/or focus groups with staff teams, and interviews with key stakeholders.

Qualitative data will be triangulated with quantitative data secured through the peer support extension to the LD minimum data set".

2. Our methods

2.1 Peer Researchers

A core element of our approach was the inclusion of peer researchers in the core qualitative research team. Four peers were recruited from the Lived Experience Team, based on our knowledge of them and their interest in the project. All four attended and passed an OCN accredited training course in Peer Research (Level 2) in May 2018, followed by two meetings where they met some key members of the Liaison and Diversion team to design the methodological approach. Peer Researchers were involved at all stages of the review; design, data collection, analysis and the preparation of a presentation which drew on the insight of their lived experience. Peer researchers offer:

- insights grounded in a different experience;
- the ability to challenge the implicit assumptions of "standard" researchers;
- the ability to "uncover" the unknown;
- the ability to interact with research participants through shared experiences.

Peer Researchers worked alongside Revolving Doors Agency's researchers to organise data collection and played a central role in interviews.

2.2 Existing data collection approach

We sought to access data sets from the two Pathfinder sites regarding the beneficiaries of their service. We understood that both sites collect data using the same dataset which contained core information regarding demographics.

The peer support data set which is submitted to NHS England monthly contains the following;

- Local Case ID
- Source of Referral
- Date Referred
- Engaged / not engaged
- Number and Type of Contact
- Date of first Contact
- Date discharged

2.3 New data collection approach

Following some early scoping interviews with core stakeholders which clarified expected outcomes, we worked with our economic partners NEF Consulting to devise a short quantitative survey (see Appendix 3) to use with service users to explore the extent to which they had changed as a consequence of their input from L&D peer support. Similarly, we devised a quantitative survey for peer supporters to understand whether there had been any benefits to them since starting this work.

We approached leads in both sites to help set up meetings with both peer supporters and service users across a selection of dates in the summer of 2018. Once meetings had been arranged, one peer researcher and one Revolving Doors Agency researcher as a team conducted the interviews with service users and volunteer peer supporters. The paid peer mentors and other staff interviews were conducted by Revolving Doors Agency researchers. In all interviews the researchers introduced the research, invited questions and ensured informed consent was gained from participants. The peer researcher then conducted the in-depth interview with support from the Revolving Doors Agency researcher, which used the quantitative survey as a basis for the interview with additional qualitative questions to build the interview. This enabled us to gather quantitative and qualitative data simultaneously. Each service user and volunteer peer supporter interviewee was offered a £10 Love2Shop voucher as a thank you for their time, as well as refreshments.

In total, we conducted 16 service user interviews across the two sites, 5 peer supporter interviews and 7 staff interviews. In Birmingham & Solihull all of the service users interviewed were male (because there is an alternative service focusing on females in the area) while 3 women were interviewed in Wiltshire with the remaining Wiltshire interviews being male.

To ensure we included the perspectives of all service users who wanted to contribute, we offered £5 Love2Shop vouchers to any other service user who wanted to complete the quantitative survey

using the online platform, *surveymonkey.com*. We provided the link to the service coordinators in each site, but were unsuccessful in terms of uptake. We extended the 'live' period from one week to one month and attended one site to assist service staff in sending messages to service users. However, there were no 'hits' on the website. This was disappointing but reflects the nature of the work being conducted with service users in terms of engagement. However, we had a back-up plan to use telephone interviews and through this approach we achieved the 10% sample size needed by NEF to complete the Social Cost Benefit Analysis element of the research.

2.4 Social Cost-benefit Analysis (NEF Consulting)

NEF Consulting conducted a Social Cost-Benefit Analysis (SCBA) to assess the return on the investment made in peer support. The methodology and the process undertaken to determine the social value created began with the development of an outcomes framework based on conversations with the service peer supporters'.

Stakeholders in the SCBA

Stakeholders in this study are those who experience a change (positive or negative) as a result of the intervention. Presented below is a short list of stakeholders who are included in the study:

- Service users
- Peer supporters / mentors
- The State

After establishing the scope and stakeholders for inclusion in the analysis, Revolving Doors engaged with the service managers and peer supporters in Wiltshire and Birmingham. This engagement produced a preliminary list of expected outcomes for each stakeholder group. A convenience sampling approach was taken to survey service users; this was co-ordinated by Revolving Doors Agency. The survey underpinning the SCBA was conducted with 22 service users and 6 peer supporters.

Key research steps and terminology

The SCBA model required a number of pieces of data. The net value created by the service is calculated using outcomes data, alongside data / assumptions regarding additionally and the value of outcomes created. A conservative estimate is used for each input to the SROI model.

The application of the SROI methodology involves considering:

- 1. Outcome incidence: how much change has occurred? In this case, self-reported indicators are used to understand the depth of the outcome or the average 'distance travelled' since the beginning of the intervention (i.e. the magnitude of that change for those experiencing it). We have taken the average of each outcome.
- 2. **Establishing impact.** While step one gives us the gross change for each outcome, we must also consider net impact by adjusting the gross change for each outcome to take into account other factors that might have influenced the change. Here, we look at the following:
 - a. **Deadweight**, which is defined as an assessment of the amount of change that would have happened regardless of the peer support service.
 - b. **Attribution**, which involves defining the percentage of overall change that is attributable to the service, compared to other actors.

c. **Displacement,** which is an assessment of how much of the change (remaining after considering deadweight and attribution) can be considered as a net benefit (i.e. a new change), when accounting for possible adverse impacts on other programmes.

Each of these are considered separately for each outcome area to calculate the net change for each outcome.

- 3. Giving outcomes a value. Once the net change has been measured, the next step consists of defining and assigning proxy financial values. SROI involves expressing all outcomes in monetary terms, to allow them to be evaluated in a common unit. This allows reviewers to consider the relative worth of different outcomes as well as their magnitude. The overall value is calculated by combining the outcome incidence with the monetary value for each outcome and summing across all outcomes.
- 4. **Establishing how long outcomes last.** We establish a benefit period, defined as the length of time that the benefits associated with a change last. This may be influenced by the duration of the activity or by other external influences. Similarly, the effects might last for a long period but be decreasing over time. A decreasing trend is defined as 'drop off'.
- 5. **Calculating cost.** The total value created must be compared to the cost of running the service. The cost of the service is considered in terms of full cost recovery, meaning that all funding streams are included, to represent operational costs, and any fixed assets (such as rent). Voluntary and in-kind inputs are included in this calculation.
- 6. **Discounting value.** Lastly, benefits and costs are discounted to represent their present value. All benefits accruing and costs borne into the future are adjusted to represent their 'worth' at today's prices. This is done by applying a discount rate to all future costs and benefits. The discount rate represents time preferences: the higher the discount rate, the greater the assumed preference for the present.
- 7. **Model sensitivity.** This study was conducted on limited resource and in a very challenging data collection context involving vulnerable participants; therefore, the results and assumptions should be considered with caution. To test the robustness of the main findings, sensitivity analysis was conducted on the model, specifically looking at the impact of variations in: (i) the values of the financial proxies, (ii) the length of the benefit period. This involves running the model with upper and lower estimates to test the robustness of the main findings.

The remainder of the report discusses the findings from the qualitative and quantitative elements of the research as well as the Social Costs Benefit Analysis undertaken by NEF Consulting. In Birmingham & Solihull the two paid workers were called peer mentors while in Wiltshire the volunteers were referred to as peer supporters. For ease of reading and clarity both roles will be referred to as peer supporters throughout the remainder of this report.

3. Findings

3.1 Pathfinder Sites Caseloads

Table 1 depicts data about the caseloads in each site. Wiltshire had a larger number of peer support service clients on their books (158 verses 107) than Birmingham & Solihull. Wiltshire also tended to engage a slightly higher proportion of their caseloads than Birmingham & Solihull (84% versus 74%). Likewise, the service decline rate was higher for Birmingham & Solihull (26%) than Wiltshire (11%).

These are expected findings given the nature of the different aims of the two sites and the different client groups they were focusing on.

The type of contact also varied by site with Birmingham & Solihull more likely to see a client face to face (41% versus 26% for Wiltshire) with similar amounts in both sites for telephone contact. Other contact on both sites reflected efforts to engage or keep engaged with clients and included letters, cold calling and sometimes contact with family.

Average number of contacts is used as a proxy of the level of engagement with clients. As Birmingham & Solihull peer support service had a harder to engage more complex client group, as expected average number of contacts per client were higher than Wiltshire. Of those engaged in the peer support service Birmingham & Solihull had 13.8 contacts versus Wilshire's 6.6. Of those declining the peer support service, in Birmingham & Solihull there was evidence that the peer supporters made efforts to engage clients with an average number of contacts for those declining at 3.8 (range 1-29). Wiltshire made only 1.5 contacts with declining clients. Again this is reflective of the different complexity of the caseloads both were sites attempting to engage.

