

**Bristol and South Gloucestershire High Support
Accommodation Projects
– Assessing Costs and Benefits**

**Research report submitted to 1625 Independent People
by ARCS LTD**



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1 INTRODUCTION

Further to discussions held between ARCS LTD and key staff at 1625 Independent People (1625ip) at the end of 2018 and during the first quarter of 2019, ARCS agreed to undertake some research and analysis focusing on accommodation support work delivered by 1625ip.

ARCS has been involved with 1625ip previously – 1625ip was the delivery organisation for the Future 4 Me project, which worked with young custody-leavers and was funded at that time by the Big Lottery (as part of the Youth in Focus initiative). ARCS led the research components of Beyond Youth Custody (which was a partnership led by Nacro, also funded by the Big Lottery), and as part of that work we also produced some cost-benefit case studies focusing on Future 4 Me clients.

This current research was also designed to outline costs and benefits, associated with two high support accommodation projects delivered by 1625ip – one in Bristol, and the other in South Gloucestershire. The intention was to pull together available data relating to a sample of young people who received the accommodation support during a specified period, and to use that information to plot key costs and benefits on individual timelines.

This report describes that research and how it was conducted, and outlines key findings from the analysis undertaken.

After outlining the accommodation work itself in the following section, the research and the methods used are outlined in section 3. Key findings are then provided in section 4, concerning the client group, its characteristics and involvement in the projects, and the costs (and cost changes) associated with each case over time.

2 ACCOMMODATION SUPPORT DELIVERED BY 1625

For some time now 1625ip has delivered a wide range of accommodation and other services for young people aged 16-25, and particularly for young people with complex needs, including care leavers and those leaving custody.

The organisation has developed a unique and effective approach to their support work with young people, and have gained a positive reputation for that work across the country. That reputation has also been reinforced by the organisation's receipt of a number of key awards for good practice.

Their support work is young-person focused, in the sense that importance is given to the young person's own prioritisation of need, and is also holistic, in that it focuses on not just on single areas of need such as substance misuse or mental health, but on constellations of need and interests that individual young people might have. Another key feature of the support is that it is strongly informed by a knowledge of trauma and its impacts on young people, and by PIE (psychologically informed environments) frameworks more generally.

As part of the latter focus, the organisation places great importance on effective teamwork, and on facilitating a supportive and “learning environment” for staff members. Staff are trained and strongly supported by the organisation to work with young people who often have very complex needs, and staff are encouraged both to debrief about specific cases, and to draw on the wide range of specialist skills that the team has, where appropriate¹.

The organisation places great importance on the quality of the *relationships* that are formed between young people and 1625ip team members, and this is also a key feature of the accommodation support work.

The high support accommodation projects themselves are based in Bristol (where there are 6 self-contained flats that are designated for use by project clients), and in South Gloucestershire (where there are 3 flats). The project in Bristol began in September 2015, and the work in South Gloucestershire came on stream in June, 2017.

The organisation is signed up to deliver an average of 10 hours per week of support for each client, and it is the local authority in each case that refers young people to the project.

The support work itself is quite wide-ranging, and the form that it takes depends very much on the needs and interests that each young person brings to the project. Some of the young people ask for support in relation to practical issues such as opening bank accounts, applying for benefits, or using electricity metres, while others need support for addressing physical or mental health issues, or support to help them attend appointments with other professionals, and so on. These needs can also change over time, and part of the role of the 1625ip team members is to adopt a flexible and responsive approach to delivering the support, and to monitor each case continuously throughout those changes.

The organisation also plays a strong role in *co-ordinating* the support that is provided, which is of particular importance because of the number of agencies that are sometimes also involved in working with each young person.

The organisation does bring added value to their support work, as they are also involved in a wide range of other projects and activities which can be accessed by clients on this project. In addition, 1625 has specialist team members whose expertise can be drawn on by support workers where appropriate.

¹ For a useful and clear overview of the PIE framework and how it relates to the work of 1625ip, see Woodcock, J. and Gill, J. (2014) “Implementing a psychologically informed environment in a service for homeless young people” *Housing, Care and Support*, Vol. 17 No. 1 2014, pp. 48-57.

3 THE RESEARCH – APPROACH AND METHODS

The general approach that we were aiming to take (as also outlined in our previous proposal for the work), involved the use of “cost-benefit timelines” for individual programme participants, using tools that we have developed for that purpose. We have used these tools in research focusing on a range of vulnerable groups – including young people leaving custody, young people leaving care, and young people involved in offending or at risk of such involvement.

As noted elsewhere, the approach involves using real data to detail inputs and changes over time for individual cases, and then using carefully chosen cost estimates (drawing mostly on Treasury-approved sources such as the New Economy toolkit²) to plug values into our timeline model, both for reactive costs, pro-active costs³, and benefits - such as reductions in problematic behaviours or incidents, or the benefits associated with outcomes achieved in relation to key areas of need such as substance misuse, accommodation, employment and training, or health.

The main tool that we use allows us to calculate “cost-effectiveness thresholds” for each case, and also to calculate what we’ve called net value figures for any particular point in each individual timeline. It also allows us to aggregate figures from across all clients in order to generate presentations for the entire group. An example of our general approach can be found in our Beyond Youth Custody publications, where we were able to generate cost-benefit findings for individuals, sub-groups, and for whole cohorts at aggregate level.⁴

² The New Economy toolkit has several components. There is a useful set of guidance notes – *Supporting Public Service Transformation: Cost benefit analysis for local partnerships*; HM Treasury, Public Service Transformation Network; New Economy, April 2014 – and a unit cost database, the most current version of which is Unit Cost Data Base v2.0, April 2019. The latter is in EXCEL format, as is the main tool itself – Greater Manchester Cost Benefit Analysis Tool, version 4.2, March 2015.

³ Reactive expenditure refers to resources that are required to address or “deal with” a negative event or condition – such as a crime, an accident, an A&E visit, a sectioning, suicide, etc. Pro-active expenditure is more like an investment which is at least partly designed to reduce the need for reactive expenditure in the future. If a resettlement worker manages to work with a client to reduce problematic drug use for example, that intervention has a cost, but it is a pro-active, strategic cost in terms of that individual’s trajectory. The distinction is widely used in the literature.

⁴ Highlights from that CBA work are presented in: <http://www.beyondyouthcustody.net/wp-content/uploads/Lessons-from-Youth-in-Focus-Research-Report.pdf> and details concerning the costed case study approach are summarised in: Liddle, M. (2016). *Resettlement work with young people: using individual case studies to assess costs and benefits*. London: Nacro, Beyond Youth Custody. <http://www.beyondyouthcustody.net/wp-content/uploads/Resettlement-work-with-young-people-using-individual-case-studies-to-assess-costs-and-benefits.pdf>

More specifically, the approach involves a number of steps as outlined in the sources referred to:

- accessing and aggregating all key information held by the project relating to each of the clients to be focused on in the study (in this case 15 individuals in total – see section 3.1, below);
- supplementing existing information where necessary (via “gap-filling” discussions with project workers), to include specific details concerning incidents/behaviours and responses to these over time;
- calculating appropriate unit costs for the accommodation service (using calculated figures for different levels of involvement, where the intensity and duration of involvement varies considerably across clients);
- plotting such costs over time for that individual (using either monthly averages or more precise figures if they are available);
- plotting costs related to other services that each individual uses both before and during the intervention of interest, and
- identifying which areas of need were relevant to each individual, and selecting the most robust cost estimates available for those areas of need, to use in plotting costs (both reactive and proactive) and benefits over time.

We amended our approach slightly after the first phase of analysis, but we describe that in more detail in section 4.3.

3.1 Specifying the client group

In order to assess costs and benefits associated with the supporting accommodation work, we wanted to focus on as many clients as possible who had been through the service, but it was also necessary to ensure that the research team could access key details about those clients.

The records indicate that the project in Bristol actually started in September 2015, but while there is a range of information held by 1625ip about all clients that they have worked with, they switched to a new and comprehensive data base (the INFORM system) in the summer of 2016. From September 2016 onward, a much wider range of detailed information has been gathered concerning individual participants and their background characteristics, the interventions made with them, and the outcomes associated with their involvement.

It was therefore decided that the research should focus on those clients for whom full data-sets were available on INFORM, who began their involvement with the accommodation projects from September 2016 onward, and who also had a project end date before April 2019. There were 15 clients in that group; details concerning those clients are provided in section 4.1.

3.2 Accessing client information

To underpin formal arrangements for the research team to access client information, a data-sharing protocol was agreed and signed by both parties. This agreement placed conditions on the way that project data could be transmitted and stored, and it conferred responsibility on the research team to limit use of the data and to protect and subsequently dispose of it securely.

Both 1625ip and the researchers took further steps as well, to ensure that all of the main analysis would be of data-sets incorporating several layers of anonymization.

Given that granting direct access to the database was problematic, we needed to rely on staff members at 1625ip to provide us with full details about each client and work undertaken with them. Given the very wide range of information gathered and stored about each client in the database, it was recognised early on in the work that extraction and anonymization of such material would be fairly time-consuming. We therefore focused initially on one client, and a staff member from 1625ip endeavoured to download the full range of database material on that client (in EXCEL format). That material was then stripped of key identifiers (e.g. client names, contact details, names of friends or family, names of workers from other agencies) before being sent to the research team. A unique identifier was retained for each client however, to ensure that project workers and other 1625ip staff could identify who each client was in the database.

The downloading of database information on that first client did indeed turn out to be very time-consuming for 1625ip staff members, and the material concerning “activities” in particular, was difficult to provide because the “stripping” referred to above required manual examination of many hundreds of open text fields. It was difficult in practice to automate that process (by using “find and replace” functions on personal names for example), so even the material on that first client had to be truncated to an extent.

That first exercise made it clear that the “activities” material was on the one hand too sensitive simply to download and provide to the researchers in its entirety, but on the other hand, much too detailed to redact effectively before providing access. It was therefore decided that a smaller range of database material (described more fully in section 3.4) would be provided, and that any apparent gaps in the information would be addressed via interviews with key workers at 1625ip.

All of the other database material on each of the 15 young people was provided, but with all specific identifying information having been deleted or redacted by 1625ip team members. The (anonymised) information about each young person was held in a single EXCEL file, with key material from each section of the database being included as a separate worksheet inside. These files were password protected, and titled using the relevant unique identifier for each client.

3.3 Interviews with project staff about individual cases

There were three 1625ip staff members who had detailed knowledge of each of the 15 young people, so lists of “gap-filling” queries were entered on brief matrices for each client and sent to whichever staff member was most knowledgeable about that client.

This was followed up by a telephone interview (or two interviews, if all of the material could not be covered in a single discussion).

Interviews were not transcribed, but responses to individual questions were typed into each client matrix at the point of interview. (Where interviewees made general comments about their own practice or about care-leavers in general, these were written down on the hard copy matrices and typed up separately afterward).

3.4 Final data-set

The final data-set for the research was made up of several key strands, as described below.

- **Information from the *INFORM* database**, on 15 clients, taken from key sections including:
 - “Core client details” – this is mostly key demographic information, stored across 15 data fields;
 - “Move on” data – material concerning the end of each client’s involvement, and information about destination or type of exit (12 data fields);
 - “Risk Assessments and Risk Management Plans” – this is key information about each client’s level of risk (to themselves or others, and from others), and staff concerns based on assessment of each client’s background and history (43 data fields);
 - “Needs Assessment” – this material includes very wide-ranging information about each young person’s support and other needs, and about previous history (180 data fields, with the bulk of these being short answer fields, but with some open-ended text material as well);
 - “Young Person’s Stars” – this is material taken from completed “outcome stars”, which 1625ip uses in a lot of its project work to assess “distance travelled” over time by young participants, in relation to key areas of need or interest (23 data fields); the open text fields in this material are particularly detailed and useful, and they cover a range of key areas including accommodation, health, “work and learning”, “people and support”, “how you feel”, “choices and behaviour”, “money and rent”, and “practical life skills”;
 - “Actions” – this is a highly detailed set of records detailing all communications with each client (and with other agencies involved with each client), and actions taken; as noted earlier, we only received information from this section of the database relating to one project client;

- ***Client matrices*** - these were assembled by the research team after examination of all of the client information received, and they included a range of questions for project workers who had worked with each client. The matrices were also used to record responses to those questions that were put to project workers about each individual client;
- ***Client summaries*** – these are essentially brief case study write-ups relating to each client, which were drafted by 1625ip staff; the summaries are one or two sides of A4 in length each, and in some cases they allowed us to fill gaps in the information that was downloaded from the database.

Details concerning project finances and annual budgets were also provided to the team, and used to calculate unit costs for the project, and we also accessed some of the documentary material concerning 1625ip and their work with young people.

