

# EVALUATION OF THE BIRMINGHAM BRAVE PROJECT

EVALUATION REPORT

JUNE 2016



The Centre for Public Innovation is a Community Interest Company that provides research, training, support and advice in the fields of health, social care, criminal justice and community development.

Our mission is to improve the outcomes of services for their users, with a particular emphasis on the most disadvantaged.

32-36 Loman Street London SE1 0EH t 020 7922 7820 f 020 7922 7821  
info@publicinnovation.org.uk www.publicinnovation.org.uk

Reg No: 4052119 Vat No: 766429592

# Contents

---

<b>Contents</b> .....	<b>2</b>
<b>1. Executive Summary</b> .....	<b>4</b>
1.1 Context .....	4
1.2 Our evaluation .....	5
1.3 Service activity .....	5
1.4 Changes to BRAVE .....	6
1.5 Type of ASB .....	7
1.6 Outcomes .....	7
1.7 Service Level Agreement (SLA).....	8
1.8 Financial Impact and Social Return on Investment (SROI).....	8
1.9 Conclusions.....	10
1.9 Recommendations .....	11
<b>2. Background</b> .....	<b>13</b>
2.1 About the Birmingham Residential Anti-Social Behaviour Victim Empowerment Project (BRAVE) .....	13
2.2 About the evaluation .....	15
<b>3. Methodology</b> .....	<b>16</b>
3.1 Quantitative data.....	16
3.2 Qualitative data.....	16
3.3 Social Return on Investment analysis.....	17
<b>4. Service activity</b> .....	<b>18</b>
4.1 Profile of clients .....	18
4.2 Client caseload .....	20
4.3 Referrals .....	21
4.4 Case management .....	23
4.5 Duration of support .....	25
4.6 Type of support provided .....	26

4.7	Volunteers .....	28
4.8	Changes to BRAVE .....	30
<b>5.</b>	<b>Experience of ASB .....</b>	<b>33</b>
5.1	Type of ASB .....	33
5.2	Client experience of ASB .....	33
<b>6.</b>	<b>Outcomes .....</b>	<b>37</b>
6.1	Quality of Life outcome domains .....	37
6.2	Client reported outcomes .....	41
6.3	Client outcomes – professional perspective .....	46
6.4	Impact on other services .....	47
6.5	Overall assessment of BRAVE .....	48
<b>7.</b>	<b>Service Level Agreement performance .....</b>	<b>50</b>
7.1	Referrals .....	50
7.2	Volunteers .....	51
<b>8.</b>	<b>Financial impact .....</b>	<b>52</b>
8.1	Cost of service .....	52
8.2	Social Return on Investment .....	53
<b>9.</b>	<b>Conclusions .....</b>	<b>61</b>
9.1	Service provided .....	61
9.2	Case management .....	61
9.3	Impact of service .....	62
9.4	Impact on ASB .....	62
9.4	Compliance with Service Level Agreement .....	63
9.5	Measuring impact .....	63
9.5	Volunteers .....	63
<b>10.</b>	<b>Recommendations .....</b>	<b>65</b>

## 1. Executive Summary

### 1.1 Context

Anti-social behaviour is defined as:

*"Behaviour that causes, or is likely to cause, harassment, alarm or distress to one or more persons not of the same household as the perpetrator."*

The Birmingham Residential Anti-Social Behaviour Victim Empowerment Project (hereafter BRAVE or "the project" is a service that aims to support victims of anti-social behaviour (hereafter ASB) who live in the Birmingham area. The project is currently funded by Birmingham Community Safety Partnership (until the end of the financial year 2015/2016) and was previously funded by Big Lottery monies (which expired at the end of February 2015). The service is managed by Victim Support.

BRAVE aims to support victims of ASB through a range of means including emotional support, practical support including advice giving and acting as a liaison between multiple agencies where necessary.

BRAVE does not work with clients where the ASB has been 'crimed' – that is to say when and if the ASB becomes a criminal matter. BRAVE also does not work with clients where both or all parties are perpetrators of ASB.

A Service Level Agreement (SLA) exists between BRAVE And Birmingham Community Safety Partnership (hereafter BCSP) which sets out the service BRAVE is expected to provide. An analysis of how well BRAVE are performing against their SLA is included in section 7.

This report was commissioned by Birmingham City Council. The evaluation seeks to understand the impact that BRAVE has had and to provide:

- An assessment of the level and quality of BRAVE's compliance with the Service Level Agreement with BCSP
- An independent critique of BRAVE's service
- An in-depth and detailed discussion on the Social Return on Investment (SROI) achieved through investing in the BRAVE project
- Recommendations on the types of performance measures that would apply to projects such as BRAVE

## 1.2 Our evaluation

The evaluation was undertaken using a mixture of qualitative and quantitative approaches as well as a specific element looking at the Social Return on Investment (SROI) achieved by the service. Data included quantitative data provided by BRAVE regarding clients over a 10 month period, and qualitative data was collected by a series of interviews with clients working with BRAVE, professional staff, volunteers and colleagues outside of the organisation.

An additional part of our evaluation was a Social Return on Investment analysis which seeks to determine the impact of BRAVE in relation to a monetised determination of value produced (a process often known as Social Return on Investment). Specifically, the evaluation sought to:

- Calculate a cost per client rate for BRAVE
- Provide an estimate of potential savings to mainstream agencies as a result of the activities of BRAVE
- Provide a cost/benefit analysis

## 1.3 Service activity

During the ten months from April 2015 to January 2016, 293 referrals were received and 237 cases were closed by the BRAVE service. Out of 293 referrals, 67% were for female clients and 32% for male clients. The available data tells us that most of the clients are of working age.

BRAVE enables referrals to be made both by victims of ASB (self-referrals) as well as by a range of other agencies and organisations. Referrals were mainly received from West Midlands Police, with other referral sources including Victim Support, self-referrals and housing organisations. Professionals interviewed were largely positive about the referral process noting that it is a “straightforward process” which is not complicated.

Representatives from other organisations noted that BRAVE had provided training and advice on referrals and so the pathway into the service was well known.

46% of cases were abandoned by the service – a high number. Of the 106 cases abandoned:

- 29% (n=31) the service had lost or been unable to establish contact with the client,
- 45% (n=48) the client did not give consent for an intervention, and
- 16% (n=17) the client had not engaged with BRAVE

Before abandoning a case, BRAVE make a number of attempts to re-establish contact by telephone. If this is not successful a letter is sent formally closing the case but with an open invitation for the client to get in touch again.

Reasons for referrals being rejected (abandoned prior to any intervention having taken place) were mostly due to inappropriate referrals – for example in cases where the ASB was recorded as a crime, where domestic violence was involved, or where the victim was also a perpetrator of ASB.

An issue that was raised by a number of professionals was that the referral criteria are “quite strict”. Some were concerned that, in many cases the distinction between victim and perpetrator is not always clear cut and that there can be a large “grey area” in which both parties to an incident can have both been protagonists as well as victims. By focusing purely on those who were unambiguously victims, some of those interviewed felt that this excluded large numbers of people whom might benefit from the service. As such, some asked for a more “nuanced approach” to be adopted in terms of the criteria for accepting clients.