Overall number of 'days on the books' was used as a proxy for length of engagement and we assumed no service users were held inappropriately on the books. 'Days on the books' also varied by site:

- Birmingham & Solihull peer support service users staying 101 days compared with 51 days in Wiltshire.
- Those engaged in peer support services in both sites were 'on the books' for more days than those who declined the services. 54 days for those engaged versus 35 for those declining for Wiltshire. 131 versus 47 days for Birmingham & Solihull.
- It is noteworthy that even for individuals who declined peer support services both sites continued to engage for more than a month and are indicative of the efforts made in both sites to engage those service users who did not want to engage.

| | • • | ort Services Caseloads: tact by Pathfinder Site | | | | |
|--|---------------------|--|----------------------|--|--|--|
| Wilts (March 2018 | hire | Birminghan (January 2017 - | | | | |
| Number of peer supported cases | 158 | Number of peer supported cases | 107 | | | |
| Engaged | 132 (84%) | Engaged | 79 (74%) | | | |
| Decline | 18 (11%) | Decline | 28 (26%) | | | |
| No data | 8 (5%) | No data | 0 (0%) | | | |
| Type of peer support contact | | Type of peer support contact | | | | |
| Face-to-Face | 237 (26%) | Face-to-Face | 493 (41%) | | | |
| Telephone | 485 (54%) | Telephone | 625 (52%) | | | |
| Other | 183 (20%) | Other | 77 (6%) | | | |
| Total | 905 | Total | 1195 | | | |
| Average number of peer support contacts | | Average number of peer support contacts | | | | |
| Engaged | 6.6 (Range 1-28) | Engaged | 13.8 (Range 1-67) | | | |
| Declined | 1.5 (Range 1-3) | Declined | 3.8 (Range 1-29) | | | |
| Overall | 5.6 | Overall | 11.20 | | | |
| Discharged from peer support service Days on Service books | | Discharged from peer support service Days on Service books | | | | |
| Overall | 51 days | Overall | 101 days | | | |
| Engaged | 54 days | Engaged | 131 days | | | |
| Declined | 35 days | Declined | 47 days | | | |

3.2 Findings: Service Users

All of the service users we spoke with had experienced mental health problems or other issues that needed service involvement; even in Wiltshire were the service aimed to engage with first time and less complex clients, very few were presenting without a range of issues.

'I was overdosing on anti-depressants and that and they kept coming around all the time and sending ambulances and I kept telling them to leave me alone and get lost and everything and finally it all kicked off one night and they arrested me because I was giving them loads of abuse on the phone and then um, if it hadn't been for (peer supporter) being there taking me....(I would) probably have been sentenced the first time. And I could've ended up going to prison and it would

have been madness then because I didn't even have mental health services and... they were just like treating me like, somebody with normal mental health problems'. (Service user, Wiltshire)

'Stabbed 12 times. That's what caused all the mental health problems. That's what caused the PTSD and stuff. So, he helps me go to the Doctor. He helped me with benefits. He's helped me with housing. He's got me re-housed in like supported accommodation. Every angle he covers I am telling you'. (Service user, Birmingham & Solihull)

'So they got me signing on the social and they got me scripts sorted and then he supposed to be doing the housing then, getting the forms and helping me do that'. (Service user, Birmingham & Solihull)

'Yeah. And it's like I um, he has helped me because I lost my kids as well because I split up with the ex-partner, about 3, 4 months ago and that took its toll on me and then she took the kids away and I haven't seen them now in 2 months so'. (Service user, Wiltshire)

All of the service users interviewed were positive about their experiences with peer support. For the most part, at the start of contact with the service users had low expectations of the peer supporters they engaged with because they had history of trying to get help or engaging with other services where very little came of their engagement.

'I've tried to engage for years. I know I don't think the same. I know, I've accepted it now, I'm not well mentally. You can't get anywhere. I've tried again, I've engaged like through this court hearing I've been going to a different mental health (service) but I'm not even optimistic any more I have give[n] up with it all.....let's get it over and done with then cos you know it ain't going to go anywhere'. (Service user, Birmingham & Solihull)

'It don't affect it in anyway it just gives me that bit of optimism, like I'll try this one and see if it's different. Like I say, I don't expect nothing to come of it, I never do'. (Service user, Birmingham & Solihull)

'When I first got discharged, and my care co-ordinator went sick, I was left with nobody. I had to go up to Pepperton Road and have a complete melt down in there, with them to sort something out. Erm, if I hadn't had done that that day I think I would have still been waiting and I wouldn't know nothing about this (service)'. (Service user, Wiltshire)

Consequently, the first contact with peer supporters was important – they would need to prove that they were different to the services that users had experienced before.

'Because the amount of times I've tried and it's just either something that slid me away from it, or something came up and then I can't do it and it's just annoying because I want to do something with myself... . So me being in that cell I just kept thinking about it that there was no way anymore. I just don't care. And then when I see (peer supporters)....I was just thinking what the hell really. ... And then the first day (I could see) how hands on they are and they want to help me and stuff like that so I was like do you know what I need to do, I need to see what this is going to give me'. (Service user, Birmingham & Solihull)

'It helped because the women that they gave me were actually friendly, and they liked me and everything and it was like having friends with me'. (Service user, Wiltshire)

The way the peer supporters worked was also important. Because of service users' mistrust of services, it was important that they established a solid, trusting relationship which did not just capture their problems but were seen to follow through on those problems.

'He was there if I needed to talk to him about anything. And if I was going through a bad time, he'd phone up to see if I was okay. Um, also ringing me up before the court case as well just to give me confidence just to go in and things like that. Which was alright'. (Service user, Wiltshire)

That's what I mean, in such a short time, how many things they've done for me. Because, over the years I've had so many workers. Chat, chat, chat, chat, chat and...'. (Service user, Birmingham & Solihull)

'You see letters... they find they give me a fright because they are enforcement letters for money you owe and that, and I keep putting them off like I try not to open them. I get the horrors when I see them, and then when I do open them, it says you owe this much.... because I didn't pay the first one and then one I missed...do you understand? And it's getting bigger. And I tend to put them off. ...And has he been helping you with that. I'm going to tell him in the minute that's why I bought the letter with me'. (Service user, Birmingham & Solihull)

The way the peer supporters worked on both sites was paramount to the success of the relationships they build with service users. Service users drew a picture of peer supporters making them feel understood, respected, committed to and a sense of persistence from the peer supporters to keep them in contact with the service.

'the first time we were meant to meet, I just couldn't do it, I was petrified and froze for fear, but again we were talking on the phone the second time and we made it to court, I find it hard to control my emotions, but they just, they understand, I just can't put it into words. Do you know what I mean, it's just amazing. I cannot fault them'. (Service user, Wiltshire)

'He's always got, you know, plenty of time to talk, so nothings are never rushed. If you ask something he's not 100% he gets straight back to you and he works, he gets on really well with my care co-ordinator and if I mention something she says 'oh I will get onto (the peer supporter)', within two hours of leaving me, she's contacted (the peer supporter) and he is on the phone to me. So super-efficient'. (Service user, Wiltshire)

'More understanding and relates...a relationship with them.... they can relate to what you are saying. Do you know what I mean? If you know not being disrespectful'. (Service user,

Birmingham & Solihull)

'Yeah I'm definitely willing to try. There ain't another service that has made me want to try, so that's a plus'. (Service user, Birmingham & Solihull)

This was reinforced by the fact that all of the peer supporters had 'lived experience' of the issues they were supporting service users with. There is also a sense of the 'lived experience' of the peer supporters also giving service users hope that they too can turn their life around.

'Because obviously, (peer supporter who) was working with me (said) she done things in her past so she had been caught and things like that'. (Service user, Wiltshire)

'(peer supporter) to me is a God send. First time, I've seen him, his gold teeth and that, I thought oh my God what have I got myself into, but like judging a book by its cover again isn't it, but he's a geezer'. (Service user, Birmingham & Solihull)

'I reckon it's major I do, lived experience. Like (peer supporter) obviously been to jail and has stuff like that. So, like... it's not that they can relate to you, it's that if things go wrong when you're in that position, they've been sat there, so look, they know who to ask. They know what avenues to go down. And when you've come out (of prison), they've been in the position when they're out as well'. (Service user, Birmingham & Solihull)

'I think also someone with lived experience might go that extra mile for somebody, because it's not just a job to them. Do you understand what I mean? I think a lot of people have been in a similar situations and they have had help but maybe that help hasn't gone as far as it could have gone'.

(Service user, Wiltshire)

'I see (peer supporter) like and he's a bit rough and ready. He speaks a lot slower, do you know what I mean? So, I'm starting to engage a little bit more. Because I'm obviously if you are a little bit more street like, I kind of understand'. (Service user, Birmingham & Solihull)

'She (peer supporter) opened up to what her background was and in a way, you could look at your offence and you think, oh crikey this is nothing compared to what they've experienced. (Another peer supporter) told me that 10 years ago he was told he would never be employable, but look at him now'. (Service user, Wiltshire)

The service users we interviewed were at various stages in their engagement with the peer supporters so impact clearly was variable because of that. Nonetheless service users in most cases identified positive impact on their lives.