4 KEY FINDINGS

4.1 The client sample

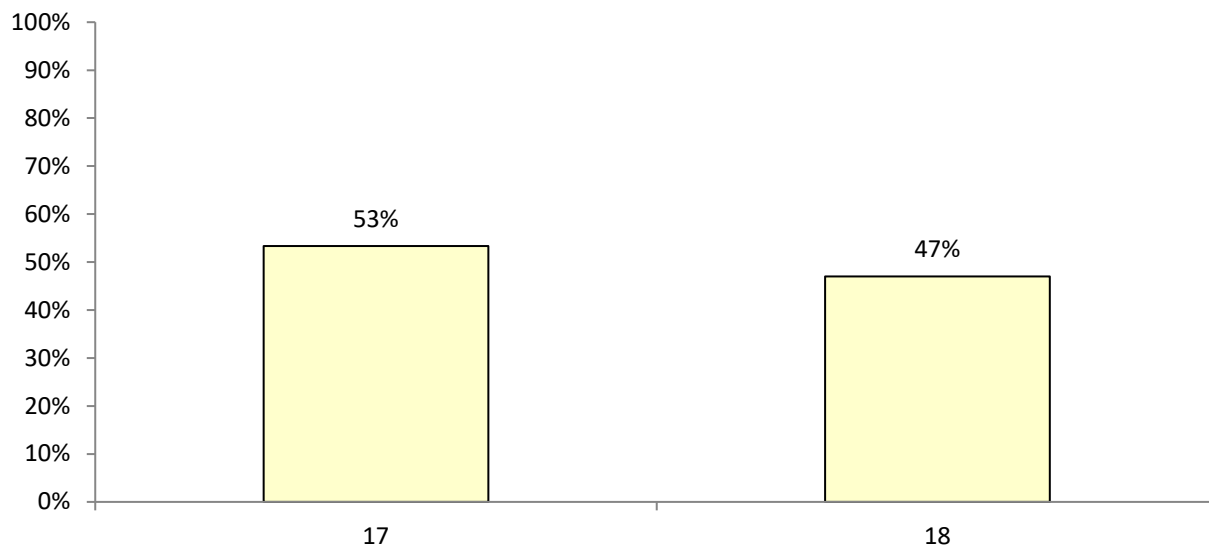
In general, the young people who were involved in the project during the period specified above were deemed to be high need individuals leaving care

4.1.1 *Key demographics*

The information in the project database provides a fairly comprehensive snapshot of key demographics for each individual.

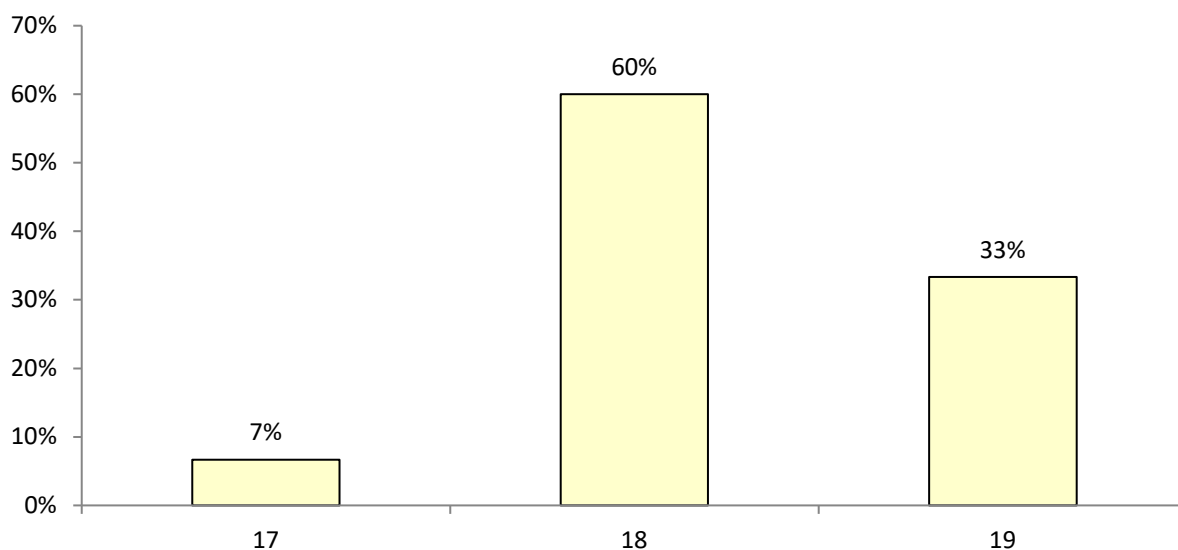
In terms of age, the information in the database allowed us to calculate each individual's age at the start of their involvement with the project (although the ages given are approximate, since birth dates were changed to the first of each month as part of the anonymization process). All of the young people were either 17 or 18 at the start of their involvement (as summarised at **Figure 1**), and the average age was 17.47 years.

Figure 1 – Project participants: age at start of involvement (% of clients)



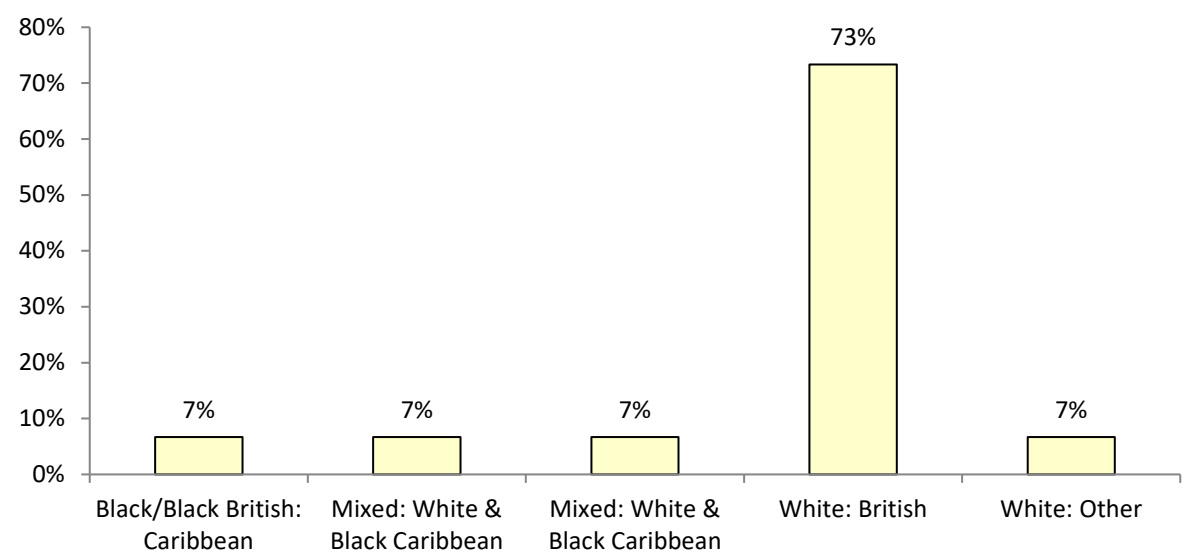
At the point of leaving the project, the participants were either 17, 18 or 19 years of age (as summarised at **Figure 2**), with the average age being 18.27 years.

Figure 2 – Project participants: age at end of involvement (% of clients aged, 17, 18, and 19)



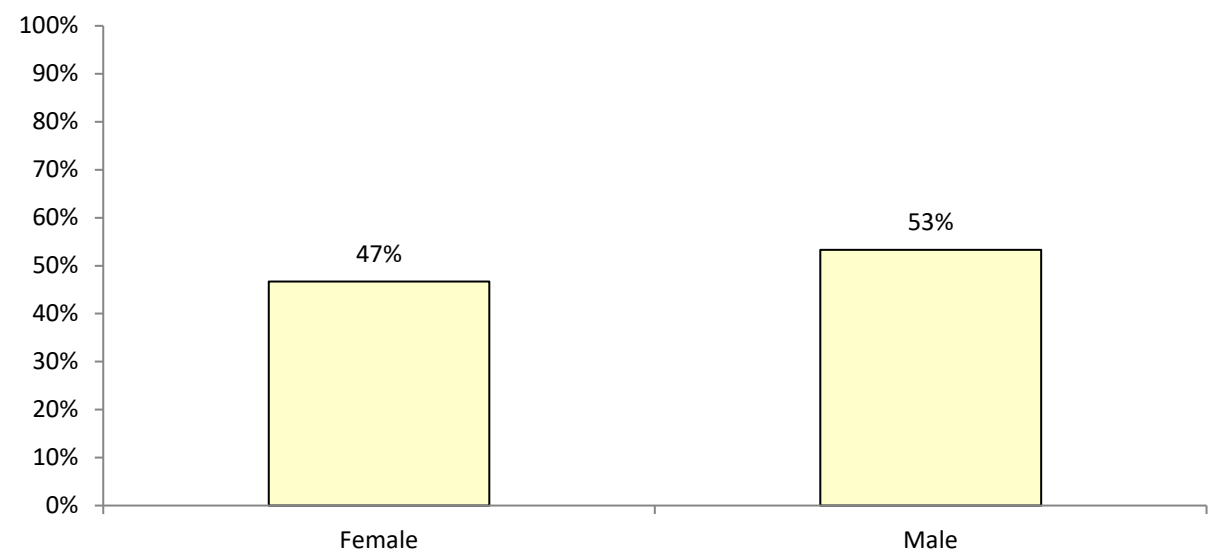
Information on ethnicity was recorded for all 15 of the participants, and the ethnicity of the group largely reflects the make-up of Bristol itself; details are summarised at **Figure 3**.

Figure 3 – Ethnicity of participants (% by category)



In terms of gender, 53% of the participants were male, and 47% female, as summarised at Figure 4.

Figure 4 – Gender of participants (% by category)

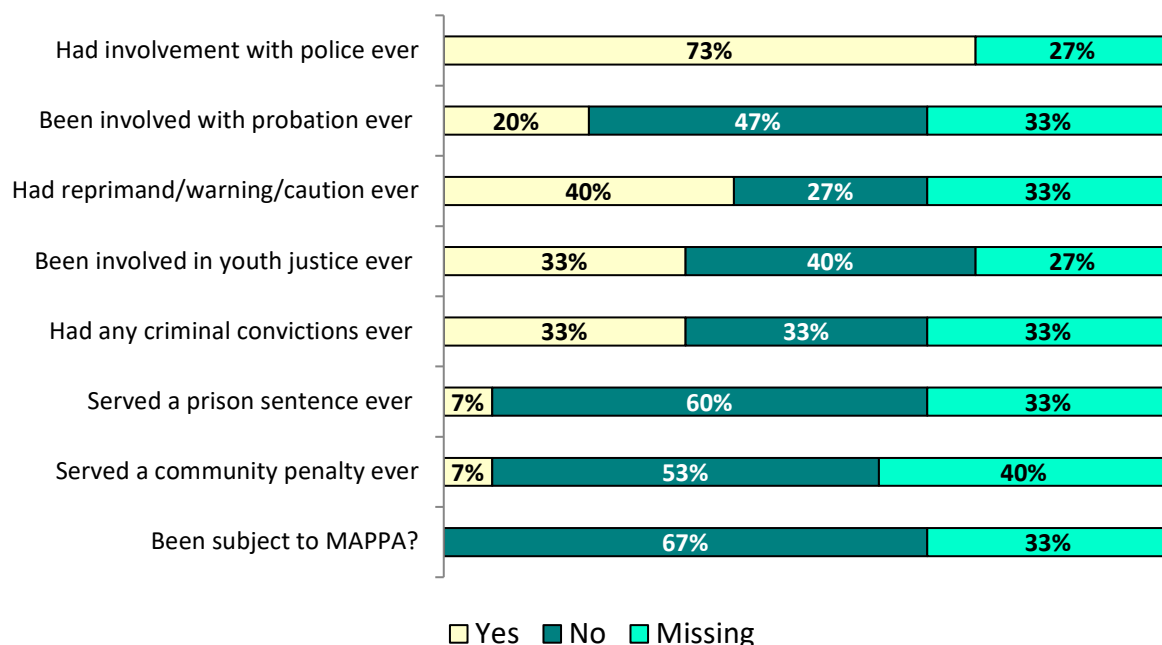


4.1.2 Offending, antisocial behaviour

In terms of previous involvement in offending or antisocial behaviour, there was a range of data fields in the needs assessments that focused on key types of involvement, as illustrated at Figure 6. There were quite a few blank fields, but in some cases we were able to fill gaps using other information.

The information makes it clear that clients in this sample typically had some involvement with the police and/or the justice system, although the extent of that involvement was much less than for groups of custody-leavers for example (as in the Future 4 Me project, which is also delivered by 1625ip).