The majority of interventions lasted between 2 to 6 months, with completed clients more likely to have had a longer intervention.

The emotional support provided by BRAVE was by far the most common type of support mentioned by clients and the support that they valued the most. BRAVE works clients over the phone mainly, but also do home visits which are really appreciated. BRAVE offers practical support in terms of letter writing, legal advice, court support, the distribution of alarms and onward referrals.

Volunteers play a vital role at BRAVE and are provided with training to help them undertake their roles, the skills from which they value highly and feel are transferrable.

## 1.4 Changes to BRAVE

### 1.4.1 Clients

Many clients said that BRAVE couldn't have done anything differently for them and that they were very satisfied with the service offered. There were a few mentions that clients would have liked BRAVE to interact more, or have more influence on other organisations and mentioned the police and the Council specifically, however it is worth noting though that BRAVE regularly does liaise with both the City Council and police and so it is not clear whether they did not in relation to these clients, or that they had

liaised but not informed the client. In any case, routine contact with other agencies is the norm in terms of how the service operates). Referral on to further psychological support was also mentioned as a possible referral route. Continuity of point of contact was a further point mentioned.

#### **1.4.2 Professionals**

The feedback about the service was very largely positive and so stakeholders were only able to provide limited feedback on what should change about the service – in fact capacity was highlighted as one issue, as it was mentioned that what the service is able to do is limited in terms of the total volume of ASB that exists.

It was felt that both the 'non-crimed' requirement and the non perpetrator requirement of the service limits what it can do. As also noted by clients, it was noted that more formal support could be beneficial, for example, further pathways into counselling and mental health provision would be useful for those clients experiencing greater levels of distress, or where their mental health had seriously been affected.

### **1.5 Type of ASB**

Harassment was the main recorded type of ASB, followed by noise. For 47% of referrals the type of ASB was not recorded.

Whilst all the ASB that clients reported can be categorised in line with the harassment, noise, and vandalism categories used by BRAVE, it was rare that a client reported harassment without noise, and vice versa. In the main, if one of these categories was present, so was the other.

The ASB is often ongoing and has an enormous effect on the victims' lives in terms of their psychological, emotional and physical health.

### **1.6 Outcomes**

Using Quality of Life scores (QoL), we found that out of the 39% of clients who had the information available (29 clients) only one had a decrease in their QoL scores. BRAVE has a positive effect on its clients. Female and older clients tend to have a slightly greater benefit from BRAVE's intervention, with no major difference being noted in location, and those victims experiencing noise related ASB had slightly more positive outcomes than harassment victims.

Clients felt mostly very happy with BRAVE's interventions, whilst also noting that BRAVE has limited resource and influence over ASB cases, in that they aren't able to actually stop the ASB. This positive result was felt most strongly in terms of their emotional well being – this is BRAVE's forte, along with the practical support it offers in terms of mediation and distribution of alarms.

These positive views were upheld by our interviews with professional colleagues – they felt that the victims' ability to talk to an independent organisation about their experience of ASB was significant in itself even though there is relatively little BRAVE can do to stop the ASB. The police in particular noted that BRAVE offers support where they are unable, and as such reduces demand on the police, although this wasn't quantified.

In terms of reducing demand on other services, other interviewees noted that BRAVE's interventions supported people to manage their ASB experience, thus reducing the amount of tenants in social housing needing to be relocated.

### **1.7 Service Level Agreement (SLA)**

BRAVE is currently performing well against its SLA. Its target of 350 referrals with an 80% acceptance rate is being met. However BRAVE is slightly below the target that they have been set in terms of total volunteers and more significantly behind the number of accredited volunteers that it is expected to have.

### **1.8 Financial Impact and Social Return on Investment (SROI)**

The evaluation sought to understand BRAVE in relation to the monies expended on the service and in relation to a monetised determination of impact that the service has had.

From our analysis the annual cost per client was £357.43, even if their intervention was not completed. However if we only count those clients whose interventions were completed the cost per client rises to £1,086.59, which makes the service relatively expensive.

There are a number of mechanisms that can be used to calculate SROI but all ultimately seek to arrive at a fiscal determination of impact. The preferred method for this evaluation was to use a range of pre-determined unit costs that had been arrived at by an independent authority (in this case, New Economy Manchester) and to determine what activity had taken place in relation to these units to arrive at a monetary value of impact. A full explanation of our approach to SROI can be found in section 8.



It must be noted however, that out of a statistically significant sample of 188 cases, only one was referred into the BRAVE service. The data obtained from Birmingham City Council records gives a clear picture of the typical costs of ASB across the city for individuals not referred into the BRAVE service. The fact that only one of the records in the randomly selected sample of 188 cases had been recorded as being referred to BRAVE may be indicative of a wider issue (either few referrals being made or poor recording of referrals); however while this record can not be considered representative of all BRAVE referrals, it can be used as a benchmark against which to compare the average costs to the public purse of those not referred to BRAVE.

The data indicates an average cost (to Birmingham City Council and West Midlands Police) of £31.57 per individual reporting anti-social behaviour. The highest cost of any individual included in the sample was £366.87 (this was due to a total of four warning letters plus other activity). It is worth noting that most cases had some activity by Birmingham City Council recorded, for which unit cost data was not available (e.g. telephone contact with the victim or alleged perpetrator, home visits, onward referrals) – thus the figures presented above are a minimum cost. In addition, the case files did not contain records of other unit costable activity (such as medical interventions).

We used a survey instrument to determine the use of other services by BRAVE clients, but despite requests to participate in the survey by BRAVE, only four clients completed the survey. Because of this small sample size, it is not possible to generalise the findings regarding the impact of BRAVE engagement, or associated costs or savings, to the whole client group. However for the specific four clients who completed the survey, we can calculate the likely financial implications for a one-year period.

The main savings arise from the estimated likely reduction in police reporting of anti-social behaviour by BRAVE clients. An *increase* in costs is actually indicated from use of medical and counselling services; however these are likely to be associated with longer-term savings – that is, treatment of mental health is cheaper than the long-term costs of this form of ill-health being untreated. For example, an individual encouraged through their engagement with BRAVE to access needed counselling or to visit their GP for treatment may prevent the development of long-term illness due to stress, thus producing future savings.

The figures set out above indicate a total saving of £4,686 for these four clients combined, or an average of £1,171.50 per client.

Given the simple unit cost (as outlined above) of the BRAVE service per completed intervention (at 8.1), each of these four clients can be estimated to have cost £1,086.59 in terms of service provision. Thus for each £1 spent on each of these clients we can estimate an associated saving of £1.08, based on the very limited information gathered from this survey. This gives a return on a near exact 1:1 basis.