'I don't think I could have got through it without their help. I think I would have probably been drinking myself stupid and probably would have ended up going to prison, because I would have just carried on drinking all through the trial and got into loads of trouble again...there was a couple of suicide attempts when I was... because it was going on so long'. (Service user, Wiltshire)

'I would have continued that cycle. That's what would have happened. 100% like. That's what I mean. Like I say, they're like my little angels them two are like the change. Like even the fact that I'm sitting here speaking like is like a major change. Do you know what I mean?' (Service user,

Birmingham & Solihull)

'It is because it's like being born again. From where I was and from what I've dealt with and how I was treated and in a little hole, I'm out of the hole'. (Service user, Birmingham & Solihull)

One service user had only met a peer supporter once, on the day of his trial. At the time he was homeless, unemployed and out of touch with his family. Through the day the peer supporter was with him, he talked through all his issues and while she did not advise him she did motivate him to get in contact with services and to be persistent in his dealings with them. By the time we interviewed him, he was in a hostel he was happy in, doing volunteering work and had reengaged

with his family. When asked how much impact the day spent with the peer supporter had on his improved circumstances he replied:

'It did help actually I would give that a 50%. I will because she did talk to me and it did help and she put me on a straight track'. (Service user, Wiltshire)

3.3 Findings: Volunteer Peer Supporters

Volunteer peer supporters were only on the Wiltshire site. They worked a few hours a week and were supported by a full-time service coordinator who also carried a service user caseload. The rationale behind what seems like a small amount of commitment was to allow them to continue to stabilise their own lives while building their *CV*'s in preparation for other opportunities. In addition, it gave the service a flexibility to react to the caseload. Across the board they were volunteering firstly, to add structure to their lives.

'I think it kind of does (help me) because it kind of normalises (life) for me because when you are involved in it and everything is really horrible and everything is going down the toilet, when you come out of it at the other side and you can actually say, you know what's happened and it's part of my life and its brought me to where I am. I wouldn't be doing this job if it wasn't for that'.

(Volunteer peer supporter, Wiltshire)

'I'm doing it because it's keeping me off the street, not on the street obviously but its keeping me out of trouble kind of thing'. (Volunteer peer supporter, Wiltshire)

There is also a sense of a developing confidence and self-esteem by 'giving back' to society.

'I became a peer supporter because it's what pulled me out a deep hole I was in, you know and nothing else would ever work, for years and years and it was actually the peer support people who have been at the same place, same cells and stuff who helped me...just to give a bit back to society you know'. (Volunteer peer supporter, Wiltshire)

'...the rest of society might think, 'oh this person is waster, or this person is a criminal or this person is you know a waste of time or you know that they have done nothing with their life'. But I also like... I enjoy helping people to make things a little bit easier for them as well. So when someone turns round to me and says 'it's being really good having you here today. I couldn't have done it without you' that just makes me feel fantastic. I love it. So it's a little bit selfish in a lot of ways as well'. (Volunteer peer supporter, Wiltshire)

'It's just giving back...you know I love giving it just feels good to give back you know if I see a result, if I see a result that gives me that, that lift it just gives me the works been all worth it'.

(Volunteer peer supporter, Wiltshire)

Wiltshire had in place a week long training package for the volunteers which included a range of presentations including safeguarding. The training was on the whole received well by the volunteers.

'...working here (I am) very prepared because they do you know really good, week long course... I had a long chat with (Service Coordinator) actually before I started about you know what was involved and stuff and we had a training course. So I felt really prepared for it'. (Volunteer peer supporter, Wiltshire)

'The training itself is the biggest part for me about putting myself in somebody else's shoes you know first and foremost before anything because it's easier to sort of fire in with the answers you know with people's problems and stuff and try and tell them what to do when you don't actually believe it yourself'. (Volunteer peer supporter, Wiltshire)

The 'lived experience' aspect of their role, as would be expected, was important and they saw it as key to their ability to engage with service users.

'She trusted my view on what was going to be helpful for her and she went with it and I think that peer supporters can really have a role in that because you are coming in at a level and say look I have been in prison, I have got a criminal justice history, I have got 3 things on my CRB check. I have had mental health problems all my life.....because you have come in at their level they kind of trust you more easily'. (Volunteer peer supporter, Wiltshire)

'It's just not coming from a textbook unless they have been there themselves in my shoes. That's how I deal with things put myself in other people's shoes you know....I will sit with them for 5 minutes and let them talk and put myself in their shoes before I even open my mouth'. (Volunteer peer supporter, Wiltshire)

'You see people change, like I was supporting someone last week.... and then when he got the news that he might be going to prison erm, he wanted to run. So we were both chatting to him about it and at that point I told him that I had been in prison. ...and he completely changed his outlook. He stayed there he was really chatty with me then and he was interested in talking, instant change in him.... It was nice to see how they relate to you differently. It was like that barrier was gone, all of a sudden'. (Volunteer peer supporter, Wiltshire)

What was clear during the interviews with the volunteer peer supporters was that they benefited immensely from being a volunteer. Alongside the training they received, they were managed, encouraged and supported by the Service Coordinator. Many were experiencing 'work' for the first time in many years. This responsibility built their confidence but also introduced a sense of hope and ambition in the group. It was allowing them to build up work skills in a safe environment. The paid workers offered a vision of what they could personally aspire to.

'I think it just gave me my confidence back, which is probably nothing to do with the training it's just the whole supportive environment'. (Volunteer peer supporter, Wiltshire)

'since I've been doing this, I've been making small goals for myself and stuff ... it has given me ambition'. (Volunteer peer supporter, Wiltshire)

But there was a recognition that some of the volunteer peer supporters needed more time than others to develop to a level where they could seek other opportunities. For some it was a quicker process than others.

'For a lot of people, it's like (Volunteer peer supporter) he's probably been doing it like 7 months now and he is now confident enough to work on his own and the first 4 months he was always shadowing people, but he wasn't ready on his own, but now he's, it's like we didn't discuss are you ready now? It's just like one day I said do you think you are ready?' (Service coordinator, Wiltshire)

'Some people are not interested in paid work. Because they have their good days and their bad and that's where they're at right now and that's why they're a volunteer. It's great'. (Volunteer peer supporter, Wiltshire)

The volunteer role also brought along other opportunities to do small pieces of paid work such as sitting on an interview panel. For some these opportunities offered the potential to build their CV's. For others these opportunities came with a downside when they did not declare these earnings and were sanctioned by the benefits system.

'I have witnessed quite a lot recently is people doing all these stupid little errands and getting paid 30 quid and then getting caught by the benefits people for working and getting their benefits stopped'. (Volunteer peer supporter, Wiltshire)

All of the volunteer peer supporters in Wiltshire could identify positive impacts on their lives as a result of volunteering. All, except one, were eager to get paid roles and aspired in particular to work in the NHS. Like the service users the impacts tended to vary depending on how long they had worked as a volunteer peer supporter and how stabile their lives were at that point.

'It's just the way I have learnt to cope really, is doing this to make myself feel like I'm worth something. And I do gym every day. Just to keep my mind straight'. (Volunteer peer supporter, Wiltshire)

'It's what makes me feel normal and it so makes me feel good. It just sets off the, it gives me strength you know what I mean?' (Volunteer peer supporter, Wiltshire)

'I think it's the shame factor as well. I think if I were to relapse now. The shame of going through all this and just digging it all up is just ridiculous. You know what I mean? It does give me that strength anyway. To just live life, be positive, be around positive people...being there for my kids and doing the right thing'. (Volunteer peer supporter, Wiltshire)

'I've actually found a full time job now, which is my first job so I'll be starting that soon, I've been doing training and stuff to do with that... (it was because of the peer support?) Oh yeah big time

aye, aye, aye. Put back into work aye. Well into work but I came to work, I have never been in work ha! Ha! 50 years old and this is my first job'. (Volunteer peer supporter, Wiltshire)

'it's been amazing for me. I have grown, I've grown so, you know the growth I have got from it is just amazing and the self-satisfaction is also'. (Volunteer peer supporter, Wiltshire)

3.4 Findings: Paid Peer Supporters and other paid staff

This section focuses on the impact of the paid peer supporters and other paid staff in terms of how they work, their impacts on the system as well as on the service users. In both sites, stabilising of the client's life was key. In Wiltshire this meant creating an environment where the individual could get through their court appearance, though in some cases the commitment of the service coordinator to the service users meant that his support went further than the emotional support that the volunteer peer supporters offered.

'(Sometimes it is) out of character for them. They might be sectioned then....They might get back on their meds, and when they become compos mentis, they're faced with this, 'Oh my God, I've got to go to court'. There's a lady we're supporting at the moment, and basically, you know, she is really traumatised by what she's done. And the thing is that there's so many complex, like, kind of issues related to it because it's all to do with her family. The thing is that her family's going to turn up to court on the day, you know, and she's going to be exposed to that. The shame of it. And we're supporting her through that process at the moment. So, some people need a lot more support than others.... And uh, so she can be quite tiring sometimes, you know, we get two or three like that that are quite demanding. But you have to put a little bit more in because their needs are a little bit more... they're a little bit more dependent than other people'. (Service coordinator, Wiltshire)

In both sites the way the peer supporters worked was important to gaining the trust of the client especially as many individuals had little faith in services delivering for them. This manifested slightly differently in Wiltshire than Birmingham & Solihull. In Wiltshire the client engagement was described as 'hand-holding' by the service coordinator.