Figure 5 – Involvement with police and justice system (% including “missing” category)

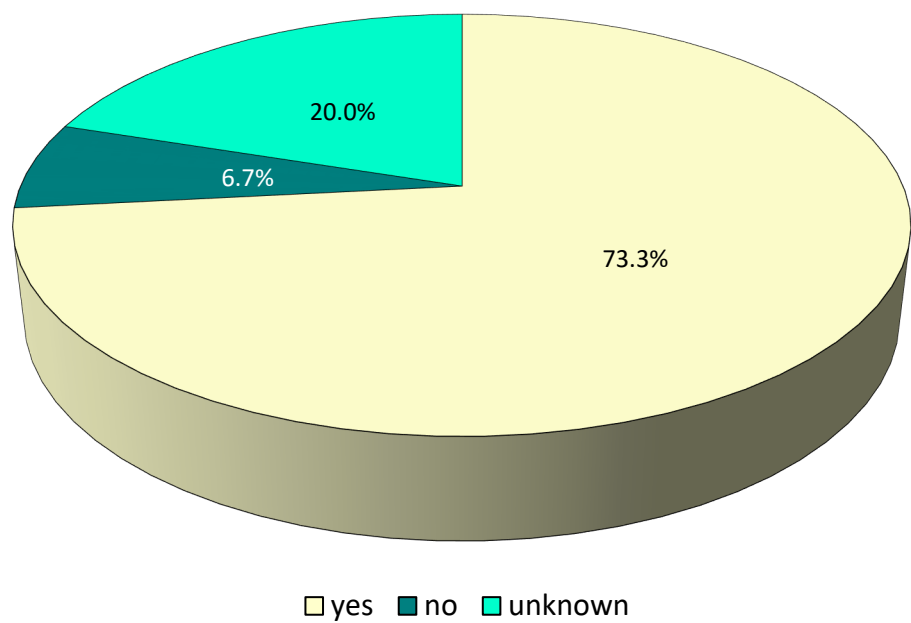


4.1.3 Care history

The downloaded database material did include some information concerning each client’s care history, but details concerning some areas – such as numbers of placements over time for example, or age at first placement – were insufficient to allow us to compare them with national figures.

However, some of the open text fields in the database and also the case study narratives provided by the project did include details about reasons for entering care, and about difficulties relating to clients’ birth families. Those details made it clear that most project clients had significant and traumatic childhood or adolescent experiences in their backgrounds, which we would also expect given what we know from the national figures – 63% of looked after children as of March 2018 entered care as a result of abuse or neglect for example.

Figure 6 – Previous trauma (e.g. from childhood or adolescent abuse, neglect, assault, or bereavement)



4.1.4 Assessed need, vulnerabilities

Again, the database material made it clear that the group of young people were typically vulnerable, and that they had both a range of adverse experience in their backgrounds, and a variety of mental health issues at the point of referral.

Figure 7 – Previous self-harm, suicide attempt, or suicidal thoughts?

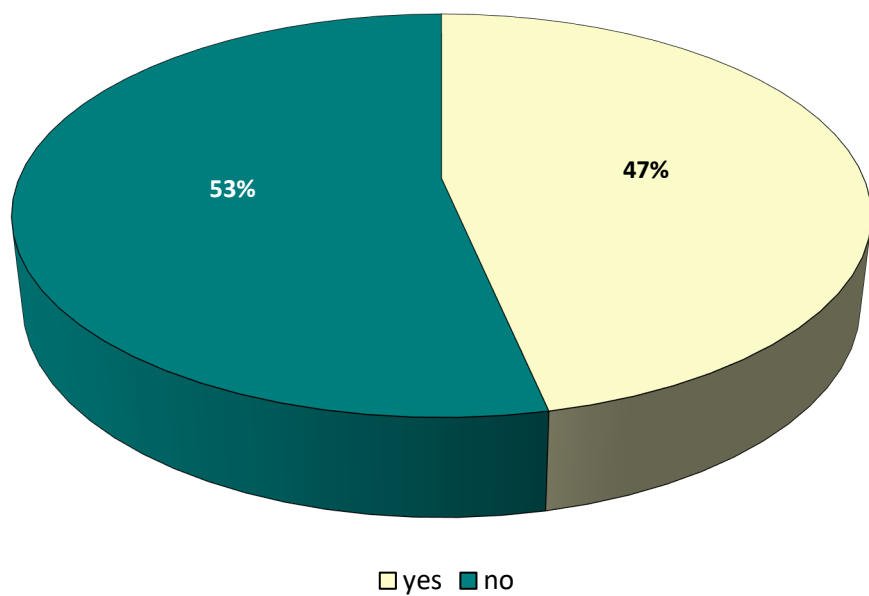


Figure 8 – Has mental health difficulties?

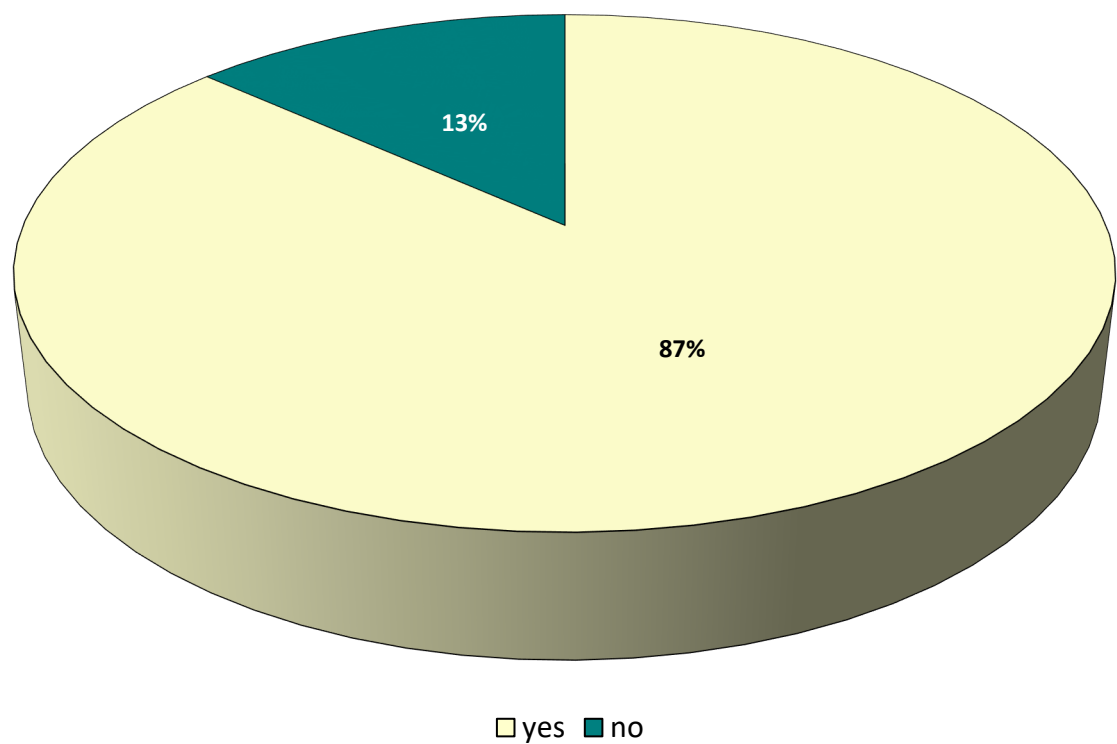


Figure 9 – Previous victim of violence?

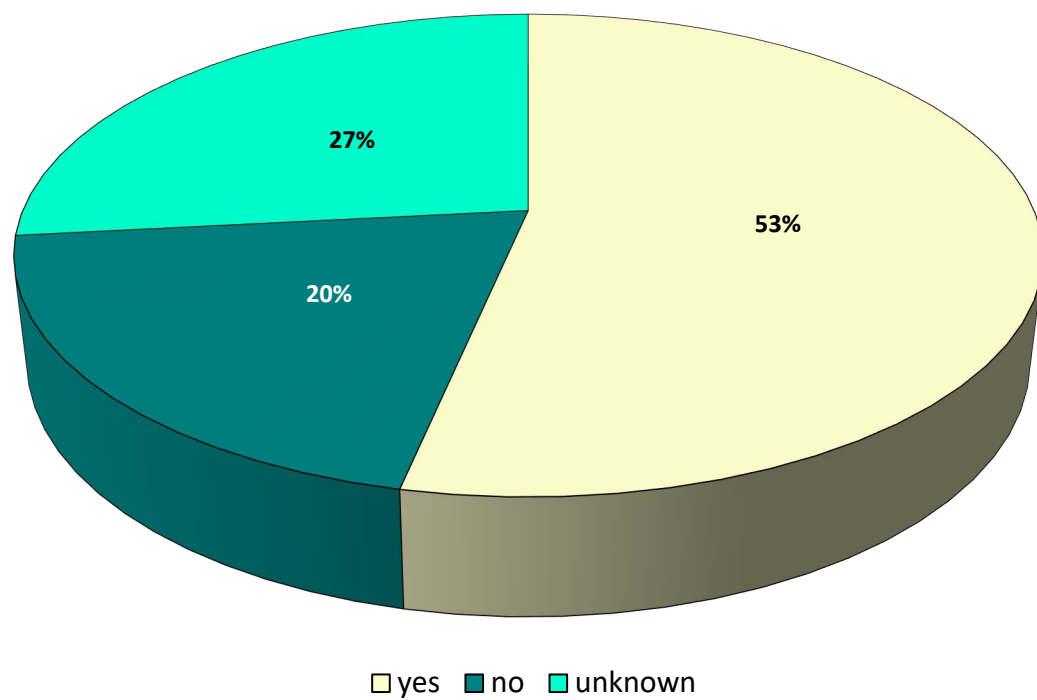


Figure 10 – Has physical health difficulties?