Due to the very small sample size this is in no way reliably representative, and it is not possible to generalise from this to estimate the potential costs or savings across all of the BRAVE service's clients. Ideally, to accurately represent the 75 clients who had completed an intervention with the service, a sample of at least 54 clients would be required.<sup>1</sup>

Further information on the complexities of SROI can be found on section 8.2.5.

## 1.9 Conclusions

1. The emotional support offered to clients by BRAVE is the one which is most appreciated and which has the greatest effect. The ability to liaise between different agencies and organisations is also of considerable importance.
2. BRAVE is offering the appropriate spread of services at the current time and is achieving the right balance between the types of services that it provides. There are no significant gaps in the current provision.
3. Nearly half of all people who contact BRAVE disengage, and at present we do not know why – it may be that they are unhappy with the service and have disengaged. Therefore we may have a 'false positive' in the absence of the voice of those who are not happy with the service. BRAVE should seek to better understand why clients disengage and reduce the number of cases that are abandoned.
4. BRAVE has a high number of rejections – some stakeholders communicated the view that BRAVE operates a binary approach in that those who are potentially perpetrators are rejected. Should BCSP wish to reduce the volume of rejections it is likely therefore that this could only be done by commissioning another organisation to provide the service, as BRAVE currently sits within Victim Support.
5. BRAVE clearly has a positive impact on victims of ASB in Birmingham and therefore BRAVE effectively fulfils its remit to support victims of ASB by providing tailored practical and emotional assistance.

---

<sup>1</sup> This would give a confidence level of 95% and a confidence interval of +/-7.

6. There is no evidence that BRAVE has reduced levels of ASB in Birmingham. This however is to hold the service up to an inappropriate metric as it is not the function of BRAVE to reduce ASB and indeed.
7. BRAVE is compliant with the referral elements of the SLA that it operates under and therefore, in terms of the SLA, can be said to be a successful service.
8. The current data on referrals that is collected, while important in assessing the number of clients that BRAVE support, does not report the impact that the service has. Referrals are not in themselves evidence of a positive outcome.
9. The treatment and support of volunteers is of a very high standard.

### 1.9 Recommendations

1. Birmingham Community Safety Partnership should continue to fund BRAVE.
2. If Birmingham Community Safety Partnership is unable to continue to fund BRAVE directly from its own budget, then it should ensure that alternative funds are available before withdrawing its own funding.
3. The current SLA should be revised to set a maximum threshold for abandoned cases. If the threshold is exceeded then this should lead to a meeting between commissioner and provider to explain the level of abandoned cases. An absolute maximum threshold of abandoned cases should be 50% (and potentially lower).
4. BRAVE should send a short survey to all clients who disengage to try and ascertain why they have disengaged. At a minimum it should seek to determine if the client has disengaged: because the ASB has ceased, because the client was unhappy with the service provided.
5. BCSP should determine whether it wishes to expand the remit of BRAVE to work with victims who may also be perpetrators. Note: should BCSP wish to make this change to the remit of the service, then it is likely that it will have to commission the service through another provider.
6. The current SLA should be revised and the current referral targets removed and replaced with Key Performance Indicators that are based on client outcomes.
7. BRAVE should develop a mechanism through which the Outcome Star data that is currently being collected can be used to measure the performance of the service. This is likely to involve measuring "distance travelled" by clients and aggregating this data.
8. BCSP should consider adapting BRAVE's QoL tool and using it with other services that it commissions.

9. BCSP should consider the feasibility of using the Outcome Star or other outcome-based measurement systems with other services that it commissions.
10. The current SLA should be revised and the current volunteer targets removed.
11. BRAVE should consider developing linkages and pathways into local mental health provision and counselling services.

## 2. Background

### 2.1 About the Birmingham Residential Anti-Social Behaviour Victim Empowerment Project (BRAVE)

#### 2.1.a About BRAVE

The Birmingham Residential Anti-Social Behaviour Victim Empowerment Project (hereafter BRAVE or “the project”) is a service that aims to support victims of anti-social behaviour (hereafter ASB) who live in the Birmingham area.

There are a number of slightly different definitions regarding what constitutes ASB. The Crime and Disorder Act describe ASB as:

*“Behaviour that causes, or is likely to cause, harassment, alarm or distress to one or more persons not of the same household as the perpetrator.”*

The Home Office define ASB as:

*“... any aggressive, intimidating or destructive activity that damages or destroys another person’s quality of life.”*

In their own literature (aimed at clients) BRAVE define ASB as:

*“...any intimidating or threatening activity that scares you or impacts on your life in a negative way. It has to be caused by someone who does not live with you or is not related to you”.*

BRAVE give specific examples of types of ASB including:

- Nuisance caused by neighbours
- Loud music and noise at unsociable hours
- Unsociable behaviour from intimidating groups
- Harassment, intimidations or aggression (such as having things thrown at your property)

In working with other agencies, BRAVE use the definition as set out in the Crime and Disorder Act to determine whether an incident is or is not ASB.

BRAVE aim to support victims of ASB through a range of means including:

- Giving emotional support
- Providing advice and advocacy
- Signposting and referrals
- Acting as a single point of contact when multiple agencies and organisations are involved with a client
- The provision of practical support – for instance alarms
- Support in civil court

BRAVE has two key eligibility criteria for clients: firstly, a person must be the victim of “persistent and ongoing anti-social behaviour” and secondly that the victim is not also a perpetrator (for instance is not engaged in “tit-for-tat” ASB with a neighbour). Consent to be contacted by BRAVE is treated as implied on referrals from West Midlands Police.

The requirements that clients are solely victims and not also perpetrators is due to the fact that BRAVE sits within Victim Support, an organisation that has as its raison d’être the support of people affected by crime and traumatic events.

BRAVE do not work with victims of ASB where the problem has been “crimed” – that is, the ASB has reached a threshold at which the police are able to intervene.

The project is currently funded by Birmingham Community Safety Partnership (until the end of the financial year 2015/2016) and was previously funded by Big Lottery monies (which expired at the end of February 2015). The service is managed by Victim Support.

### **2.1.b BRAVE Service Level Agreement**

The Service Level Agreement (SLA) between BRAVE and Birmingham Community Safety Partnership (hereafter BCSP) sets out a number of clear criteria and expectations for the service.

The SLA indicates the service that BRAVE is expected to provide and includes:

- “Needs assessment and action plan of support drawn up and signed off by clients
- Ongoing emotional support via face to face meetings or telephone conversations with trained volunteer
- Home visits or meetings at a third party venue

- Provide clients with information on their rights: support them through criminal support, signposting and advocacy
- Accompany and support client to civil and criminal court hearings
- Managing relationships between client and public agencies where required
- Practical help including provision of alarms and access to other funding.”

The SLA sets out a number of specific performance targets. These are:

- “To receive 350 referrals from a range of agencies and self-referrals
- 20 newly trained active volunteers
- 80% take-up of referrals with agreed action plan for each client.”