'I think that is exactly it we take people by the hand and sometimes, you know, maybe kind of lead them, try to lead them in the right way, do you know what I mean, obviously you're not going to try and drag them along'. (Service coordinator, Wiltshire)

Indeed, in Wiltshire the same language was echoed by the volunteer peer supporters. There was a sense of taking time in Wiltshire.

'But you have to put a little bit more in because their needs are a little bit more... they're a little bit more dependent than other people'. (Service coordinator, Wiltshire)

In Birmingham & Solihull the key issue was speed of service to the service user.

'We try and get systems changed so when you are supporting people...(so) they get seen quicker. What we are finding as well, with our links we have in services we are now back dooring people

...but if the clients turn up on their own, they are getting told they have got to wait 6-8 weeks for a prescription, or (if) they want to go to detox. That window of opportunity is there and then! If you turn around to somebody... 'right I really want to address my problems, I want to go to detox'... come back in 6 weeks.... It's impossible, what is the point, do you know what I mean ... (To quicken it up) We would liaise with people that we know in the services. It shouldn't be that way'. (Peer supporter, Birmingham & Solihull)

The volunteer peer supporters in Wiltshire did deal with the less complex cases while the service coordinator led on the more comp0lex cases. In Birmingham & Solihull both peer supporters carried complex cases. The working methods on the two sites are different, simply because the caseloads are different. But the key similarity is the ability of the peer supporters on both sites to build a network of key contacts in the wider system. These networks are not simple address books but are huge personal networks of 'social capital' where they have built trust with key contacts in services so that they can work together for their service users.

'What I did was I started building relationships with the practitioners and basically there were a couple of practitioners who were a bit upset about some referrals that they'd sent and they weren't happy with what would happen, there had been a breakdown of communication.

Someone needed support, they didn't get support...so they were a bit reluctant to send referrals, so I spoke to her, I basically wrote to the guy in prison and I apologised for us letting him down as a service, that is the first thing that I did... I basically fed that back to the practitioner that was upset with us. And I said listen, I will make you a deal, send me two referrals and if you are not happy with what we do, don't send me any more referrals. So she sent me two referrals and then from that minute on, she was one of the most active people in referring in the whole service'.

(Service coordinator, Wiltshire)

'And I think what is incredible about this, it's more than multi-agency approach because we are all together do you know what I mean? All the different people, all their connections because you've got so many doors, all the doors out there that (the peer mentors) open and then we've got all the doors back into mental health if that is necessary, all the community mental health teams, the practitioners, do you know what I mean, we've got people who work in hand. Some of the STR workers have worked in a record range of services so that they can pick-up phones as well. So we've got this incredible number of connections and it is that trust isn't it, you know we do have to maintain that as well... actually when we phone we have to think, actually is this referral appropriate we just can't pick up the phone for everyone. So at that point you (are) kind of making a judgement on it'. (Peer supporter, Birmingham & Solihull)

The key achievement of the peer supporters at both the pathfinder sites is the ability to connect with individuals who have historically been difficult to engage in services.

'(We) were getting to the service users who just don't, haven't, won't cooperate and then to just see something changing. I think that's just priceless on its own'. (Service coordinator, Wiltshire)

'I remember when we first started ...a client that had never engaged with anyone, wouldn't talk to a professional and I went over and I think I sat down for about one minute you know and then all of a sudden this lad just started spilling all this stuff. And when I walked out of there and the service manager's words were 'this is what has been missing for years'. He said that person there has never given us anything and within 5, 10 minutes of being with you he's opened up'. (Peer supporter, Birmingham & Solihull)

To some degree they have a better chance to connect with individuals because they share their 'lived experience' and that was acknowledged by volunteers, service users and paid peer supporters. It was also clear that, while 'lived experience' was important, the peer supporters brought with them a wide skill set that allowed them not only to engage but also to retain people in the service. They brought consistency, persistence, empathy, a deep knowledge of services and a desire to understand the system to their work.

'It was so hard to engage (with him) ...we arranged to meet up with him, he cancelled and we just persevered with him and we just kept (trying), and we just turned up at his flat one day. And we had arranged an appointment and he texted and say he wasn't coming. So I rang him and I said 'do you know something, you are in a lot of trouble you know, if you don't engage with us, you know this time next week you are going to be homeless. And you don't mind at the moment, you are just thinking about today, you are thinking about your next drink.... but when you wake up tomorrow you are going to think, I wish I went with these guys. Come and meet us'. And he came downstairs, he met us. We went to his appointment and it was the following appointment the next day he actually caught the bus himself and met our peer support worker in town and to me that just speaks volumes. You know because the day before we couldn't get him out of his flat, the next day he caught the bus and he met (Peer supporter) at his housing appointment'. (Service coordinator, Wiltshire)

'I'm so challenging...and I ask so many direct questions that mean something to me...for me to get a better perspective.... A lot of feedback that I get from my own team was like 'we didn't think of that question'. And it's the way you articulate it in such a way that people thinking process start to think where did this question come from? How does it fit in the conversation that we're actually having? There's that respect as well. So, there's the knowledge that I've come along willing to learn has helped me'. (Peer supporter, Birmingham & Solihull)

Like the volunteers and services users the paid peer staff also personally gained from their work. The two peer supporters in Birmingham & Solihull had secured new jobs, one within the Liaison and Diversion service and the other in a different service. Like the volunteers there was a strong sense of how far they had personally come and ambition for the future.

'It's about developing yourself... (the) lived experiences and the peer mentoring has given me the ability to know where I want to go and I'm trying to move away from that you know. It's still part of my toolkit and I need the qualifications behind me. I'm taking stuff serious. So it gives me the self-worth and the self-esteem that I can achieve you know'. (Peer supporter, Birmingham & Solihull)

'Yeah, I think I've grown in this role, I've been in court (as a peer supporter) for a year and I think I've grown in a year and I've actually grown more in this year than I have done in any other job and I've had lots of different jobs, but I've grown more this year, so in a way I've been developed as well, do you know what I mean, I've actually come in and I've been developed...so actually I'm getting today what they are getting (volunteers and service users), do you know what I mean, but at a different level'. (Service coordinator, Wiltshire)

In both services local management was paramount to their development as staff and also to their success in their roles.

'That is the great stuff about our management, you see they trust our judgement, do you know what I mean, and you can put a timeframe on it'. (Peer supporter, Birmingham & Solihull)

I've been instilled with hope by Team Leaders, Service Managers. You know on a two-year contract, the work that you do it's not really like going to leave you hanging dry. Do you know what I mean? So, that instilling that hope from Team Leaders and management that it's going to be alright'. (Peer supporter, Birmingham & Solihull)

The key difference between the site was that Birmingham & Solihull were firmly embedded in the L&D structure, attending weekly team meetings whereas in Wiltshire the service was not embedded. In fact, the peer supporters rarely met according to those we interviewed. This is to some degree explained by the fact that most work only a few hours a week.

3.5 Findings: Social Cost Benefit Analysis (NEF Consulting)

Evidencing outcomes

To measure the magnitude of change experienced by key stakeholders for each outcome, surveys were administered to (a) service users and (b) peer supporters.

The surveys (described in section 2.3) collected data on indicators for each outcome and respondents were asked to evaluate their situation with respect to the indicator statement at two points in time:

- 1. Now, after having engaged with the service
- 2. Retrospectively, thinking about their lives before engaging with the service.

Asking these questions allowed quantification of the distance travelled for each outcome.

Indicators

For each outcome an indicator was developed. The table below outlines material outcomes and indicators for the material stakeholders:

Table 1: Material outcomes

| Stakeholder | Outcome | Indicator |
|----------------|--|---|
| Service user | Improved social wellbeing | "I have very positive |
| | (supportive relationships) | relationships with friends and / or family" |
| | Improved personal wellbeing (Self-esteem) | "In general I feel very positive about myself) |
| | Improved personal wellbeing | "When things go wrong in my |
| | (Resilience) | life, it generally takes me a very long time to get back to normal" |
| | Reduced substance misuse | Are you using drugs and / or alcohol? |
| | Improved living situation | Please describe your living situation |
| | Increased access to education and training | Are you accessing any training? |
| Peer Supporter | Improved employment situation | What is your employment situation? |

The surveys with both questions and response options are presented in Appendix 3.

Calculating distance travelled

In order to calculate distance travelled for each outcome, we took an average of the change experience by each stakeholder. For example, when asked about their agreement with the statement "When things went wrong in my life, it generally took me a very long time to get back to normal", 50% of user's experience positive change, 23% experienced negative change, and the remaining 27% experience no change. This indicator used an eleven-point scale. For those who experience an improvement there was an average 35% change. For all service users there was an average 29% change. The distance travelled for each outcome can be found in the table in Appendix 4.