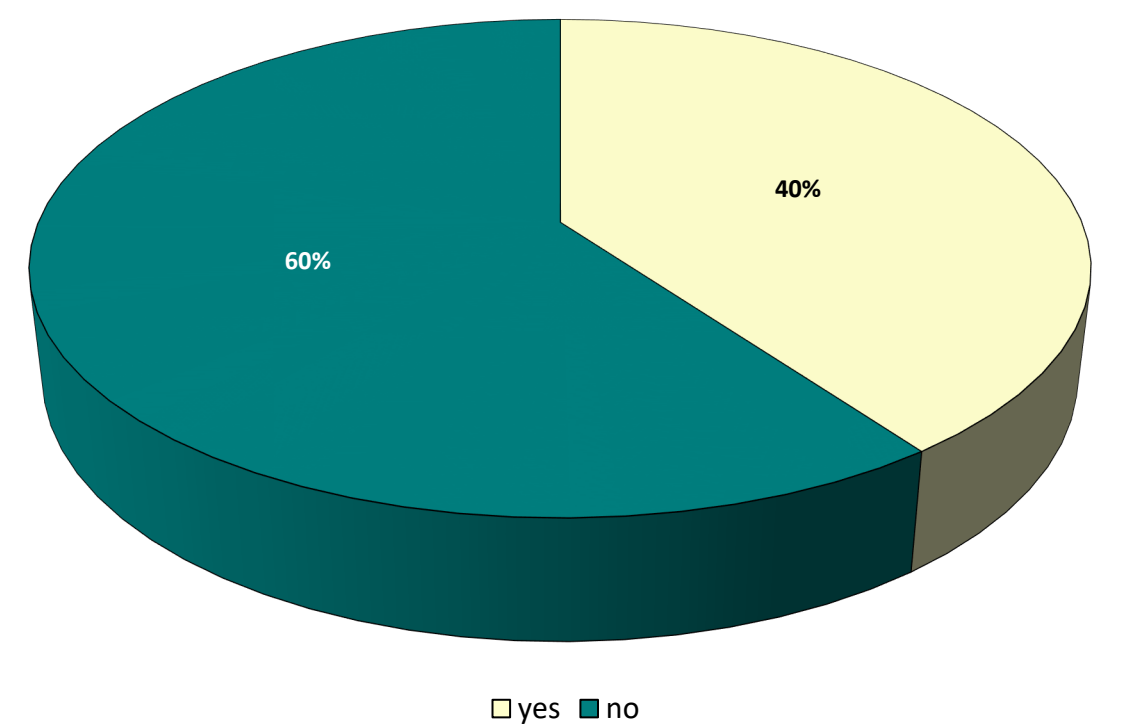


Figure 11 – “Overall risk” score in client database

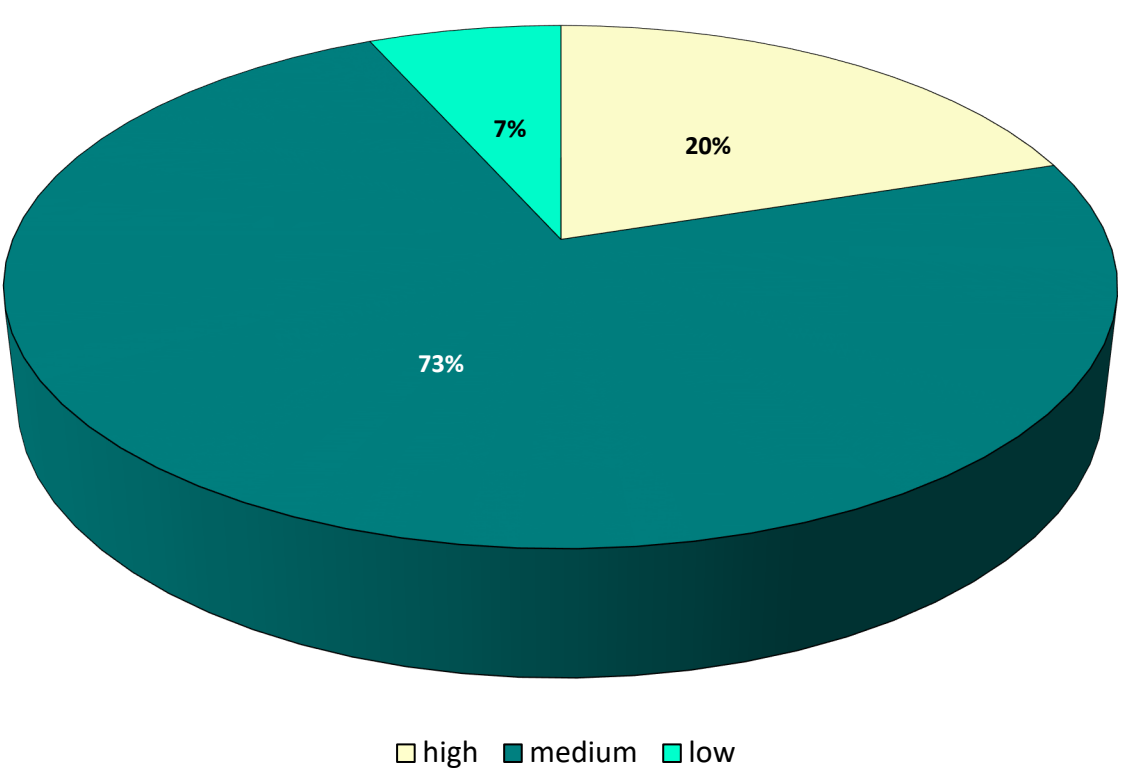
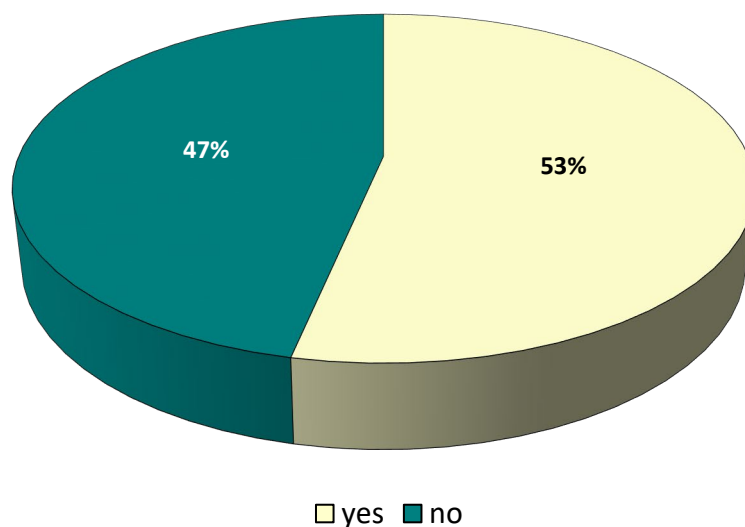


Figure 12 – Does client have a mental health diagnosis?



4.1.5 Length of involvement

The interventions were relatively short-term, varying from three to twelve months, with an average period of 7.3 months (or approximately 223 days).⁵

Further details about periods of involvement are provided in the following two figures. **Figure 13** gives the total number of months' involvement for each client, and **Figure 14** gives the precise start and end dates for each client, where the difference between the two bars represents the total period of involvement (in months).

⁵ Feedback from 1625ip staff suggested that the average was more like 9 months, but we assume that other young people who were involved with the project but who were not in our sample tended to be involved for longer.

Figure 13 – Length of involvement with project (by client and number of months)

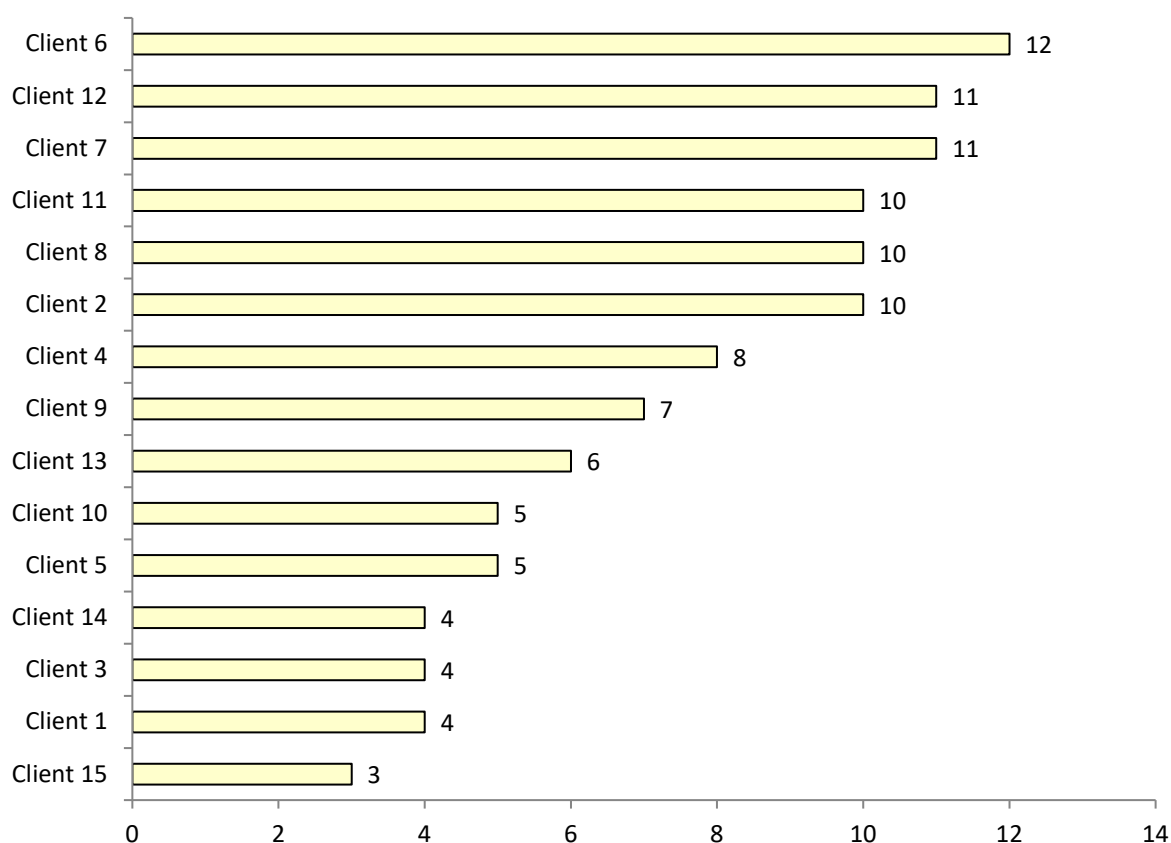
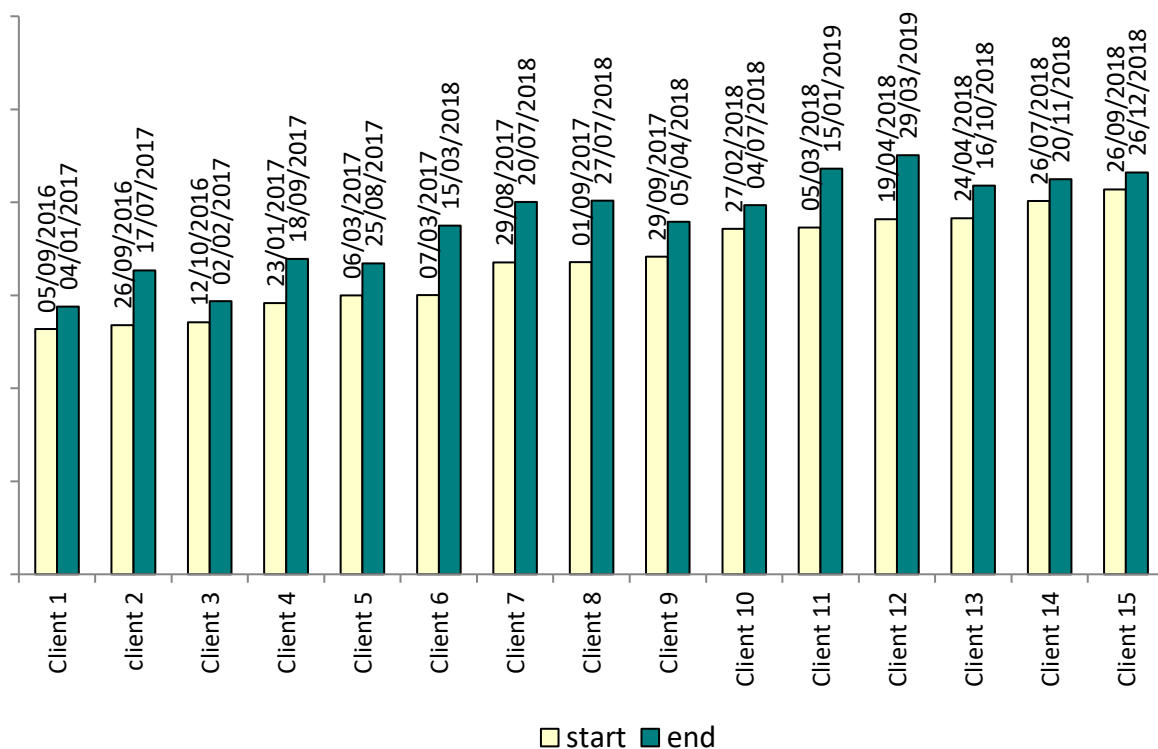


Figure 14 – Start and end dates for individual clients



4.2 Changes in levels of need

In addition to examining the range of support needs that individual participants had, we wanted to assess whether there had been any changes in those levels during the time that the young people were involved with the projects. In order to make that assessment we examined the available details about support needs across a range of key areas – including physical health, mental health, offending and antisocial behaviour, substance use, and employment education and training (EET) - and ranked levels of support need for each area at the start of involvement as either high, medium, or low.

While categories of that sort can be difficult to apply in cases where the available evidence is too thin to allow for such distinctions, the final data-set on this cohort of young people did allow for full categorisation in this way.

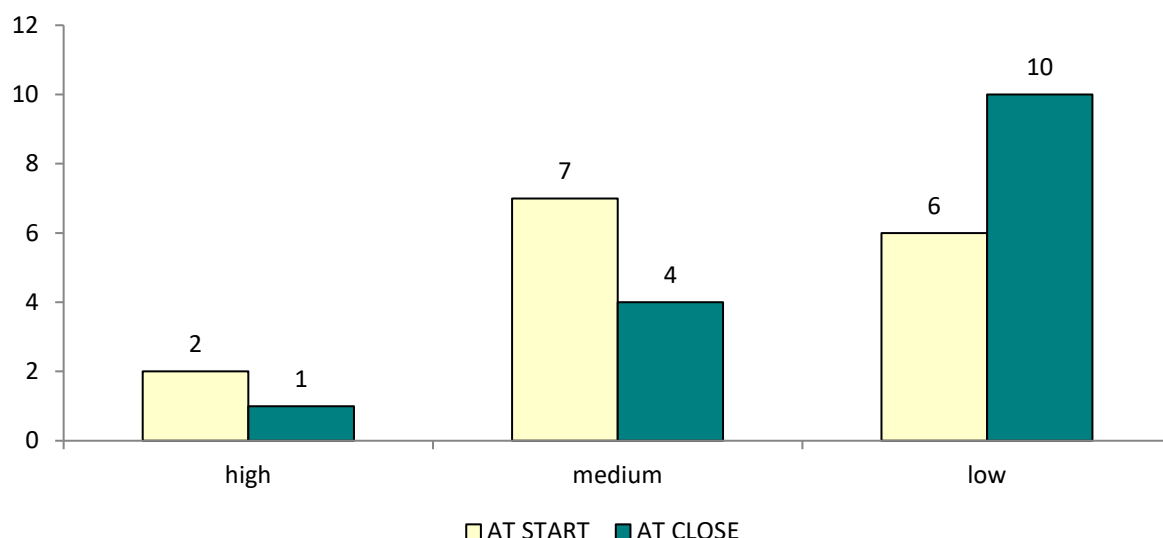
While there were sometimes gaps in single sources of information (e.g. the risk assessment material, or the needs assessments from the database), when joined with other material such as the open-ended Star comments and the feedback from project staff, it was usually clear from the evidence overall how each area of support need should be categorised in a particular case.

That assessment (i.e. of levels of support need at the time of joining the project) was followed by an assessment of levels of support need at the end of each client's involvement, so that we could identify any shifts from one level to another during the period of involvement.

Turning to specific areas of support, the data suggested that most clients had fairly low support needs in relation to physical health, although one or two had a range of physical health problems as well as some difficulty in terms of accessing support for those issues – one client had a fear of doctors for example, and therefore was not receiving any assistance in managing those difficulties.