A number of “key service outputs” are also defined:

- “Between 13 and 20 newly trained and accredited volunteers
- Produce 280 case plans
- Deliver training sessions with volunteers as needed
- Recruit project officers and manager as required
- Deliver awareness raising sessions with the main agencies (police, housing, partnership meetings, health)
- Conduct evaluation of activities to understand the impact of the programme using Outcome Star methodology and self-evaluation of clients.”

## 2.2 About the evaluation

This report was commissioned by Birmingham City Council. The evaluation seeks to understand the impact that BRAVE has had and to provide:

- An assessment of the level and quality of BRAVE’s compliance with the Service Level Agreement with BCSP
- An independent critique of BRAVE’s service
- An in-depth and detailed discussion on the Social Return on Investment (SROI) achieved through investing in the BRAVE project
- Recommendations on the types of performance measures that would apply to projects such as BRAVE

### 3. Methodology

The evaluation was undertaken using a mixture of qualitative and quantitative approaches as well as a specific element looking at the Social Return on Investment (SROI) achieved by the service. Details of the methodological components are set below.

#### 3.1 Quantitative data

Data was provided by Birmingham BRAVE regarding clients of the service during the ten months from April 2015 to January 2016. The records of referrals and of closed clients (clients whose BRAVE intervention had finished during this time) were analysed to give an overview of the service's activity, client characteristics, and outcomes.

The data required some cleaning and a total of 20 duplicate entries were removed from the closure records<sup>2</sup>.

#### 3.2 Qualitative data

Victim Support provided contact details for 28 clients who either had participated in or were participating in the BRAVE project. All 28 clients had given written permission for their contact details to be passed on, and stated that they were willing to participate in the evaluation.

A total of 22 in-depth interviews were conducted with clients during March 2016.

We were unable to contact three clients during the fieldwork period despite making calls at various times of the day. A further three were unable to keep their interview appointments and we were unable to reschedule these within the fieldwork period.

The client interviews followed the discussion guide which can be found in the appendix.

In addition to interview with clients the three BRAVE programme staff and four volunteers were interviewed as part of the evaluation. Seven professionals representing other organisations with links to BRAVE were interviewed.

---

<sup>2</sup> 'Duplicate' cases were defined as those where the referral date and client details (age range, postcode, gender, no. supported) were the same; on some occasions the closure date and/or case status were different (often blank in one of the records), however if the referral date and other information were the same this was judged to be a duplicate entry and the record containing least information was removed.



### 3.3 Social Return on Investment analysis

The evaluation sought to determine the impact of BRAVE in relation to a monetised determination of value produced (a process often known as Social Return on Investment). Specifically, the evaluation sought to:

- Calculate a cost per client rate for BRAVE
- Provide an estimate of potential savings to mainstream agencies as a result of the activities of BRAVE
- Provide a cost/benefit analysis

In order to monetise the impact of BRAVE, CPI used the unit cost database that has been developed by the think tank New Economy Manchester.<sup>3</sup> Their database sets out unit costs for several hundred public activities and interventions. A unit cost is a recognised “tariff” for what it costs the public sector to deliver a given unit of activity: for instance, the New Economy database tells us that it costs the police £47 for every incident of ASB that is reported to them where no further action is taken.

The unit costs were analysed in relation to data obtained from Birmingham City Council’s records on anti-social behaviour reporting and related activity, and from a survey of clients of BRAVE, in order to give an indicative picture of the impact of anti-social behaviour (and to some extent of the BRAVE service) in monetary terms.

---

<sup>3</sup> For more information about the organisation, see: <http://neweconomymanchester.com/>

## 4. Service activity

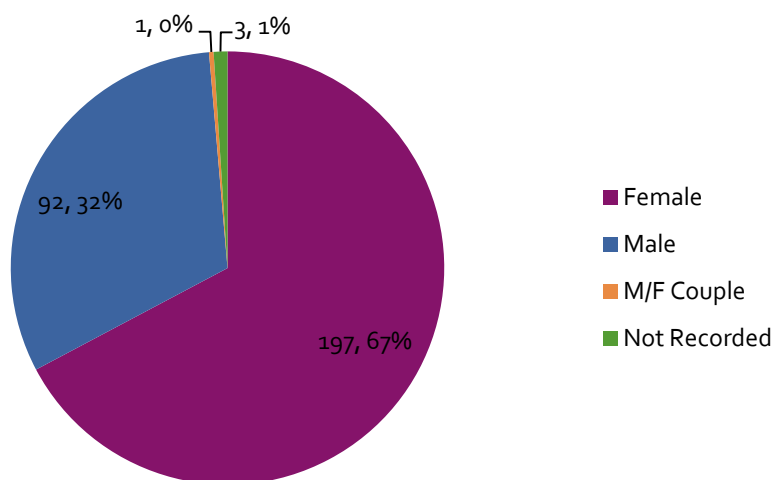
This section reviews the delivery of BRAVE over the financial year 2015 to 2016.

### 4.1 Profile of clients

#### 4.1.a Client profile data

Of the 293 referrals received during the ten-month period, 67% were for female clients and 32% for male clients. In one case the referral was for a couple, and in three cases this information was not recorded. See Figure 1.

Figure 1 – Client Gender Profile (Referrals)



While age was not recorded in detail, the available data gives an overview of the client age profile as being mostly working age, with 74% aged 25-64.

Figure 2 – Client Age Profile (Referrals)

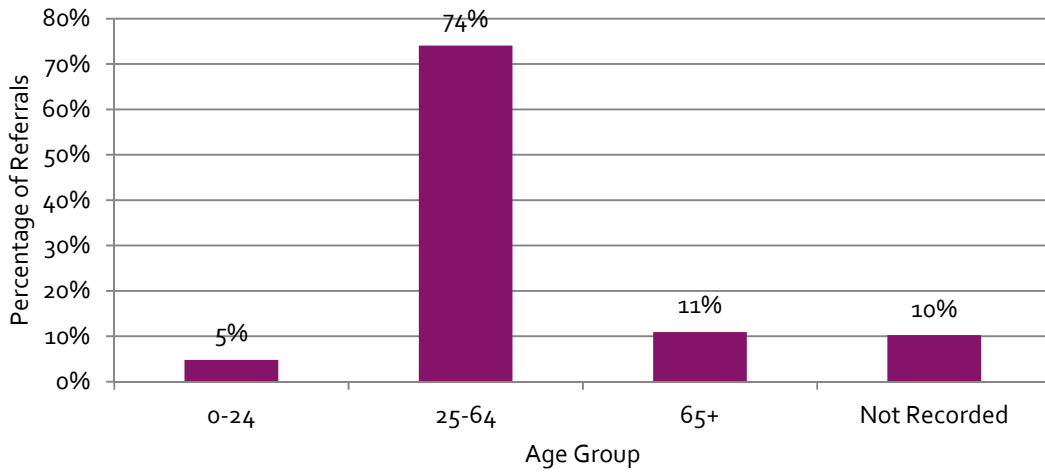
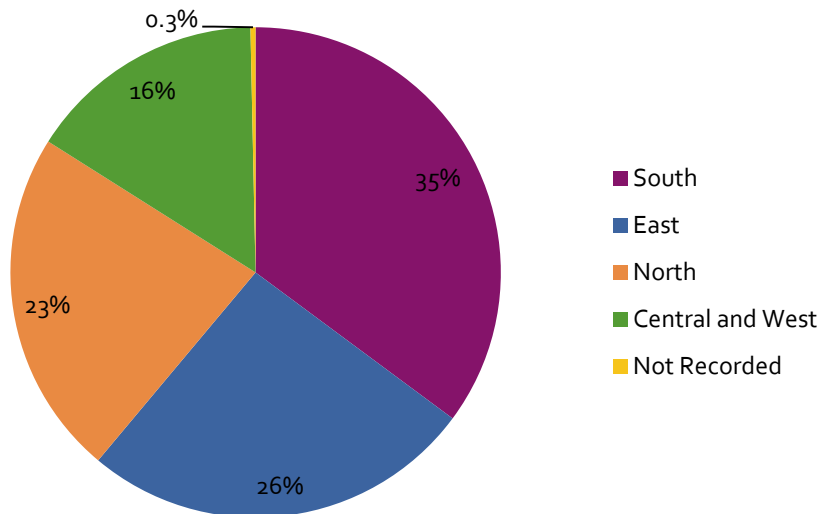