Impact

Deadweight/counterfactual

The deadweight is expressed as a percentage, which is deducted from the value of the outcome. We asked service users and peer supporter a question about the counterfactual in the survey to construct our deadweight assumptions. Just one question was asked to represent all outcomes for stakeholders. For service users, the deadweight figure is approximately 8% and for peer supporters the deadweight figure is 29%.

Attribution

For each outcome, a question around attribution was asked. The stakeholders surveyed were asked to estimate the extent to which the service was responsible for achieving their outcomes. For example, the service user may have also been accessing another service, which may have been helping them achieve their outcome. The attribution percentages can be found in Appendix 4.

Displacement

Displacement has limited relevance for this project as the outcomes for service users and peer supporters are to do with individual personal, social or physical wellbeing — and therefore no outcomes for others are displaced as a result of this service.

Valuing outcomes

Outcomes were assigned financial proxies to give them an indicative monetary value within the social value model. These proxies might relate to cost savings to the State, such as the avoided costs of mental health provision as a result of improved personal and social wellbeing. Alternatively, they might involve the value to the individual, such as for improved supportive relationships. The sources consulted for proxies used in the model are presented in the References. Further details of how they relate to each outcome are provided in Appendix 5.

Calculating the cost of the service

An approximate cost of the services was calculated by aggregating the cost of delivering in both Birmingham and Wiltshire and Bristol.¹

| | Birmingham costs | Value |
|---|-------------------------------------|----------|
| | Shelter contract | £54,692 |
| + | Laptops and mobiles (approximately) | £4,000 |
| + | Internal training | £1,600 |
| | Bristol costs | |
| + | Band 5 (1 WTE) | £31,760 |
| + | Band 6 (0.4 WTE) | £15,334 |
| + | Training | £10,000 |
| + | Expenses | £10,000 |
| + | Management and corporate overheads | £12,000 |
| | | |
| = | TOTAL COST OF SERVICES | £139,386 |

The survey with service users found that one aspect of the support they received from their peer supporter was in the accessing of state benefits. As such, there are potential increased costs to the government in the form of employment and support allowance and other benefits as a result of the service. These represent individual entitlements. However, it could be argued that the assumed cost to the state is offset or outweighed by the benefit to the individual. We used a conservative estimate of the weekly employment and support allowance, which can be found in Appendix 5, to represent this potential cost.

Discount rate

Discount rates are applied to reflect the risk of forecasting future value and to account for the psychological preference of receiving benefits in the present, rather than in the future. Thus, benefits which accrue to an individual during the early stages of an intervention are worth more to them, in the present, than the benefits that will accrue in later years.

To calculate the net present value (NPV) of benefits, we create a sum total for the benefits in each year, applying a discounted rate to those which are projected to be generated in the future. We use the short-term discount rate of 3.5%, as recommended by the HM Treasury².

¹ Due to the complexities of NHS costing and budgeting, attribution of costs can be challenging. Overheads are often shared across activities and programmes and senior staff split their time between multiple programmes. These costs represent our best estimate only.

² HM Treasury (2011) The Green Book – Appraisal and Evaluation in Central Government

Establishing how long outcomes last

The time-span during which outcomes are experienced is built into our cost-benefit analysis, to take into account the long-term value created. Given limitations on data collection and secondary data availability we have had to make a 'best guess' estimate of the benefit period. To avoid overclaiming and ensure robust results, we took a conservative approach to benefit period estimation. The benefit period for each outcome is 2 years with a drop off at 50%.

Ratio

The Social Cost Benefit ratio is expressed as a ratio, derived from dividing the net present value of the impact by the net present value of the investment. Our estimate is of a benefit to cost ratio where between £1.04 and £3.58 of benefit is created for every £1 spent. The range in our estimate is generated by the process of sensitivity analysis. In all cases the ratio remains positive, a good indicator that the primary finding, i.e. that the social value created is greater than the investment, is robust. The table below shows our central estimate.

Table 2: Social Cost Benefit ratio (central estimate)

| Total cost | £ 546,803 | |
|---------------------------|------------|--|
| Value created | £1,252,334 | |
| Social Cost Benefit ratio | £1: £2.28 | |

On an individual level, our central estimate suggests the service generates an estimated £2,614 social value for each service user. Most value is created for service users, whilst peer supporters accounted for just 3% of the value generated. The graph below highlights the breakdown of total value by stakeholder.

£467,805,38% £738,691,59%

Figure 1: Value created, by stakeholder

Looking more closely at the distribution of value across all outcomes modelled, the largest areas of value are related to housing. The two largest areas creating value in order of magnitude are: living situation for the individual service user, and reduced costs associated with housing for the state.

Service user Peer Supporter State

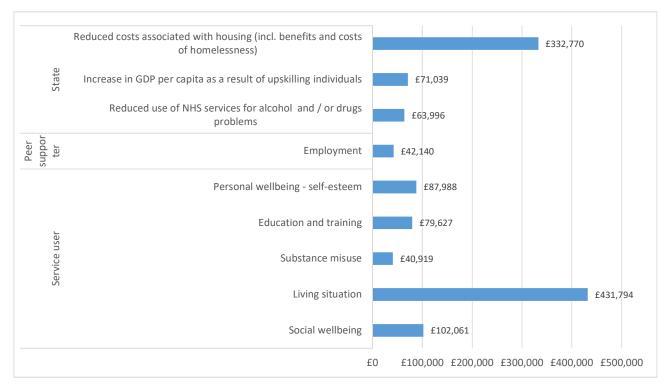


Figure 2: Relative value created, by outcome

Sensitivity analysis: varying value of financial proxies

It is important to test whether the results are robust when assumptions are varied. We calculated a range of social impact values using a combination of more conservative and more optimistic scenarios. The cost benefit ratio remains positive when assumptions are varied.

Volunteer time

We have included volunteer time as an input that has value due to the opportunity cost (i.e. a volunteer could be doing paid work or an educational course). The volunteer time is valued at the national living wage. For the six volunteers, the opportunity cost is approximately £53,677. When accounting for this in the model, we get a cost benefit ratio of £2.08.

Table 3: Social Cost Benefit ratio (taking into account volunteer time)

| Total cost | £ 600,480 |
|---------------------------|-----------|
| Value created | £ 949,785 |
| Social Cost Benefit ratio | £1:£2.08 |

Conservative model

For a conservative value, all financial proxy values were decreased by 50%. The table below displays the cost benefit ratio.

Table 4: Conservative cost-benefit ratio

| Total cost | £ 546,803 | |
|---------------------------|-----------|--|
| Value created | £ 626,167 | |
| Social Cost Benefit ratio | £1:£1.14 | |

The ratio decreases, however, the value generated is still higher than the total cost. The table below shows that the service still provides greater value than cost when considering volunteer time.

Table 5: Social Cost Benefit ratio (taking into account volunteer time)

| Total cost | £600,480 |
|---------------------------|----------|
| Value created | £626,167 |
| Social Cost Benefit ratio | £1:£1.04 |

Optimistic model

For an optimistic cost benefit ratio, alternative financial proxies were considered for two outcomes:

- (1) Service user: Improved living situation (£13,382)
- (2) State: Reduced costs associated with housing (£13,948)

The alternative financial proxies used can be found in Appendix 6. These higher proxies were considered there is some uncertainty to what the service user is currently costing the government.

Table 6: Conservative Social Cost Benefit ratio

| | , |
|---------------------------|------------|
| Total cost | £546,803 |
| Value created | £1,959,390 |
| Social Cost Benefit ratio | £1:£3.58 |

Table 7: Social Cost Benefit ratio (taking into account volunteer time)

| Total cost | £600,480 |
|---------------------------|------------|
| Value created | £1,959,390 |
| Social Cost Benefit ratio | £1:£3.26 |

This sub study set out to establish the monetary value of the social impact generated by the Liaison and Diversion peer support service. Our headline finding is that the service generated a greater social value than the investment made into running it. This finding was robust under multiple sensitivity scenarios, and when accounting for the value of the time invested into the running of the service by volunteers.

The data informing the social cost benefit model presented herein is subject to a number of weaknesses; the sample size is low, and the collection process was open to positive bias. The unavoidable challenge of surveying service users going through a challenging period of their lives is that those having positive experiences are much more accessible to survey enumerators. For these reasons, we would recommend that caution is applied when disseminating the study results. In particular, the findings should always be presented as a range of estimates, as follows: for every £1 invested, £1.04 to £3.58 in social value is generated.

4. Conclusions and Recommendations

While some uncertainties remain in the data underpinning the Social Cost Benefit Analysis, the findings do suggest a positive social value return on every £1 invested, in the range of £1.04 to £3.58, with a central estimate of £2.28. There was an overwhelming sense of positivity around peer support in both sites. There was also a sense that the services on both sites was non-judgemental and would not give up on users. In Birmingham & Solihull, because cases were more complex, speed was of the essence – sorting out practical things like accommodation or GP access was important. In Wiltshire emotional support was to the forefront and the language used in both sites reflecting this. For example, in Wiltshire the term 'hand-holding' was used repeatedly while in Birmingham there

was more of a sense of urgency in language used, with both paid peer supporters researching and developing strategies to get things that normally took a long time done much quicker.