Overall, physical health issues tended to improve during the period of involvement with the project.

Figure 15 – Level of need relating to physical health, at start and close of involvement (number of clients, by level)



Concerning mental health, young people who we have categorised as having high levels of need tended to be those not just with one or more conditions which had some significant impact on their lives, but those who needed support to help them manage those conditions themselves (or via access to other professionals – who some of the young people were not accessing effectively at the time of referral).

In some cases where the young people were helped during their involvement to manage their own mental health more effectively, we have on the basis of all the evidence shifted their categorisation down by one (or two) levels.

Figure 16 – Level of need relating to mental health, at start and close of involvement (number of clients, by level)

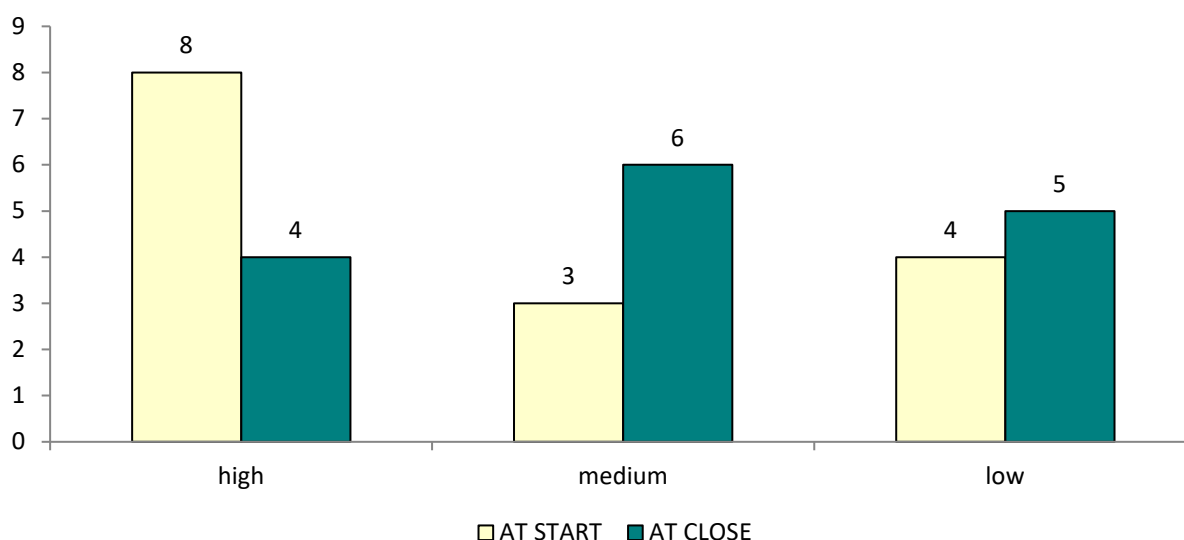


Figure 17 – Level of involvement in offending or anti-social behaviour at start and close of involvement with project (number of clients, by level)

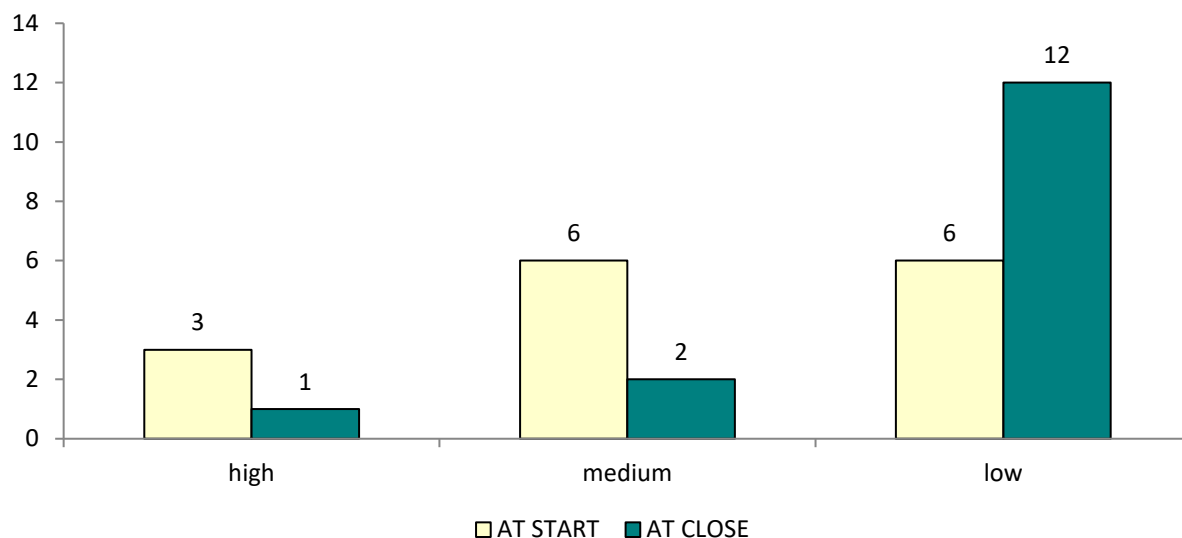


Figure 18 – Level of need relating to substance use, at start and close of involvement (number of clients, by level)

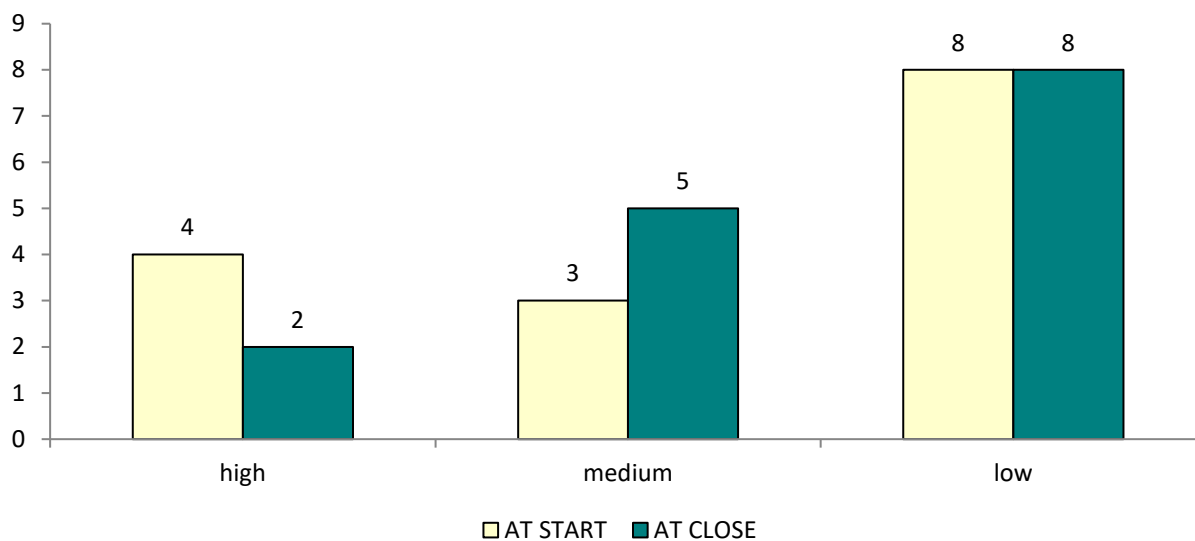
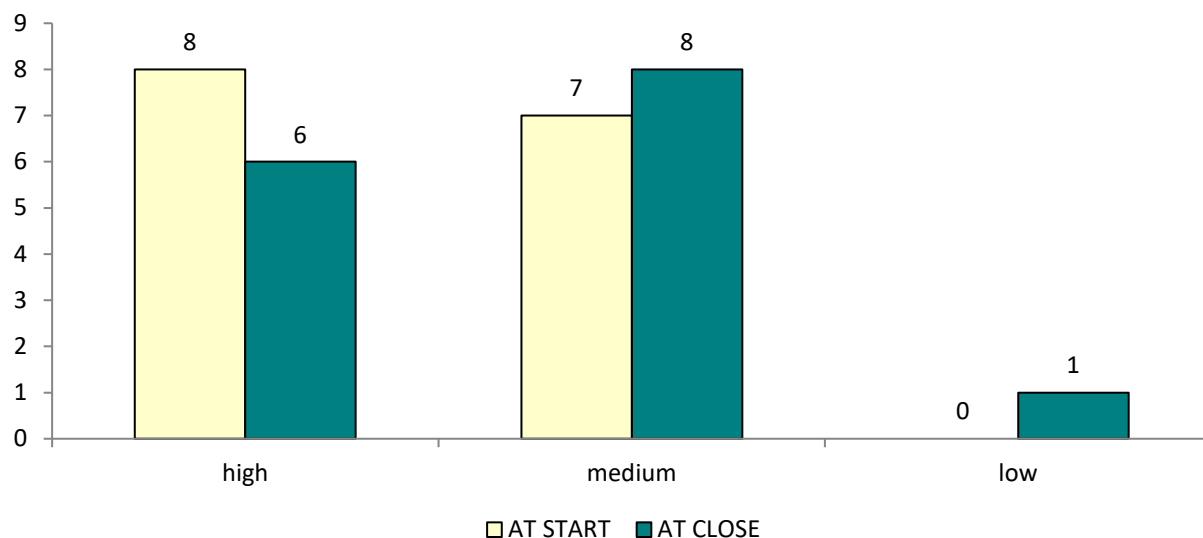
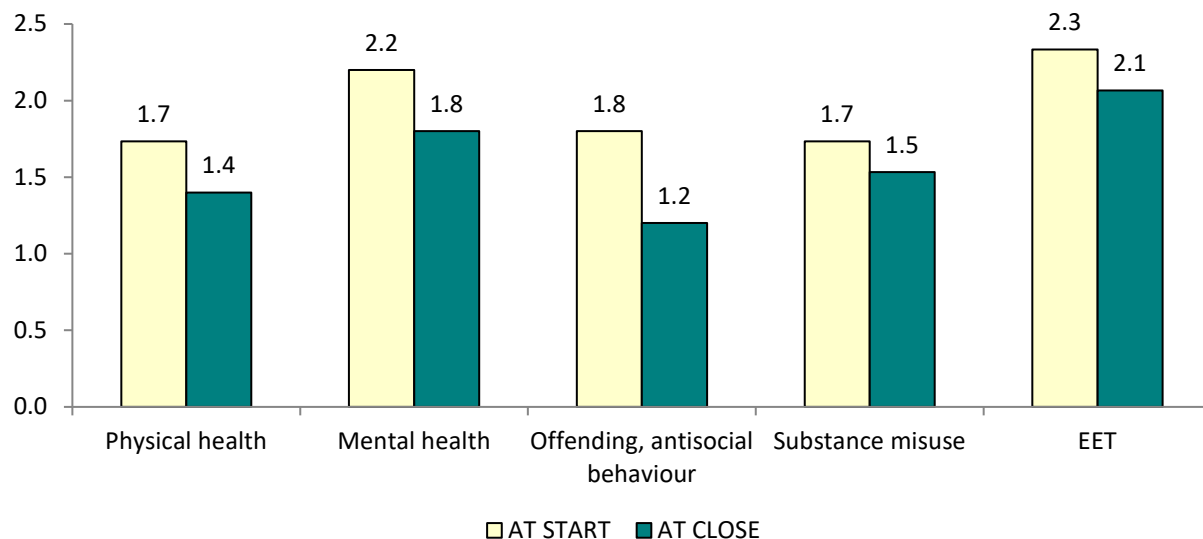


Figure 19 – Level of need relating to EET issues, at start and close of involvement (number of clients, by level)



In order to assess change over time in these levels at group level, we assigned a gravity score to each level – 3 for high, 2 for medium, and 1 for low – and scored across all areas to calculate averages “before and after”.

Figure 20 – Before and after scores for key areas of need (all clients as a group)



4.3 Costs and benefits

In this section we outline our approach to estimating costs across a range of areas, and we describe how those estimates were used for individual cases in our sample of project participants, to put figures both on inputs and on any positive changes that appeared to take place.

It is worth noting at the outset that we use the term “benefits” in this case quite loosely to refer to estimates linked to those “positive changes” – as we did not conduct a project evaluation, we cannot say with certainty what brought those changes about, and we therefore also could not undertake the usual calculations concerning “deadweight”, or estimates of “what would have happened anyway”.

So what we provide is some monetization of the positive changes that are indicated in our analysis of project data for each client (independently of an assessment of causation), and an assessment of those (costed) changes against the costs of project interventions.

We return to some of these issues concerning counterfactuals in the final section of this report.

4.3.1 *Estimating project unit costs*

In order to calculate unit costs for the projects, we examined budget figures provided by project staff for specific years during the period of interest, used those figures to fill any gaps in our timelines (e.g. in relation to income for the Bristol project from September 2016 to end-March 2017), to arrive at a total income figure for the relevant period (for each project).