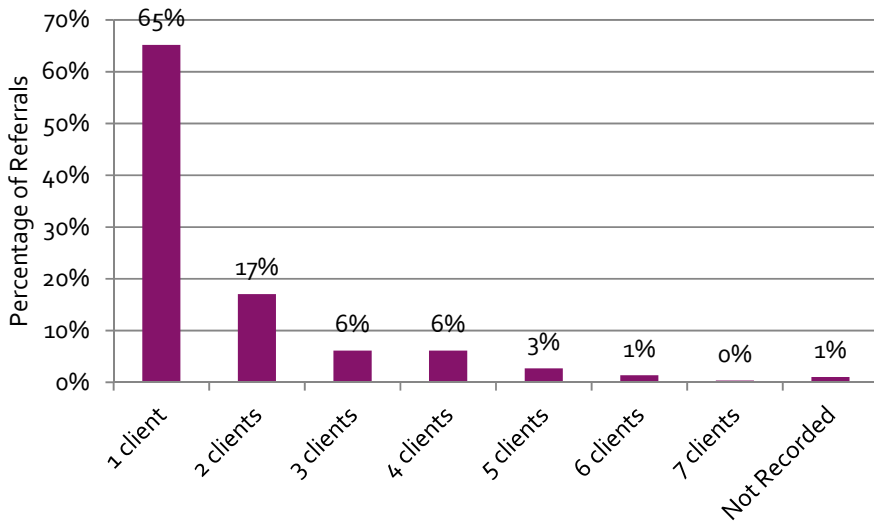
Figure 3 below shows the location of referred clients within Birmingham.

Figure 3 – Client Location within Birmingham (Referrals)



BRAVE also records the number of people supported in each case (this usually refers to the number resident in the affected household). This is shown in Figure 4 below.

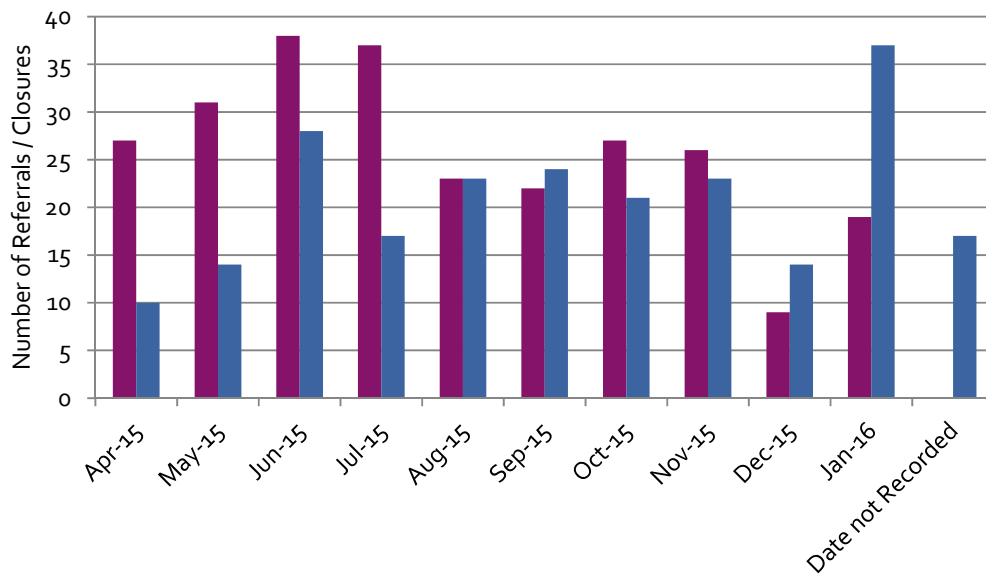
Figure 4 – Clients Supported per Case (Referrals)



### 4.2 Client caseload

During the ten months from April 2015 to January 2016, 293 referrals were received and 237 cases were closed by the BRAVE service. Figure 5 below shows the recorded referrals and closures per month for the period.

Figure 5 – Referrals Received and Cases Closed (April 2015 to January 2016)



### 4.3 Referrals

BRAVE enables referrals to be made both by victims of ASB (self-referrals) as well as by a range of other agencies and organisations. Referrals must comply with the criteria for the service, namely:

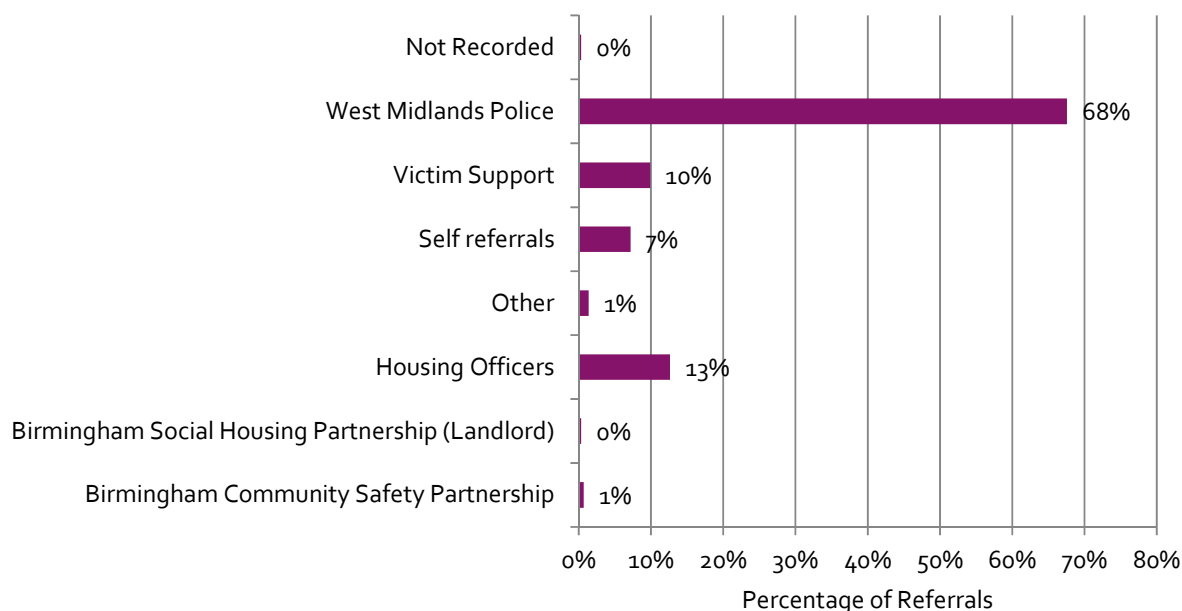
- ASB must be persistent and ongoing
- The victim must live in the Birmingham area
- The victim must not also be a perpetrator
- The victim must give their consent

Referrals are made using a three page form that is submitted to BRAVE for processing.