Around both the paid and volunteer peer supporters_there was a strong sense of what they had gained personally from the experience of working and volunteering. The two paid peer supporters in Birmingham & Solihull are progressing to new and better paid posts. In Wiltshire the volunteer peer supporters spoke of stability in their lives, growth in confidence and ambition for their futures. One of the key findings was the enormous social capital built up across both sites by the peer supporters (in Birmingham & Solihull) and the service coordinator (in Wiltshire). This is not just an address book of contacts but rather a network of personal contacts and relationships which might be referred to as 'social capital'. Social capital refers to connections among individuals, their social networks and the trust and trade-offs that develop as a result (Putnam, 2000).

The peer supporters in Birmingham & Solihull and the service coordinator in Wiltshire can acquire access to another service often much more quickly because of their highly developed social capital. It is a network built on trust with the peer supporters having proved themselves to this personal network over time. It is one of the key ingredients on both sites that make the peer support services a success. At the moment there is no succession planning on either site and as such this social capital may be lost as people move on to other opportunities.

It is clear that peer support brings many benefits for service users, the staff and the wider system. There was sense of 'solutions' not 'problems' in both sites. However, there are some issues to consider. The two sites are engaging with very different levels of service user complexity but both sites could easily expand the range of clients they engage. In Wiltshire, the service coordinator, an experienced and skilled peer supporter, already deals with more complex cases than the service was intended for. To some degree that is because he is referred these individuals because the service trusts him but he already carries a heavy workload coordinating and managing the peer supporters. The service coordinator role is crucial – in particular how it is integrated into L&D and how that individual is personally developed and supported.

To summarise, peer support is working well in both sites but not without issues. Sustainability is key – how does the NHS retain the social capital built up by the peer supporter in the L&D workforce? How does the NHS capture the lessons learnt and working methods? How does the NHS ensure planned progression for paid peer supporters and volunteers is in the system? How does the NHS ensure that relevant and recent lived experience stays at the heart of the model?

Revolving Doors Agency is recommending a 'hybrid' model that combines the best elements of the Wiltshire and Birmingham & Solihull models and includes both paid staff and volunteers (See Appendix 1). At the heart of the model is sustainability of the service and to ensure that there is opportunity and planned progression for volunteers and paid staff alike.

"I think the model that would work best is having paid and volunteers'. (Peer supporter,

Birmingham & Solihull)

There are several key roles in the 'hybrid' model.

Firstly, the <u>service coordinator</u> will be embedded into the L&D service and will oversee a 'pipeline' of paid workers and volunteers who are developed for better opportunities over several years (Appendix 2). This is a full-time, permanent management and coordination role. This role will have no operational responsibilities but will be charged with the planned progression of the peer supporters and volunteers. In smaller services, this role would be larger and more likely to be full-

time. In larger services this role could be subsumed into another role but will still have the responsibility of developing the workers and volunteers.

The <u>peer supporter</u> role is full-time and operational with a personal caseload. They also have a role in guiding and supporting the training volunteers by passing on working methods, networks and social capital. They are also responsible for a higher volume of cases, complex and non-engaging clients than the volunteers. The role incudes a developmental element to prepare for onward opportunities and should last for up to 18 months depending on the individual.

We are further recommending two different levels of **volunteer** roles moving from a cadre of **'new volunteers'** to **'intern volunteers'**. Both volunteer roles are developmental roles with planned progression built in and managed by the service coordinator. The aim being to develop confidence and skilled volunteer workforce for future work opportunities but also ensure that paid peer supporters working methods and social capital are retained in the service in the process.

The **intern volunteer** is committed to 2 to 3 days a week working with the service. To apply for this role an individual must have completed and graduated from the new volunteer role described below. While the intern volunteer is still being developed in the role they will have personal caseload of short and less complex cases. The **new volunteer** role is committed to 3-5 hours a week with the service. It is a development role with no personal caseload. Instead they will learn the peer support role through training, shadowing Intern volunteers and development supported by peer supporters. In total the two volunteer roles should last no long than 18 months.

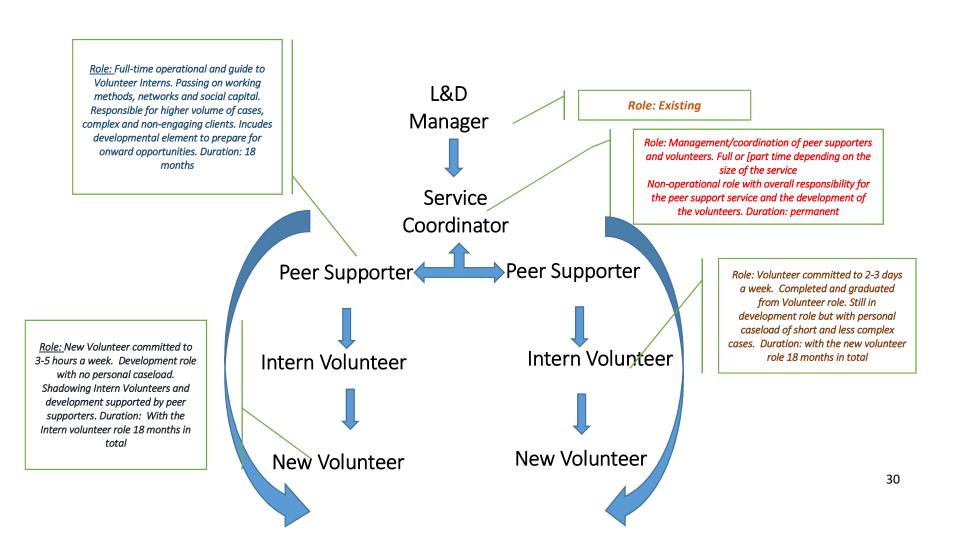
The 'hybrid' model offers the potential to impact across a range of complexity from low level to very complex needs. It also offers flexibility to local needs in terms of the user group they wish to engage with. Underpinning the model will be the lived experience – both in the initial set up of the service but also ensuring that relevant and recent lived experience informs the services as the develop in the future.

5. References

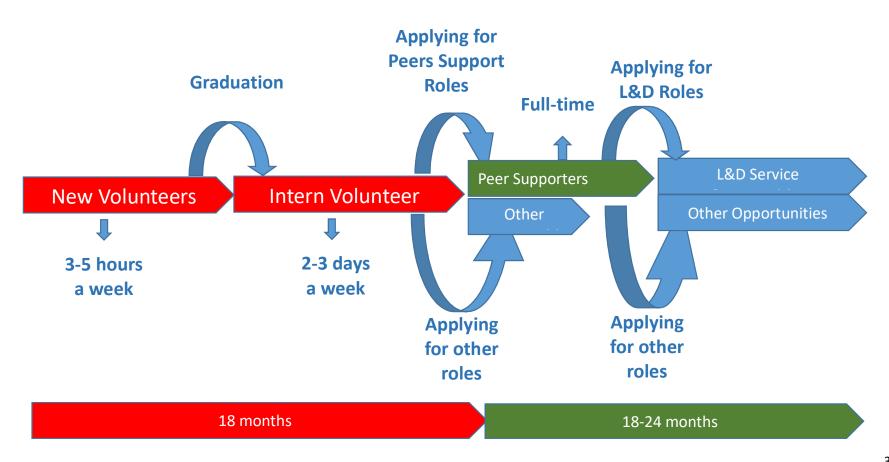
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Appendix 1: The Hybrid Model



Appendix 2: The Potential of the Hybrid Model Pipeline



Appendix 3: Survey Instruments

Service User Survey

Please read:

Thank you for agreeing to take part in this survey. We are reaching out to you as part of the evaluation for the L&D peer support. NEF Consulting and Revolving Doors are seeking to gather evidence to assess the value of the peer support service. The responses you give today will provide a key part of this understanding for us. The questions are the same for everyone using peer support, so we apologise in advance if some of them are not relevant to your situation. A "not applicable" option will be available for some questions, where appropriate.

The survey has been designed to explore how peer support has impacted your life. Our role in this evaluation is to gather the honest and genuine views of those involved. There are no right or wrong answers, we are just interested in your views and experiences. This survey should take no more than 25 minutes.

Furthermore, we will treat all information that you give in confidence. We will use responses internally for our evaluation and may anonymously quote some interviewees in a public report, but your identity will always be kept anonymous.

If you have any questions, please do not hesitate to ask.

Many thanks!