We focused on income relating to the support costs only; while there are obviously capital costs involved in running projects of this kind (and costs incurred that relate to bringing properties up to standard and maintaining those properties, for example), we were aware that the local authority would be obliged to house young care leavers in the area anyway, and would be responsible for meeting such costs. Of course, it is also the support work that is likely to have “causal efficacy” in relation to positive outcomes in key areas, and the question “what do these projects cost?” is therefore best answered by looking at the cost of the support work (and assuming that suitable accommodation is available for this kind of use).

The delivery organisation also uses “full recovery formulae” to ensure that all relevant infrastructural costs are covered in the funds that they receive for the support work, and so we did not need to detail those costs (as we would have done if we had needed to estimate intervention costs “from the ground up”, using more detailed figures covering categories used in unit cost assessment tools such as those described in Liddle et al. (2019).

Alongside the budget income figures, we needed to estimate the throughput of the projects over time and the intensity of support work with each client, so that we could calculate the amount of project budget that was “spent” on each client. Since we did not have access to the full IN-FORM database, we needed to estimate throughputs on the basis of the information that we did have, so that we could calculate unit costs for these 15 participants in a manner which did not overlook expenditure that was being made (or had been made) on young people who may have passed through the project but were not captured by the conditions that we used to arrive at our sample of participants. As noted in section 3.1, we were interested in looking at all cases that started after the new IN-FORM system was in place, and that also had an end date of March 2019 or earlier. This meant that we did not look at data on young people who may have been involved in the project as of July 2016 but who had start dates earlier than that date, and we also did not look at young people who may have been involved with the project but did not have end dates as of March 2019.⁶

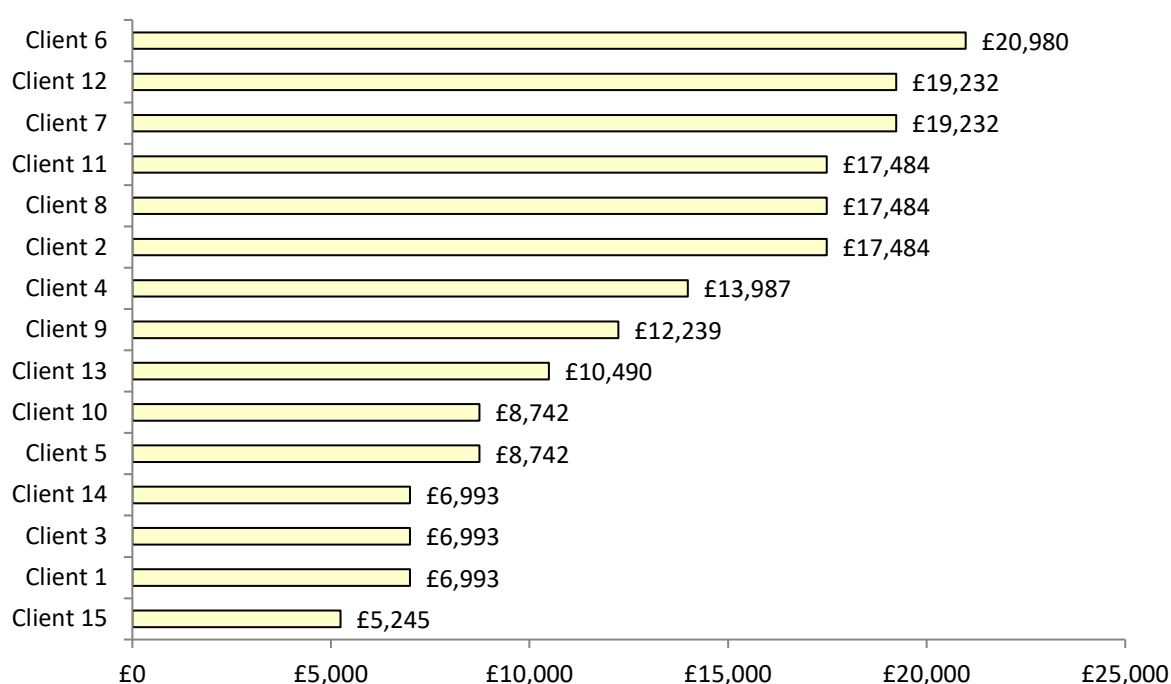
In the absence of the full database, we simply used other evidence (e.g. annual report figures) to estimate what full throughputs might have looked like during the period of interest (with the period of interest being 31 months in Bristol – from September 2016 to end-March 2019 – and 21 months in South Gloucestershire – from July 2017 to end-March 2019). We also used other throughput estimation formulae based on known figures, for the sake of comparison.⁷ On the basis of those analyses, we estimated that our sample of 15 young people would have absorbed 75% of the overall budget income that we identified for the full period (across both projects).

As clients were involved with the project for varying lengths of time, it also made more sense to use “service delivery months” as the unit of interest, so we totalled the months of service for each client (based on their start and end dates), and arrived at a total of 110 service delivery months. Dividing that total into .75 of the total budget applying to the period of interest (and summing for both projects), we arrived at a monthly figure of £1,748, for the cost of one month’s support for an individual client. On that basis it was possible to calculate how much each client cost in terms of 1625ip service provision, and the details are summarised on the following figure. Values ranged from £5,245 to £20,980, with the per client average being £12,821.

⁶ It was also not possible to undertake an analysis of voids or periods during which one or more of the flats in question did not have an occupant (which would have affected throughput figures).

⁷ For example, we used a formula that is sometimes used for calculating throughput figures for secure establishments - $INPOP + NE = INPOP + (INPOP * (365/AVST))$, where INPOP = initial population, NE = new entrants, and AVST = average stay, in days.)

Figure 21 – Total cost of support from 1625ip, by individual client



It is also worth noting that we did not divide the 15 clients into different groups depending on the intensity of their support (which would have given us more than one monthly figure), because the feedback suggested that although there were obviously some variations, all clients were focused on fairly evenly.

4.3.2 Costing individual clients

In this section we describe how we approached costing specific areas of need, and how we then applied that to each individual client's data-set.

4.3.2.1 Approach to costing key areas of need

There is a very wide range of approaches that can be taken to estimate costs associated with key areas of need, but these tend also to fall into one of two types. The first group is those approaches that focus on details concerning real individuals and the specific times when costs were actually incurred – a study of interventions designed to reduce arrests, for example, might look at real arrest data concerning a group of individuals, to see when and how often those individuals were arrested after they were involved in the intervention. Those events could be placed on timelines for each individual in the group, and costs could also be assigned to each arrest event.

Approaches of that sort have the real advantage of allowing us to calculate precisely how the intervention impacted on an individual's subsequent arrests, and the costs of those, without the need to estimate or apply averages.

The second set of approaches relies on estimates generated by researchers previously, who have focused on groups of individuals who are similar in some key sense to the group that the current estimator is also interested in. These approaches are useful in particular where individual-based data is either not available or is incomplete.

Mixing the two approaches can be difficult, and can also lead to double counting if insufficient attention is paid to the component parts of an estimated cost.

In our case, we did have some individual-based data that was relevant for the costing work, but it was in many cases not specific enough for us to rely solely on it. We therefore used more generic estimates where appropriate, and amended these accordingly where that was necessary (e.g. because we had also costed a specific event, which therefore required some stripping out of costs from the generic estimate).

4.3.2.1.1 Physical health

Although the physical health (or the management of physical health) did improve during involvement for some project participants, there was not sufficient detail to allow us to cost those changes. We have noted in the following tables whether there appeared to be such improvement however.

4.3.2.1.2 Offending, antisocial behaviour

Where there was evidence that a client had been involved in offending or antisocial behaviour either before starting with the project or during involvement, we attempted to cost those events using estimates from the New Economy Toolkit (which in turn are drawn from a number of sources).

For most of these we include at least one, but sometimes two or three different types of cost. Fiscal costs are basically financial costs relating to key agencies and their direct expenditure or allocation of staff resources to an incident, event or problem; wider economic and social costs are sometimes lumped together, but costs of the former sort include insurance and property costs, for example, while on the social side, costs relating to the physical and emotional impacts on victims of crime are usually included (- fiscal, economic and social costs are often aggregated to come up with a “total public value”). Given that social costs can take some period of time to accrue, whereas fiscal and direct economic costs accrue fairly quickly, conversion of a “per incident” estimate into a “per annum” (and then “per month”) estimate is not entirely straightforward. In all cases we have included only 50% of social costs in our per annum (and our monthly) figures.

4.3.2.1.3 Mental health

To estimate costs for this area we have used material from the King’s Fund report *Paying the Price: the cost of mental health care in England to 2026* (King's Fund, 2008), which outlines costs associated with “mental health disorder” (but excluding dementia, a condition which inflates the cost figure substantially if included). It includes fiscal costs (to the NHS and local authority) of £1,015 per annum, and economic costs of £4,149 per annum (which includes a lost earnings component). Using figures updated to April 2019, we have calculated a monthly figure of £430. This needs to be treated cautiously however, because of the age of the original King’s Fund data (2008). Unfortunately, the King’s Fund report does not attempt to monetise social costs.

4.3.2.1.4 Substance misuse

We have drawn on several sources for cost estimates here, including estimates based on analysis outlined in *Estimating the crime reduction benefits of drug treatment and recovery* (National Treatment Agency for Substance Misuse, 2012), p.11. Figures have been uplifted to 2019, and include fiscal costs of £1997, economic costs of £4,063, and social costs of £4,215 per annum, which represent benefits generated by successfully extricating a substance misuser from such misuse (particularly in terms of enhanced health and quality of life). Those are annual figures of course, but we have converted them into a monthly figure (£855) – in which we have also reduced fiscal costs by 50%, in order to avoid double counting (since the NTA figures include an estimate relating to offending, and we are already estimating offending-related costs for these clients). We have also reduced the economic costs by 60% in order to fit them more closely with the known characteristics of this sample of clients – the original figure was based largely on amounts spent by drug misusers on the drugs that they use, but the NTA samples were using Class A addictive drugs that are also strongly linked to

acquisitive crime. The 1925ip accommodation sample was not using those types of drugs (that we know of), but they were in a few cases certainly spending a large proportion of their available funds on substances. Part of the retained economic costs has also been allocated to reduced earnings, which again seems warranted given what we know about the individual clients - some were clearly diverted from pursuing various EET opportunities, for example, by a combination of their problematic use of substances, and a variety of mental health issues that they were also struggling with (where those issues were sometimes related to, or exacerbated by, substance misuse).

Since we were aiming for more generic “substance misuse” estimates rather than ones relating to single substance types, we also made some comparisons with those for alcohol misuse, and in particular, the estimates given in *Alcohol Use Disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE Clinical Practice Guidance 115)*, where estimates also include a “quality of life” and enhanced health component.

In cases where a young person was deemed to have high support needs in this area, we costed using the above figures, and where an individual was deemed to have medium level support needs we applied a 50% reduction. No calculations were made for those with no noted issues in this area (or those rated as having low need).

4.3.2.1.5 Education, employment and training

In relation to changes in this area of need for specific clients, we have costed specific events or achievements where we could (e.g. success in achieving a particular qualification, or the securing of paid employment), but in most cases there was insufficient detail to estimate costs.

We know from previous research that periods of NEET status for those aged 18-25 do have associated costs - the ACEVO report *Youth Unemployment: the crisis we cannot afford* (ACEVO Commission on Youth Unemployment, 2012) suggests that NEET status has a cost (to DWP and HMRC) of £4,952 per annum, for example, and an additional lost earnings impact of £10,466 (both figures updated to 2019).

Unfortunately details concerning EET were not sufficiently comprehensive to allow us to piece together an EET CB trajectory for clients. Some of the young people changed their EET status very quickly from one opportunity to another (a placement, a course, or a place of employment), and in other cases clients might also have been less than forthcoming about these kinds of details – e.g. concerning short term, especially “cash in hand” employment.

4.3.2.2 Application to cases

Relating the above to specific clients, we present below some further details concerning how areas of need were costed, and the links between that and the evidence provided about each client.

On each table, cells coloured green represent positive changes that took place for an individual client while they were involved with the project, which were also cost-able. Cells coloured yellow highlight areas where either there has been some progress but not sufficient progress to warrant costing it, or where there was insufficient information to allow us to use an existing measure to cost it. The pink coloured cells relate to areas of need that did involve costs during involvement, but where there was no improvement over time.

Table 1—A summary of progress in key areas of need, for project clients (Client 9, Client 5, Client 8, Client 10)

	Client 9	Client 5	Client 8	Client 10
physical health	Was a heavy smoker at the time of starting with the project, and had a strong fear of doctors (which had led to poor levels of engagement with health services). During involvement, help with fear of doctors was effective, and led to higher levels of engagement. Client also cut down smoking levels significantly. (Treat as reduction from high to medium support need.)	No major changes in physical health during period of involvement.	Had medium level support needs at start of involvement, but was quite independent and self-managing in relation to needs in this area.	Client was pregnant at the start of her involvement. Was apparently in good health, though a heavy smoker. No major change during involvement, although she did cut down smoking. (Treat as reduction from medium to low support need.)
mental/emotional health	Could be considered to have high level of support needs at point of referral (for difficulties specified in notes and in case study write-up). During her period of involvement there was a gradual increase in effective self-management of those issues, thanks to support offered by project (and other workers). (Treat as reduction from high to medium support need.)	This client had high levels of support need in this area at the point of referral (anxiety, paranoia, OCD, PTSD, anger issues, and self-neglect). Various efforts to work with the client to address or manage these issues did not lead to any major changes during the period of involvement however.	Had medium level support needs at start of involvement, but was quite independent and self-managing in relation to needs in this area. No real change during involvement.	Had medium level support needs at start of involvement, and things remained stable throughout.