#### 4.3.a Referral data

Data provided by BRAVE indicates that referrals were mainly received from West Midlands Police, with other referral sources including Victim Support, self-referrals and housing organisations. The results are set out at Figure 6 below.

Figure 6 – Referrals Sources



#### 4.3.b Client referrals - qualitative

All clients interviewed were referred to BRAVE by another organisation. Whilst the majority were able to identify the organisation that referred them, a few were unsure as it was a long time ago or they identified an organisation but they were not certain, "The police I think."

In terms of the police referrals, some clients reported that the police passed their details onto BRAVE, whilst others said that the police gave them BRAVE's contact details for the clients to contact themselves.

Two clients did not know who referred them to BRAVE; the call they received from BRAVE was the first they were aware of BRAVE.

The client referral sources include:

- West Midlands Police / the Police – 13
- The Council – 5
- Housing Association – 1
- Victim Support – 1
- Don't know - 2

Professionals interviewed were largely positive about the referral process noting that it is a "straightforward process" which is not complicated.

Representatives from West Midlands police noted that a number of channels have been set up to collate referrals. Referrals can be made directly by neighbourhood officers but can also be made to specific referring officers (one per LPU) who can fill in the form and submit it to BRAVE. There is also an intranet page that can be used. All representatives from West Midlands police were confident that the system worked well and enabled timely referrals to be made into the service.

Representatives from other organisations noted that BRAVE had provided training and advice on referrals and so the pathway into the service was well known. Professionals noted that they either kept copies of the referral form in their office, or that information about how to access BRAVE was widely circulated amongst front-line staff. None reported any difficulties or complaints about their ability to refer into the service.

## 4.4 Case management

### 4.4.a Case management data

Once referrals are made into BRAVE, project staff make a decision as to whether the case can be taken on by the service or not.

Figure 7 below shows the status of the 228 case closures at the time of closure.

Forty-six percent of cases were abandoned by the service. This was for a variety of reasons. Of the 106 cases abandoned:

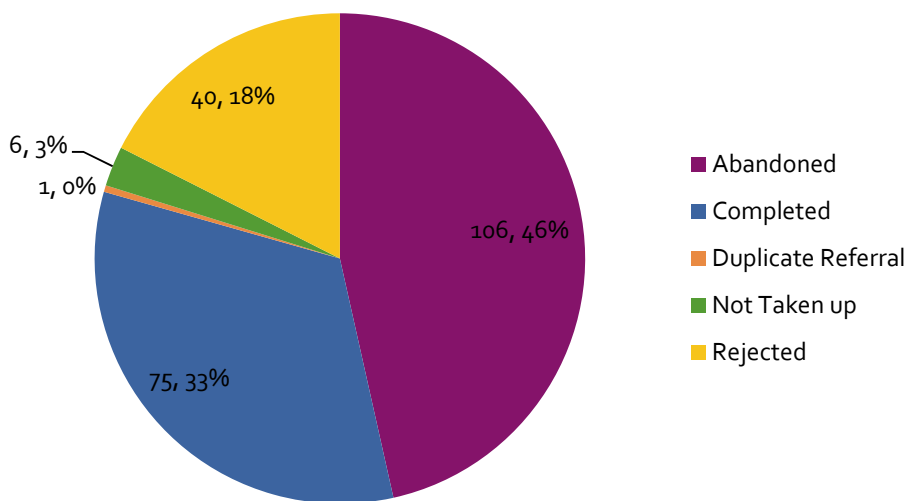
- 29% (n=31) the service had lost or been unable to establish contact with the client,
- 45% (n=48) the client did not give consent for an intervention, and
- 16% (n=17) the client had not engaged with BRAVE

Other reasons for abandoning a case included the anti-social behaviour (ASB) being an isolated incident and further support not being required, or the client also being a perpetrator of ASB (which excludes them from the service due to BRAVE client criteria).

In interview BRAVE staff noted that, before abandoning a case, BRAVE make a number of attempts to re-establish contact by telephone. If this is not successful a letter is sent formally closing the case but with an open invitation for the client to get in touch again.

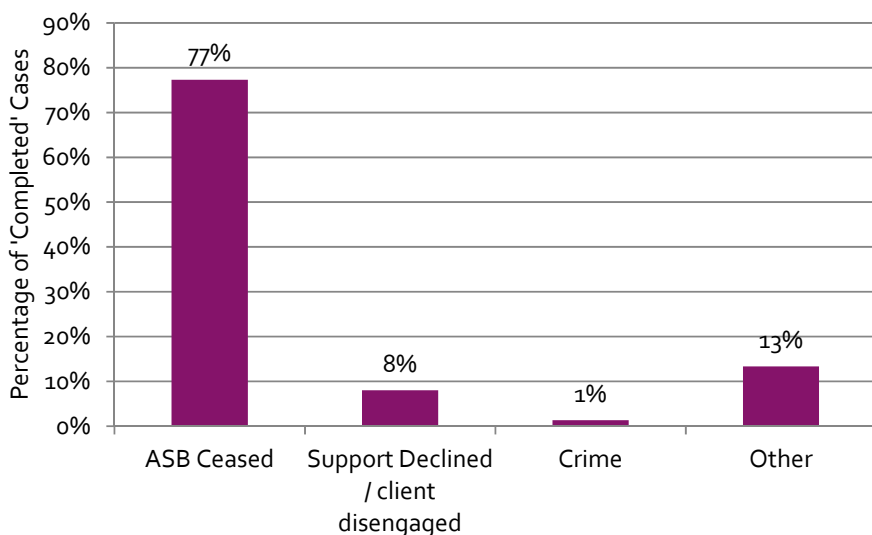
Reasons for referrals being rejected (abandoned prior to any intervention having taken place) were mostly due to inappropriate referrals – for example in cases where the ASB was recorded as a crime, where domestic violence was involved, or where the victim was also a perpetrator of ASB.