A. About you

| 1. | How long have you been part of the peer support service? |
|----|---|
| | [enter number of years] |
| | [enter number of months] |
| 2. | Approximately how many times have you met with your peer supporter? |
| | [enter whole numbers only] |

| 3. | Approxima | itely how n | nany times | per week | do you me | eet with yo | ur peer su | pporter? | | |
|----|---|-------------|-------------|--------------|------------|--------------|-------------|------------|------|----|
| | | | | [ente | r whole nu | mbers only | v] | | | |
| 4. | Why were you referred to the peer support service? [Interviewer to use this answer for later questions] | | | | | | | | | |
| 5. | What appo | | | support se | rvices hav | e you atte | nded since | engaging | with | |
| 6. | Do you thin supporter/ | mentor? | uld have en | gaged wit | h these se | rvices if yo | u did not h | nave a pee | r | |
| | □ No | on't know | | | | | | | | |
| 7. | How much supporter/peer ment | mentor? (d | | of 0 – 10, w | here 0 yo | ur engagei | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | | | | | | | | | | |

B. Your outcomes

In this section, we are hoping to understand whether the support you have received from the peer support service has influenced your own wellbeing and other factors in your life. We will ask some questions about how you feel <u>now</u>, now that you are receiving peer support. We will also ask you questions about how you used to feel, or what you used to do <u>before</u> peer support.

Personal and social wellbeing

8. Thinking about **now**, how much do you agree or disagree with the following statements:

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|----|
| "In general I feel very positive about myself" | | | | | | | | | | | |
| "I have positive relationships with friends and / or family" | | | | | | | | | | | |
| "When things go wrong in my life, it generally takes me a long time to get back to normal" | | | | | | | | | | | |

9. Thinking about your life **before** peer support, how much did you agree or disagree with the following statements:

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------------------------|---|---|---|---|---|---|---|---|---|---|----|
| "In general I felt very | | | | | | | | | | | |
| positive about myself" | | | | | | | | | | | |
| "I had positive | | | | | | | | | | | |
| relationships with friends | | | | | | | | | | | |
| and / or family" | | | | | | | | | | | |
| "When things went wrong | | | | | | | | | | | |
| in my life, it generally | | | | | | | | | | | |
| took me a long time to | | | | | | | | | | | |
| get back to normal" | | | | | | | | | | | |

10. To what extent do you think the changes, if any, in **feeling positive about yourself** are due to the support of the service?

| Not at all | A little | Some | Quite a lot | Completely | No |
|------------|----------|-------|-------------|------------|--------|
| (0%) | (25%) | (50%) | (75%) | (100%) | Change |
| | | | | | |

11. To what extent do you think the changes, if any, in your **social relationships** are due to the support of the service?

| Not at all | A little | Some | Quite a lot | Completely | No |
|------------|----------|-------|-------------|------------|--------|
| (0%) | (25%) | (50%) | (75%) | (100%) | Change |
| | | | | | |

12. To what extent do you think the changes, if any, in **dealing with things that go wrong in your life** are due to the support of the service?

| Not at all | A little | Some | Quite a lot | Completely | No |
|------------|----------|-------|-------------|------------|--------|
| (0%) | (25%) | (50%) | (75%) | (100%) | Change |

Addiction and substance use

| 13. Thinkii | ng about just befor | e you started pe | er support, were | you using drugs | and/or alcohol? |
|-----------------------------------|--|------------------|----------------------|----------------------|------------------|
| | Addicted/depende | ent | | | |
| | Problem use | | | | |
| | Recreational use | | | | |
| | Non-user | | | | |
| 14. Thinkii | ng about now, are | you using drug a | nd/or alcohol? | | |
| | Addicted/depende | ent | | | |
| | Problem use | | | | |
| | Recreational use | | | | |
| | Non-user | | | | |
| Not at all (0%) | A little (25%) | Some (50%) | Quite a lot (75%) | Completely (100%) | No Change |
| 16. Thinkii course a. b. | education and acco ng about just befor es / training? Yes No I would prefer not | e you started pe | er support, were | you accessing ed | lucational |
| • | u currently accessies / training since jo | - | _ | or have you acce | ssed educational |
| a. | Yes | | | | |
| b. с. | No I would prefer not | to say | | | |
| C. | i would prejet 1100 | . to suy | | | |

18. To what extent do you think the change, if any, in your answers above are due to the support of the service?

| Not at all | A little | Some | Quite a lot | Completely | No |
|------------|----------|-------|-------------|------------|--------|
| (0%) | (25%) | (50%) | (75%) | (100%) | Change |
| | | | | | |

- 19. Thinking about **before** peer support, what was your employment situation?
 - a. Unemployed
 - b. Volunteering
 - c. Part-time job
 - d. Full-time job
 - e. Self-employed
 - f. I would prefer not to say
- 20. How would you describe your current employment situation?
 - a. Unemployed
 - b. Volunteering
 - c. Part-time job
 - d. Full-time job
 - e. Self-employed
 - f. I would prefer not to say
- 21. To what extent do you think the change, if any, in your answers above are due to the support of the service?

| (09/) (259/) (509/) (759/) (1009/) | No | Completely | Quite a lot | Some | A little | Not at all |
|------------------------------------|--------|------------|-------------|-------|----------|------------|
| (0%) (25%) (30%) (75%) (100%) | Change | (100%) | (75%) | (50%) | (25%) | (0%) |

- 22. Thinking about **before** peer support, please describe what your living situation was:
 - a. Rough sleeping
 - b. Sofa surfing
 - c. Temporary accommodation
 - d. Living with family/ friends
 - e. In my own place
 - f. I would prefer not to say
- 23. How would you describe your current living situation?
 - a. Rough sleeping
 - b. Sofa surfing
 - c. Temporary accommodation
 - d. Living with family/ friends

- e. In my own place
- f. I would prefer not to say
- 24. To what extent do you think the change, if any, in your answers above are due to the support of the service?

| Not at all | A little | Some (50%) | Quite a lot (75%) | Completely | No |
|------------|----------|---------------|----------------------|------------|--------|
| (0%) | (25%) | (50%) | (75%) | (100%) | Change |

Counterfactual

25. Thinking about all the changes since you started the peer support service, how much do you think they would have changed if the service did not exist?

| Worsened | Slightly | No change | Slightly | Significantly |
|---------------|----------|-----------|----------|---------------|
| significantly | worsened | | improved | improved |
| | | | | |

Peer Supporter Survey

Please read:

Thank you for agreeing to take part in this survey. We are reaching out to you as part of the evaluation for the L&D peer support. NEF Consulting and Revolving Doors are seeking to gather evidence to assess the value of the peer support service. The responses you give today will provide a key part of this understanding for us. The questions are the same for everyone working as a peer supporter/mentor, so we apologise in advance if some of them are not relevant to your situation. A "not applicable" option will be available for some questions, where appropriate.

The survey has been designed to explore how being a peer supporter/mentor has impacted your life. Our role in this evaluation is to gather the honest and genuine views of those involved. There are no right or wrong answers, we are just interested in your views and experiences. This survey should take no more than 25 minutes.

Furthermore, we will treat all information that you give in confidence. We will use responses internally for our evaluation and may anonymously quote some interviewees in a public report, but your identity will always be kept anonymous.

If you have any questions please do not hesitate to ask.

Many thanks!

| A. | About you |
|----|--|
| 1. | Where is the peer supporter based? |
| | a. Wiltshire |
| | b. Birmingham |
| 2. | How long have you been a peer supporter? |
| | [enter number of years] |
| | [enter number of months] |
| 3. | [If Wiltshire] How many hours per week do you volunteer? |
| 4. | Why did you become a peer supporter? |
| 5. | Do you have another job or volunteer outside of this role? If so, please describe. |
| | a. Yes |
| | b. No |
| | c. Other (please specify) |
| 6. | When did you get this job? Before or after you took the peer support role? |
| В. | Your outcomes |
| | ection, we are hoping to understand whether the support you provide as part of the peer t service has influenced your own wellbeing and other factors in your life. We will ask some |

questions about how you feel **now**, now that you are peer supporter. We will also ask you questions

about how you used to feel, or what you used to do **before** becoming a peer supporter.

Education and employment

- 7. Thinking about just **before** you applied to become a peer supporter, what was your employment situation? (You may pick more than one option e.g. you may have a part-time job and volunteer part-time)
 - a. Unemployed
 - b. Unpaid work / volunteering
 - c. Part-time job
 - d. Full-time job
 - e. Self-employed
 - f. Irregular work / odd jobs
- 8. If you picked irregular work / odd jobs, how often did you do this during the week?
 - a. Every day
 - b. Most days
 - c. On a few days
 - d. At least once
 - e. Less than once a week
- 9. Thinking about **now**, what is your employment situation? (You may pick more than one option e.g., you may have a part-time job and volunteer part-time)
 - a. Unemployed
 - b. Unpaid work / volunteering
 - c. Part-time job
 - d. Full-time job
 - e. Self-employed
 - f. Irregular work / odd jobs
- 10. If you picked irregular work / odd jobs, how often are you doing this during the week?
 - a. Every day
 - b. Most days
 - c. On a few days
 - d. At least once
 - e. Less than once a week
- 11. To what extent do you think the **change** in employment status, if any, in your answers above are due to becoming a peer supporter?

| Not at all | A little | Some | Quite a lot | Completely | No |
|------------|----------|-------|-------------|------------|--------|
| (0%) | (25%) | (50%) | (75%) | (100%) | Change |
| | | | | | |

12. (If the participant selected irregular work / odd jobs) To what extent do you think the **change** in frequency of doing irregular work / odd jobs, if any, in your answers above are due to becoming a peer supporter?