	Client 9	Client 5	Client 8	Client 10
offending, ASB	There were no particular issues concerning offending or ASB prior to involvement (and no offences or other events referred to). The situation remained the same during the period of involvement.	Previous offending and ASB was an issue for this client, and he was deemed to be high risk because of his previous behaviour (although the information is not very detailed). This changed significantly during the period of his involvement however and he successfully avoided any offending or ASB. This case is interesting because the change from high to low level of support need was not clearly linked to project involvement – because the project had real difficulty engaging with this client.	Had a previous conviction, apparently for criminal damage. Had 5 YOT sessions but apparently was not involved in any other offending or ASB during involvement. (Hence, a drop from medium to just above low; not enough detail to cost the previous conviction.)	There were no particular issues concerning offending or ASB prior to involvement (and no offences or other events referred to). The situation remained the same during the period of involvement.
drugs, alcohol	At referral, there were no particular issues referred to with drugs or alcohol. This low level of support need remained during the period of her involvement.	There was a low level of concern at the start of involvement, and this level did not change during involvement. He continued to use cannabis recreationally.	There was a low level of concern at the start of involvement, and this level did not change during involvement.	There was a medium level of concern at the start of involvement, and “substance/alcohol abuse” is referred to in the assessment paperwork. This was for cannabis use, but the client had already abstained and continued to do so during involvement.

	Client 9	Client 5	Client 8	Client 10
EET (education, employment, training)	Participant had a weak background re: EET at the time of referral, and the project attempted to work with her to address issues. Due to mental health difficulties however, various interventions were not successful and there was therefore little change in need during the period of involvement.	Client had medium level of support need at start of involvement, and although the project provided a great deal of focused support (e.g. to get assistance with dyslexia, and help with apprenticeship) his levels of need changed little during involvement. However, he did maintain his apprenticeship (Carpentry and Joinery) and this could be viewed as a positive change which could be costed; staff suggested verbally that he did not finish if the notes did not mention it, but the case write-up says that he maintained it.	Participant's EET background was weak – e.g. did not get GCSEs because of disruptive home environment at the time. There was not much change in need levels – client seemed able to pursue opportunities on her own, and did access a series of jobs during the period of her involvement.	Nothing much changed in terms of EET during involvement, not least because issues around the pregnancy put some of that on hold.
other outcomes	No other issues of note.	No other issues of note.	No other issues of note.	The main outcome here was not positive, since the client was not able to adhere to the child protection plan – she continued to be with a violent boyfriend. Hence, the baby was taken away, so there was a significant reactive (and negative) event that took place. This one should be treated as a big cost that the project was not able to avoid – the causes obviously lay elsewhere.

Table 2—A summary of progress in key areas of need, for project clients (Client 1, Client 4, Client 3, Client 2)

	Client 1	Client 4	Client 3	Client 2
physical health	Had some physical health issues at the start of involvement, and some historical conditions/injuries (although details concerning these were incomplete in the notes). The project helped him to access some services (e.g. GP, podiatrist) but other than that there were no major changes.	No significant physical health issues noted, and no major changes during involvement.	No significant physical health issues noted, and no major changes during involvement.	Client started with medium need level in this area, and she reduced to low level during involvement. She cut down her smoking a lot, and became good at attending appointments.
mental/emotional health	This client could be described as having high levels of need in relation to mental health issues (lots of conditions referred to, including anxiety/stress, Asperger's self-harm etc.). The project did a lot of support work with the client, but the level of need remained high throughout.	No significant mental health issues noted, and no major changes during involvement.	Had high levels of need in relation to mental health issues (lots of conditions referred to, including ADHD, difficulties with anger management – project subsequently learned that he had psychosis, paranoia). His level of need did not change in a major way during his involvement, but he became increasingly effective at self-management. (Cost for high need to just above medium by the end).	Had high levels of need at start of involvement, with a long list of difficulties outlined in notes (many of them clearly linked to previous trauma). The conditions remained, but the client was increasingly better at managing them for herself. So, a move from high to medium during involvement.

	Client 1	Client 4	Client 3	Client 2
offending, ASB	There were some incidents of offending and/or ASB referred to in the notes, which occurred prior to involvement. Not enough details to cost. There were rape allegations made against the client during involvement, and he was eventually arrested in relation to that (and the placement ended). He was also investigated for inappropriate messages to underage female – and police took his computer). This did not lead to any separate action. So overall, no change – details are unclear about any subsequent conviction for this rape offence.	Client was convicted for armed robbery in June 2015, and served a 6 month custodial sentence ending December 2015 – then on licence for one year, till 2016. It was suggested that this one offence was out of character, but the client did take active steps to avoid being involved in any further offending (including avoiding certain people from his own past). The project did help with this, although it was noted that the client was quite mature for his age. (This should be costed anyway, but not the licence, which would be included in CJ costs and ended in the month before starting.)	Client was on a YOT order at start, and had several convictions (but no custody). The details are somewhat vague, but we could cost for three offences – assaulting a police officer, possession of cannabis, and driving without a licence/insurance (the various documents contradict one another concerning others). We could assume that they took place within the previous two years (client was on a tag at start for these or some combination). There were no offences or incidents during involvement.	No indication of major involvement prior or during. Steady state.
drugs, alcohol	This client did not use drugs before involvement, although he did drink. During involvement he continued not to use drugs, and although at one point he did increase his alcohol intake (to help him cope with stress), the change was not sufficiently serious to warrant any further reference in the notes. Treat as stable in this category (low to low).	No significant substance issues referred to. Client claimed not to use drugs, and to drink alcohol “sensibly”. So level of need, which continued throughout involvement.	There were significant issues with cannabis use in particular, which it was felt was contributing to his mental health problems. He struggled to cut down, but apparently had limited success (he received warning for cannabis use in apartment). There was a reduction however (from full, to 75%)	Substance misuse was a particular issue – especially cannabis use, which was thought to exacerbate her mental health difficulties. She tried hard to reduce her intake, and there was apparently a modest reduction in use. So, from high to medium level would seem warranted to cost.

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	Client 1	Client 4	Client 3	Client 2
EET (education, employment, training)	Client was NEET, but mental health and other difficulties prevented much progress being made on EET issues (although the project did support the client in this area).	The client had not finished his GCSEs because of going into custody. He was very pro-active and resilient during involvement, and landed a full time job near the end of his period with the project. Could cost the latter for one month at the end – the timing is a bit unclear.	The client was NEET at start, and had EET issues that needed to be addressed. Project worked with him on a range of issues but although the client continued to engage in activities designed to get him into work, he did not move beyond a short stint with painter and decorator. (Client was moved to other accommodation for his own safety.)	Was NEET at start of involvement. With help from the project she tried hard to find employment, with some success – she worked at bakery for about 9 months in spite of mental health difficulties. Should be regarded as movement from high to medium, but not enough details to cost.
other outcomes	No other issues suggested.	No other issues suggested.	No other issues suggested (except that he was deemed to be at risk – was moved for his own safety).	No other issues suggested.

Table 3—A summary of progress in key areas of need, for project clients (Client 7, Client 6, Client 13, Client 12)

	Client 7	Client 6	Client 13	Client 12
physical health	Client did smoke tobacco and drink alcohol at start of involvement, but there was no change in levels of need relating to physical health during involvement.	No significant physical health issues noted, and no major changes during involvement (although project helped the client to register and attend GP and dentist).	Client was in good physical health issues, and no major changes during involvement (- the project helped the client to register and attend GP and dentist).	No significant physical health issues noted, and no major changes during involvement (although there was a miscarriage during that period).
mental/emotional health	The client had a range of mental health issues although these were mostly in the past (e.g. previous suicide attempts). Did have CAMHS support but this was closed prior to involvement, as the client was felt to be managing well. No major changes during involvement.	No significant mental health issues noted, and no major changes during involvement (aside from anxiety/stress relating to issues around access to his daughter).	No significant mental health issues noted, and no major changes during involvement (aside from anxiety/stress related to job searching or to issues with his girlfriend and her mother).	There were concerns about this client's mental health because of previous episodes (including an overdose 6 months before starting). There were no major changes during involvement, although staff felt that there were modest improvements in the client's self-management. Treat as move from M to just above L (say from 50% to 15%)
offending, ASB	There is no indication that the client had been involved in offending or ASB prior to her project start date. The notes suggest that there was some police involvement with the client due to complaints about cannabis use at the flat, and also because of the client's boyfriend(s) who were felt to pose a risk. No shifts in offending or ASB though.	Client was previously involved with police, and YJ. Apparently had conviction(s), although details concerning these were sparse. Staff suggested that the main offence was a robbery. (Assume that robbery happened at some point in the two years prior to involvement.) No offending or ASB at all during involvement.	There is no indication that the client had been involved in offending or ASB prior to his project start date, and there were no issues during the period of his involvement.	There is no indication that the client had been involved in offending or ASB prior to his project start date, and there were no major issues during the period of her involvement (there is one reference to police concerns about her being involved in a fraud, but no details are provided).

	Client 7	Client 6	Client 13	Client 12
drugs, alcohol	The client had in the past been drinking more alcohol than she thought was healthy, and she had also been using cannabis. Client appears to have reduced this use before starting, and there is no indication that levels of use became worse during involvement.	Details concerning levels of alcohol and/or drug use were sparse, but this appeared not to be too high during the period of involvement. Could score as M to M - the client did receive a couple of warnings for cannabis use in the flat.	The client did not drink (- his father was an alcoholic, and he wished to avoid drinking as a result), and his use of other substances was not of concern (e.g. he used cannabis “socially”). There were no major changes in these levels during the period of involvement.	There were no indications that the client had difficulties with substance use prior to involvement, and no major change to this after that point (- there is a reference to concern that she might have been using cannabis in the flat, but this was apparently her boyfriend).
EET (education, employment, training)	Client was NEET at start. Project supported her in considering a wide range of possibilities/opportunities, but the client’s life was “too chaotic” for much progress to be made on that front.	Client was NEET at point of joining the project. The project did work intensively with client to access opportunities and arrange placements, but these tended not to last very long. So, no real change in this area.	The client was NEET at the point of joining the project. There were no significant developments on the EET front during involvement.	Client was NEET when she started. During her involvement with the project she claimed at various times to be in full time work – but staff were not always convinced that the jobs existed, and by then the client was not engaging very well with workers.
other outcomes	There were concerns for this client’s safety because of her involvement with boyfriends who engaged in risky behaviour, and the client was eventually moved to new accommodation because of these safety concerns.	The mother of the client’s child apparently had some mental health issues which led to some child protection concerns. The client was going for joint custody near the end of his involvement with the project.	No other issues suggested.	No other issues suggested.