Figure 7 – Status of referrals received



Of the 75 cases (33% of referrals) that had an intervention completed, the majority (73%, n=55) were recorded as completed because the ASB had stopped. Other closure reasons included the client declining to continue support, or the case having been recorded as a crime (and thus ineligible for continued intervention). Reasons for closure of completed cases are shown in Figure 8.

Figure 8 – Closure Reasons for 'Completed' Cases





In addition to the support offered by the BRAVE service itself, 13 clients (6% of all closed cases) were signposted to other services for additional support, and nine clients (4% of closed cases) were formally referred to another service. Of those referred to another service, three were rejected referrals who were passed on to more appropriate services, while six were completed clients referred on as part of their intervention. Of the sign-posted clients, two were abandoned cases and 11 were completed.

#### **4.4.b Case management – professional perspective**

All professional stakeholders interviewed were aware of the selection criteria that are used by BRAVE and most indicated that BRAVE staff had taken time to provide training or otherwise promote awareness of the referral criteria into the service.

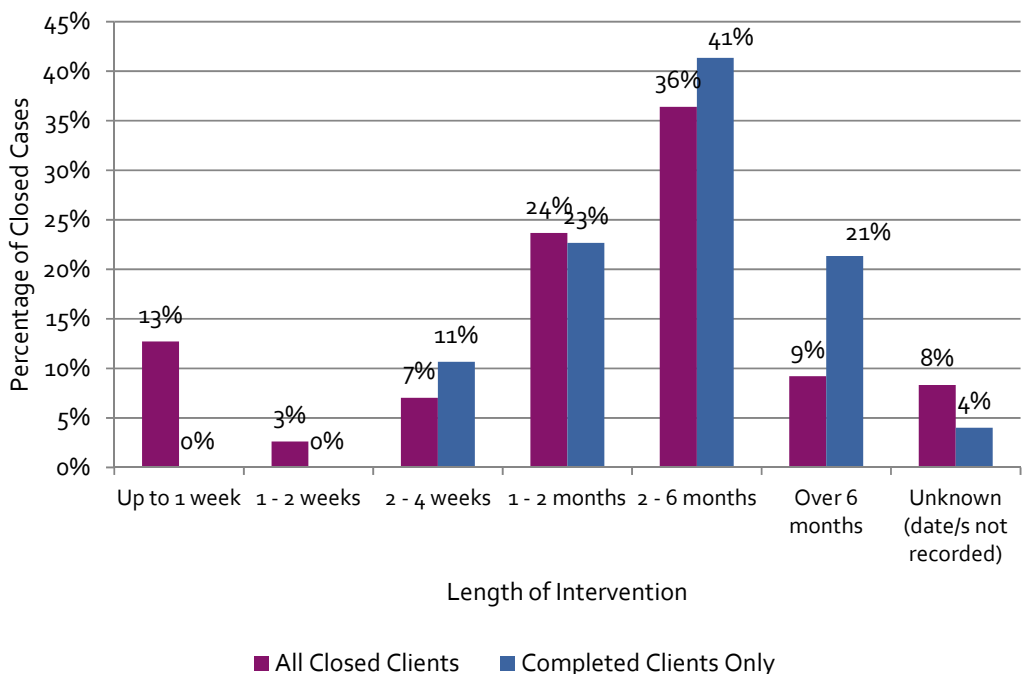
Some professionals had experienced their referrals being rejected as not meeting the criteria of the service. None of those who had experienced a referral rejection thought that the rejection had been unreasonable and all understood why the decision had been made. They all noted that BRAVE staff had contacted them to explain the reason for the rejection of the referral.

An issue that was raised by a number of professionals was that the referral criteria are “quite strict”. Some were concerned that, in many cases the distinction between victim and perpetrator is not always clear cut and that there can be a large “grey area” in which both parties to an incident can have both been protagonists as well as victims. By focusing purely on those who were unambiguously victims, some of those interviewed felt that this excluded large numbers of people whom might benefit from the service. As such, some asked for a more “nuanced approach” to be adopted in terms of the criteria for accepting clients.

#### **4.5 Duration of support**

Figure 9 below illustrates the length of intervention for all clients whose cases were closed between April 2015 and January 2016 (including clients whose cases were abandoned, rejected or not taken up) compared to only those whose cases were completed. The majority of interventions lasted between 2 to 6 months, with completed clients more likely to have had a longer intervention.

Figure 9 – Intervention Length (All closed cases)<sup>4</sup>



### 4.6 Type of support provided

As noted in Section 2.1.a, BRAVE offers a range of services from emotional support through to more practical help (like the provision of alarms). This section explores clients’ and professionals’ assessment of the type of support provided.

#### 4.6.a Support received – client perspective

The main contact with BRAVE was via telephone calls. Some clients mentioned that BRAVE visited them at the house and these home visits were really appreciated helping to confirm that BRAVE really were willing to help them.

Some clients didn’t feel worthy of the support, time and attention that BRAVE gave them with one commenting, “I didn’t think anyone would get involved with such a minute argument between neighbours.” Some found it difficult to accept the help offered by BRAVE because they were scared and didn’t really understand what BRAVE was or they were too busy to contact BRAVE given all the other organisations involved in the case.

<sup>4</sup> Please note ‘months’ are taken as lunar months (28 days) rather than calendar months for the purposes of consistency.

### **Emotional support**

The emotional support provided by BRAVE was by far the most common type of support mentioned by clients and the support that they valued the most.

BRAVE was often the first professional organisation that clients felt acknowledged that the ASB existed, understood their situation and that it was having a detrimental effect on their lives. Clients generally felt let down by other organisations and found this acknowledgment that the ASB was real by BRAVE to be a big step to helping them move forward to deal with, or manage the ASB.

Many were at a loss before they spoke to BRAVE, often not knowing where to turn and stated that BRAVE offered “a listening ear.”

### **Practical support**

Some clients mentioned that BRAVE also offered them practical support. One client stated that BRAVE had helped her write letters to Birmingham Council whilst another mentioned that BRAVE offered to attend court with the client.

BRAVE was also instrumental in providing some clients with alarms, either wearable alarms, or static house alarms.

Two clients reported that BRAVE offered a mediation service between the client and the ASB perpetrator.

All those who had received practical support were grateful and felt that this had helped them manage the ASB they were experiencing.

### **Legal advice**

Some of the ASB manifested itself in disputes with neighbours over property boundaries. Two clients state that BRAVE gave them legal advice on such issues.

### **Onward referrals**

The majority of clients were already in contact with other organisations prior to their contact with BRAVE and indicated having engaged with:

- West Midlands Police
- Birmingham City Council – in particular environmental health, and

- housing providers

BRAVE made onward referrals of clients to Birmingham City Council, Citizens Advice Bureau and housing providers.

#### ***4.6.b Support provided – professional perspective***

The professionals interviewed emphasised the importance of the emotional support offered by BRAVE. A number stated that BRAVE excels at understanding the impact of ASB on people's lives, listening to what victims have to say, and offering them support to deal with the ASB. One interviewee stated that BRAVE's ability to provide this kind of support was "outstanding" and makes a significant difference to people's lives. It was emphasised that they understand the perspective of the victim and offer understanding and a compassionate ear. It was felt by some of those interviewed that this in itself was significant enough to warrant the existence of BRAVE.