| Not at all | A little | Some | Quite a lot | Completely | No |
|------------|----------|-------|-------------|------------|--------|
| (0%) | (25%) | (50%) | (75%) | (100%) | Change |
| | | | | | |

13. How has the two year contract you have in your peer supporter/mentor role worked for

| | you? |
|-----|--|
| 14. | Thinking about the period just before applying to become a peer, were you accessing educational courses / training? |
| | a. Yes, privately b. Yes, via other public/government support services c. No d. I would prefer not to say e. Yes, other. Please describe: |
| 15. | If you did access educational courses / training, did you complete it / follow it through to the end? |
| | a. Yes b. No |
| 16. | Are you currently accessing educational courses / training or have you accessed educational courses / training since becoming a peer supporter? |
| | a. Yes, privately b. Yes, via other public/government support services c. Yes, for the L&D peer support d. No e. I would prefer not to say f. Other. Please describe: |
| 17. | How prepared did you feel for your peer supporter work? |
| 18. | Tell us a bit about the training you've had as a peer supporter. How has this helped you in your peer supporter role and in your life in general? |
| 19. | . How much have you learnt from your colleagues / on the job? |

| 20. Was th | ere any training yo | ou think you sho | ould have had but | didnt? | |
|-----------------|----------------------------------|------------------|----------------------------|-------------------|---------------|
| | | | | | |
| | | | | | |
| nancial situati | on | | | | |
| | g about the perio | | | me a peer suppor | ter, how well |
| | Living comfortab | ly | | | |
| | Doing alright | | | | |
| | Just about gettin | g by | | | |
| | Finding it quite d | ifficult | | | |
| | Finding it very di | fficult | | | |
| 22. How w | ell would you say | you are managi | ng financially thes | e days? | |
| | Living comfortab | ly | | | |
| | Doing alright | | | | |
| | Just about gettin | g by | | | |
| | Finding it quite d | ifficult | | | |
| | Finding it very di | fficult | | | |
| | t extent do you th supporter? | nink the change, | if any, in your ans | swers above are d | ue to becomin |
| Not at all | A little | Some | Quite a lot | Completely | No |

- 24. Thinking about yourself just **before** applying to become a peer supporter and after leaving the criminal justice system, were you receiving benefits?
 - a. Yes
 - b. No

| a. b. | | | | | |
|-----------------------------------|--|--|---------------------|----------------------|--------------------|
| | s your role as a pe ed for benefits? | eer supporter/mo | entor impacted c | on your access to l | benefits and |
| | | | | | |
| | g about your life a e what your living | <u>-</u> | re you left the cr | iminal justice sys | tem, please |
| a. | Homeless (sleepin | g on the streets) | | | |
| b | Staying with frien | ds or relatives | | | |
| | Temporary accom | | | | |
| | Your own place (s | | | | |
| | I would prefer not | | | | |
| f. | Other: | | | | |
| what yo a b c. d e | g about your life jour living situation Homeless (sleepin Staying with friend Temporary accom Secure housing I would prefer not Other: | was: g on the streets) ds or relatives modation to say | | peer supporter, p | lease describe |
| | ould you describe | | _ | | |
| | Homeless (sleepin Staying with frien | - | | | |
| | Rough sleeping | us of Telatives | | | |
| | Temporary accom | modation | | | |
| | Secure housing | | | | |
| f. | l would prefer not | to say | | | |
| g. | Other: | | | | |
| 20 To 100 | | *-1-1bb | C | | |
| | t extent do you th pporter? | ınık trie change, i | i any, in your livi | ing situation is due | e to becoming a |
| peer su | pporter: | | | | |
| Not at all | A little | Some | Quite a lot | Completely | No |

25. Thinking about **now**, are you receiving benefits?

Substance misuse

a. Yesb. No

10 is completely)

| , , , | / or frier | nds whe | n answer | ing this | questior |). | | | | | |
|---|----------------------|---------------------|-------------|----------|------------|------------|-----------|----------|-----------|------------|--|
| 33. Has this job | | | | • | t of the (| criminal j | ustice sy | vstem? F | Please no | ite: it | |
| a. Yes b. No | | | | | | | | | | | |
| 34. If you answ stay out of all and 10 i Please cons | the crim s comple | inal just etely) | cice syste | m? (On a | a scale f | rom 0 -1 | 0, where | 0 is not | very mu | | |
| sonal and emoti 35. Thinking ab agree or di | oout you | r life jus | | | | - | | | - | | |
| • | • | | felt very p | | • | | ,, 0 10, | Wile C | 5 15 7 Wa | <i>3 u</i> | |
| very bad pl | | | | | | | | | | | |

31. Has this job played a role in helping you stay clear of substance misuse (i.e. alcohol and

32. If you answered 'Yes', to what extent do you think being a peer supporter caused you to stay clear of substance misuse? (On a scale from 0 -10, where 0 is not very much at all and

Please consider input from other support services you have engaged with and support from

drugs)? Please note: it does not matter how big or small the role is

36. Thinking about **now**, how much do you agree or disagree with the following statements (on a scale of 0 – 10, where 0 is 'I am in a very bad place' and 10 is 'I feel very positive about myself'):

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|---|----|
| "In general I feel very positive about myself" | | | | | | | | | | | |

37. To what extent do you think the changes, if any, in **feeling positive about yourself** are due to becoming a peer supporter? Please take into consideration input from any other services you accessed or support you received.

| Not at all | A little | Some | Quite a lot | Completely | No |
|------------|----------|-------|-------------|------------|--------|
| (0%) | (25%) | (50%) | (75%) | (100%) | Change |
| | | | | | |

Counterfactual

38. Thinking about all the changes since you became a peer supporter, how much do you think they would have changed if the service did not exist? *Please consider if you would have applied for other programmes as an alternative to L&D peer support.*

| Worsened | Slightly | No change | Slightly | Significantly |
|---------------|----------|-----------|----------|---------------|
| significantly | worsened | | improved | improved |

Appendix 4 – Distance travelled and attribution

Service users

| Outcome area | Indicator description | Distance travelled | Attribution |
|---|--|-----------------------|-------------|
| Social wellbeing - supportive relationships | "I have very positive relationships with friends and / or family" | 22.27% | 63.89% |
| Personal wellbeing - self- esteem | "In general I feel very positive about myself" | 20.00% | 70.24% |
| Personal wellbeing - resilience | "When things go wrong in my life, it generally takes me a very long time to get back to normal" | 30.45% | 65.63% |
| Substance misuse | Are you using drugs and / or alcohol? | 22.73% | 67.50% |
| Employment | What is / was your employment situation? | -8.97% | |
| Living situation | describe what your living situation was | 22.22% | 62.50% |
| Education and training | Were you / are you accessing training? | 27.46% | 47.73% |
| Using other services (benefits) | | | 72.67% |

Peer supporters

| r cer supporters | | | |
|------------------|-----------------------|-----------------------|-------------|
| Outcome area | Indicator description | Distance travelled | Attribution |
| Employment | What is / was your | 55.6% | 75.0% |
| Linployment | employment situation? | 33.0% | 75.070 |

Appendix 5 – Financial Proxies

Service user

| Outcome | Rationale/source | Value |
|---|---|--------|
| Social wellbeing - supportive relationships | Value to individuals of being a member of a social group for adults in unknown location. | £1,850 |
| Personal wellbeing - self-esteem Personal wellbeing - resilience | Equivalent market value approach. The cost of cognitive behavioural therapy sessions (average is 12 sessions). | £1,200 |
| Substance misuse | Equivalent market value approach. The cost of one week of residential rehabilitation for people who misuse drugs. | £688 |
| Living situation | Value to individuals of moving from temporary accommodation to secure housing | £8,019 |
| Education and training | Value to individuals of receiving general training to help find a new job | £1,567 |

Peer supporter

| Outcome area | Rationale/source | Lower value |
|--------------|---|----------------|
| Employment | Value to individuals of having a secure job | £12,034 |

The State

| Outcome | Rationale/source | Value |
|---|---|--------|
| Reduced use of NHS services for alcohol and / or drugs problems | Equivalent market value approach. Cost of inpatient detoxification for people who misuse drugs or alcohol. | £1,076 |
| Reduced costs associated with housing (including benefit and costs of homelessness) | Equivalent market value approach. One year of living in temporary accommodation | £6,180 |
| Increase in GDP per capita as a result of upskilling individuals | Equivalent market value approach. Estimates suggest that each additional year of education is associated with an 18 per cent and 35 per cent higher GDP per capita, respectively. | £1,398 |
| Cost of Employment and Support Allowance | Equivalent market value approach. Up to £73.10 a week or up to £110.75 a week. | £5,336 |

Appendix 6 – Alternative proxies

| Outcome | Rationale/source | Value |
|---|--|---------|
| Improved living situation (service users) | Upper value to individuals of moving from temporary accommodation to secure housing | £13,382 |
| Reduced costs associated with housing (the state) | Equivalent market value approach. Upper value of one year living in temporary accommodation. | £8,580 |