Table 4—A summary of progress in key areas of need, for project clients (Client 15, Client 11, Client 14)

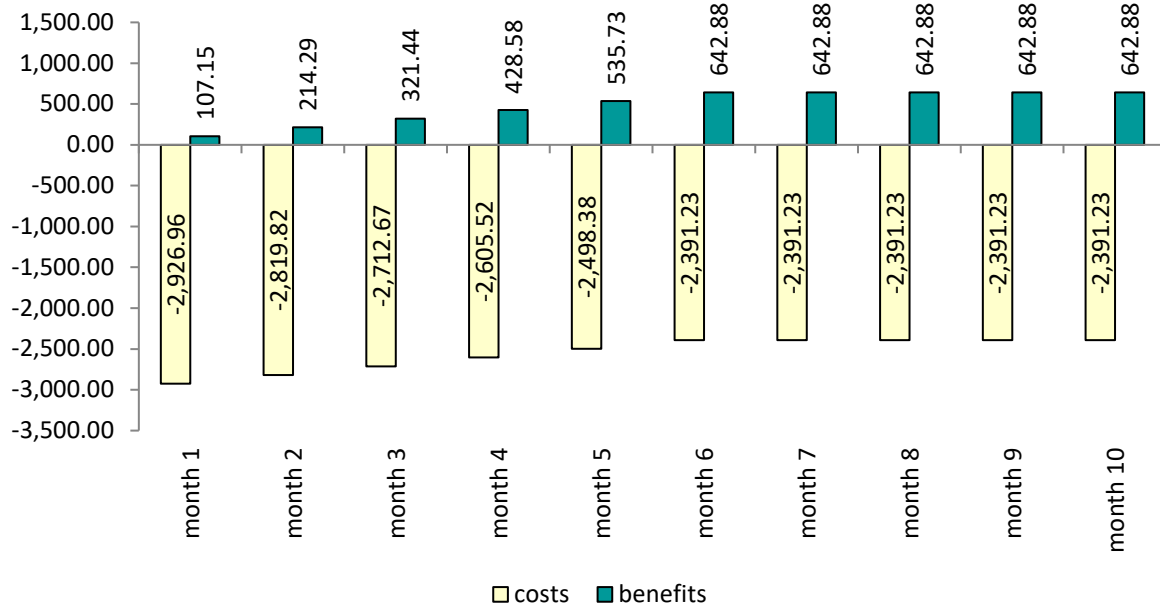
	Client 15	Client 11	Client 14
physical health	Client was in reasonably good physical health, although he had eczema, hayfever and asthma. No real change during his involvement with the project. (medium to medium)	Client was in good physical health, and there were no major changes during involvement, although the client did reduce her smoking considerably.	Client's physical health was affected by heavy smoking and heavy drinking. He wanted to cut down, but was not successful in doing so.
mental/emotional health	No significant mental health issues noted, and no major changes during involvement.	The client had been a victim of sexual violence, and had also self-harmed. She struggled with some mental health difficulties at the point of joining the project (e.g. anxiety), but she "stabilized well with us", as staff put it. (So this could be treated as a shift from moderate need to low need.)	This client struggled with a range of mental health issues including anxiety, stress and depression. He also had anger management issues, and was very affected by the death of his mother. Staff described him as being very damaged, and unfortunately his high level of need did not change during his time with the project.
offending, ASB	Client apparently had a "long history of ASB", but few details are provided. Problems appear to have reduced during the period of his involvement (although he was himself assaulted by two males during that time), but there could be more details. There is perhaps enough detail to infer several incidents of ASB however (the various notes do make reference). Cost for 3 ASB incidents in the previous 18 months, in the absence of other evidence (e.g. about convictions – there is one reference to him being on an order). There was no involvement during time with the project, so this could be treated as move from M to L.	Client had some previous involvement with the police, but no convictions. No involvement in anything during time with project.	His background was apparently littered with incidents of ASB, but there were few details about this in his files. There was some reduction in actual ASB incidents during his time with the project, but numerous low level incidents eventually led to him being evicted from the flat.

	Client 15	Client 11	Client 14
drugs, alcohol	Drug use (especially cannabis) and alcohol were referred to in this client's risk assessment, but the overall trend since joining to project was toward reduction in use, and better management. (Evidence suggests that costing a shift from high to moderate need would be in order.)	The client used to drink a substantial amount of alcohol, but she gave up drinking about a year prior to the project. She continued to abstain during her involvement, even though she was tempted at times when she was particularly stressed. If she had not stopped until she joined the project it would have made sense to cost, but there was no real change in her usage during the time she was with the project.	The client had a serious problem with alcohol in particular, but also cannabis. The project tried to support him in getting help with the drinking problem (e.g. from a substance misuse service) but these efforts were not successful, and the client's drinking eventually became uncontrollable.
EET (education, employment, training)	Was fairly high need at start, but project supported him in considering a wide range of possibilities/opportunities. Some work with Catch22 fell through, and he lost an apprenticeship due to not turning up, but he did get a provisional licence, and completed levels 1 and 2 for CSCS.	The client did finish school but had never had a job at the time of joining the project. EET issues were a bit sidelined during the period of her involvement however, since she was about to give birth and it was deemed that the child's father presented a risk.	The client definitely needed a lot of support on the EET front, but his other problems led to those issues being de-prioritised.
other outcomes	No other issues suggested.	Due to concerns about the father of her child, the client was moved to a (planned) mother and baby foster placement at the end of her involvement with the project.	No other issues suggested.
comments		This case is interesting because it is yet another one where the client spent considerable time as a carer in her birth family prior to moving into foster care – she was responsible for her younger siblings, and also took intermittent care of her mother, who was an alcoholic.	

After plugging all relevant estimates into the timeline for each client, we were able to generate snapshots of change over time, although the relatively high monthly cost of the intervention made many of the presentations somewhat repetitive.

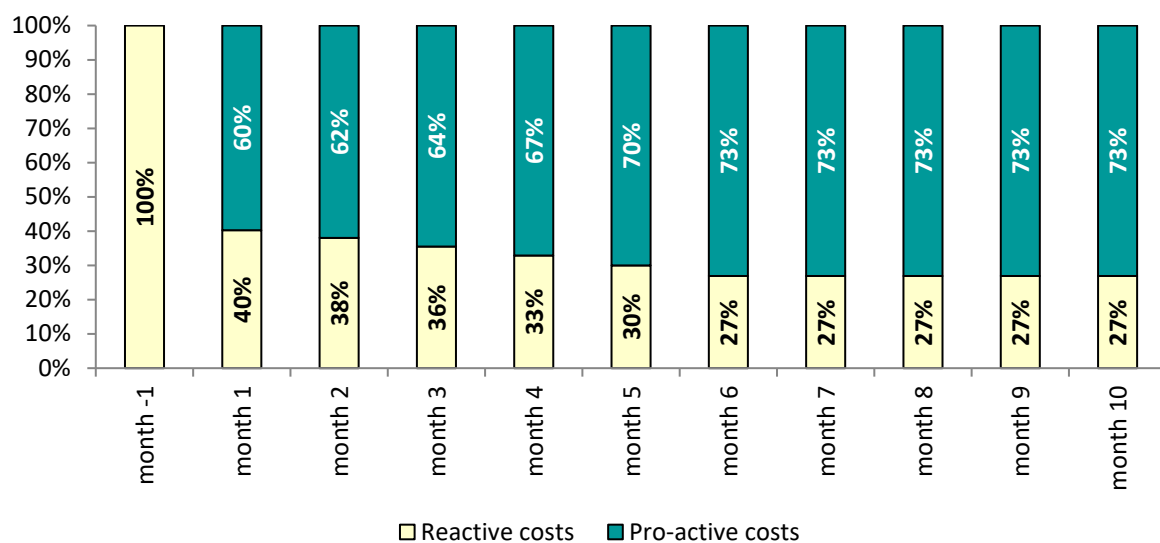
The following figure illustrates costs and benefits by month for Client 2, for example, and although it can be seen both that costs are slowly reducing and benefits are slowly increasing, it is evident the weight that the monthly intervention cost has on the overall figures.

Figure 22 – Total costs and benefits by month, for Client 2



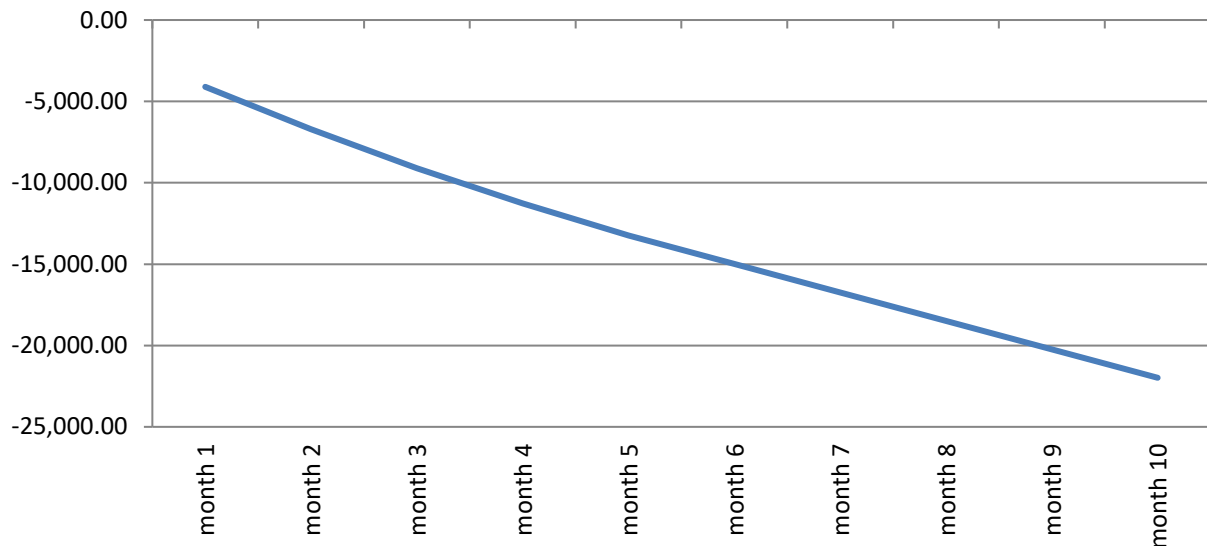
Changes in the mix of reactive and pro-active costs are also positive (although it is clear that the adverse impact of some of the difficulties continues throughout the period of involvement).

Figure 23 – Mix of reactive and pro-active costs by month, for Client 2



The impact of the relatively high intervention cost is especially apparent in the following “cost-benefit trajectory” presentation, where again the cumulative weight of the intervention cost makes it difficult to predict when a break-even point would be reached.

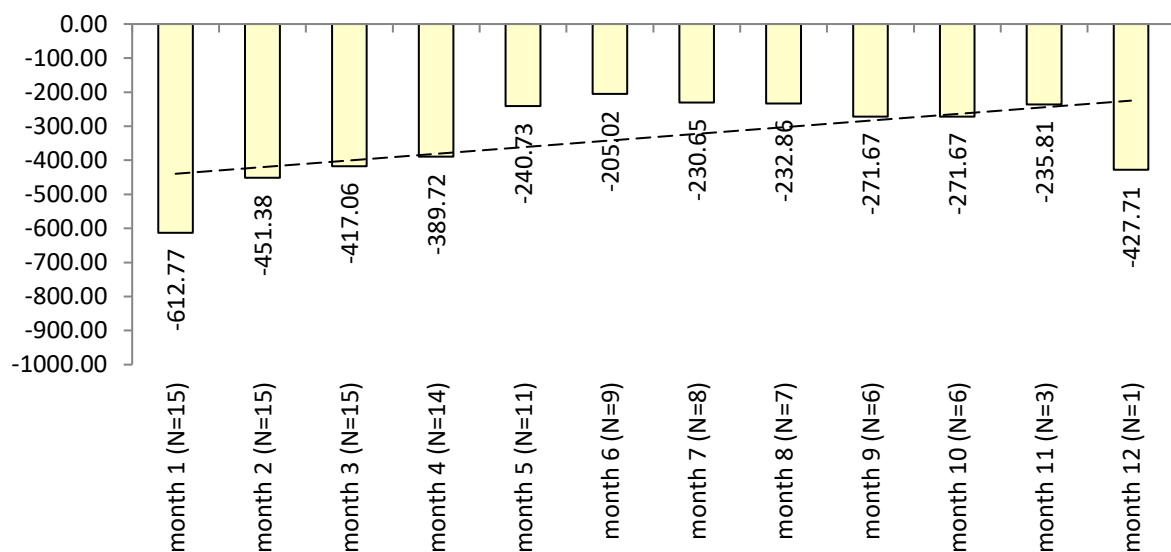
Figure 24 – Net value/cost-benefit trajectory for Client 2



When looking at figures for the group as a whole, it is clear that total reactive costs continue to reduce over time. Since the number of clients who continued with the project starts to decline after month three (i.e. there is a different “N” size for months beyond month three), it is best to illustrate that decline using average reactive costs per month.

This is illustrated on the following figure, when also has a linear trend line inserted to show the general downward trend in average reactive costs. (This one should be interpreted cautiously because of the different N-sizes – which include a group of only one at month 12.)

Figure 25 – Average reactive costs per month



5 DISCUSSION

After our first trawl through the available data we suggested that the timelines for these clients might be somewhat less impressive than the timelines that were produced for the Future 4 Me project previously. Timelines for participants in the latter project highlighted very positive changes for some clients, where the number (and costs) of reactive events reduced impressively over time, the mix of reactive and proactive costs became more positive over time, and where a cost-benefit “traction” was achieved in some cases as early as six months after joining the project.

In relation to the accommodation support sample, it is clear that the young people who were referred to the projects – although they were clearly high need in many areas – were not involved in the same kind of adverse events that Future 4 Me clients were (or to the same extent). The Future 4 Me cohort was made up of custody-leavers, whose “reactive events” prior to involvement were both numerous and costly, while the accommodation group appears to have been involved much less in these kinds of events prior to their time with the projects. Hence, the cost-benefit timelines for the latter young people show more modest change where they show change at all.

This does not mean that the project does not have a positive cost-benefit impact over the longer term however, and it would have been very interesting if we had been able to follow up participants over the longer term. After all, the bulk of clients had a positive move-on, and seemed to be on course to become settled and with a stake in the wider community and economy. We know from wider research that interventions of this kind do have significant impacts in “life terms”.

It is also worth noting that the period of involvement in the accommodation project was somewhat shorter than the period of involvement in the Future 4 Me project, and there was therefore less time for the intervention to gain traction and thereby generate cost-able benefits.