It was emphasised that BRAVE was important as an independent and impartial interlocutor, providing advice and advocacy. Interviewees noted that victims did not always want to engage with some organisations – such as their housing provider – or were not able to navigate through services, and that BRAVE was able to provide this service on their behalf. As one interviewee noted, "BRAVE are very good at being a central point of contact when lots of agencies are involved". It was felt that this enabled more effective multi-agency work to take place, particularly in the case of more vulnerable clients.

In addition to strong communication with clients, professional interviewees felt that BRAVE were good at communicating between agencies and organisations.

### **4.7 Volunteers**

BRAVE utilises the support of a number of volunteers who assist the work of the Project Officers. A selection of volunteers was interviewed to determine their views of both the service, as well as the experience of being a volunteer in BRAVE.

In total, four volunteers were interviewed.

#### ***4.7.a Work delivered by volunteers***

The volunteers interviewed offered different levels of time commitment from a few hours a week through to a one year placement of 150 days.

The volunteers indicated that they are significantly involved in client case work and undertake activities including telephone calls to clients, liaising with and referring to other services, home visits and general administrative tasks. All of the volunteers felt comfortable with the level of work that they were doing – for instance, only those who were accredited were able to go on unaccompanied home visits, whilst the unaccredited engaged with clients over the phone. All noted that they had been supervised and supported for as long as they needed before working independently.

All of the volunteers felt that they were given a workload that was commensurate with their level of engagement – that is, none felt that they were overwhelmed with tasks or unable to complete what they were allocated in the time they were able to give.

#### **4.7.b Training and skills**

All of those interviewed had received training to enable them to undertake their roles. Several mentioned the “core” training that they received which was acknowledged as being of a very high quality and which they felt gave them the skills and confidence they needed to take on their roles. In particular, the volunteers highlighted the role-playing exercises and how to adopt a non-judgmental stance. One volunteer commented, “It’s really great to work for an organisation that is committed to providing volunteers training.”

Volunteers noted that ongoing training and development was provided by Victim Support (the organisation within which BRAVE sits) and that this enabled them to go on to acquire new skills and knowledge. One volunteer for instance had gone on to receive training about learning disability awareness.

Other volunteers indicated that they had acquired a range of skills from the work such as how to behave in a professional manner, interview techniques, team work and time management. Volunteers evidently felt that these skills were useful for their professional development more generally (i.e. were relevant outside of BRAVE). As one volunteer put it, “I feel I am equipped for my working life now”. Another stated that, “I have skills now that will help in my future career.”

Other volunteers talked about the softer skills acquired with some noting that volunteering at BRAVE had improved their confidence, whilst another noted that it had changed her outlook on society more

generally and she was now careful to no longer judge people. One described volunteering at BRAVE as a “really enriching experience”.

Of note, all the volunteers interviewed would recommend volunteering with BRAVE to others and indeed three had encouraged their peers to volunteer.

#### **4.7.b View of BRAVE**

The volunteers were strikingly passionate about the service offered by BRAVE and were clearly highly motivated by the service it provides. They reported how beneficial the clients find the service and the ability to talk to someone about the ASB they were experiencing. One noted that BRAVE was able to stop victims of ASB “clogging” other public services and that it “stops people sliding down a slippery slope”.

### **4.8 Changes to BRAVE**

Different stakeholder groups were asked what they would change about BRAVE. The results are set out below.

#### **4.8.1 Improving the service offering – clients’ perspective**

Many clients said that BRAVE couldn’t have done anything differently for them and that they were very satisfied with the service offered.

Whilst not wishing to criticise the help BRAVE gave them, a few clients mentioned some areas in which they felt the service could be improved.

There were a few mentions that clients would have liked BRAVE to interact more, or have more influence on other organisations; clients would have liked BRAVE to talk to Birmingham City Council to ensure that the Council understood the severity of the ASB whilst another wished BRAVE spoke to the police. (It is worth noting though that BRAVE regularly does liaise with both the City Council and police and so it is not clear whether they did not in relation to these clients, or that they had liaised but not informed the client. In any case, routine contact with other agencies is the norm in terms of how the service operates).

One felt that BRAVE needed to improve its exposure with the Council as she wasn’t sure if the Council recognised BRAVE. One would have liked more assistance with the information they needed to get a conviction for the ASB.

One client focused on the emotional support which, although welcomed a great deal, he would have liked extra professional emotional support, perhaps a referral to a psychologist.

One client mentioned that she finds the nights the worse time of the day and is very lonely and that BRAVE isn't there to talk to in the night – this might be a useful addition to the current service offering.

Whilst emphasising that this isn't a criticism of the service received from BRAVE, one client mentioned that it would have been useful to have continuity of contact at BRAVE with one person – this client said that his BRAVE contact changed.

#### *4.8.2 Improving the service offering – professionals' perspective*

The professionals interviewed were also asked what they would change about BRAVE.

The feedback about the service was very largely positive and so stakeholders were only able to provide limited feedback on what should change about the service.

On the whole the consensus was that BRAVE were doing a very good job and so, in terms of what should change, there was a tendency to ask for more capacity in the service. As one BRAVE staff member noted, what the service can do is very limited in terms of the total volume of ASB that exists. This was recognised by stakeholders some of whom felt that BRAVE was held back by virtue of how many clients it could support at any given time. As one said, "They can struggle as they are thin on the ground". As another said, "We need more of them!"

Some of those interviewed felt that the "non-crimes" requirement of the service was limiting – that is the service will only work with ASB where it falls beneath the threshold of being criminal activity where the police can get involved. Some stakeholders noted that some cases of ASB escalate to the point where it becomes a criminal matter and that BRAVE handover their case at this point to colleagues within Victim Support. They stated that they would prefer that BRAVE retain the client to ensure continuity of care and support.

Other stakeholders felt that the current referral criterion that BRAVE clients are not perpetrators is too binary. More than one interviewee was of the opinion that, in many cases of ASB, there is not a simple division between the victim and perpetrator and that the reality is much more ambiguous – with the role of perpetrator sometimes shifting between the different parties. One interviewee noted that, to

the extent that BRAVE retain their current referral criteria, they will only be able to support a sub-set of those experiencing ASB as, in many cases, the reality is that the victim status is “shared”. Some stakeholders therefore felt that BRAVE should work with a broader range of clients including victims who had also been perpetrators.

In terms of the support offered one interviewee noted the emotional support that BRAVE were able to provide but noted that, for some clients, more formal support could be beneficial. The interviewee therefore felt that pathways into counselling and mental health provision would be useful for those clients experiencing greater levels of distress, or where their mental health had seriously been affected. Whilst interviewees were positive about referral pathways into the service, it was felt that having the referral tool online (for instance on the Victim Support website) would help still further.

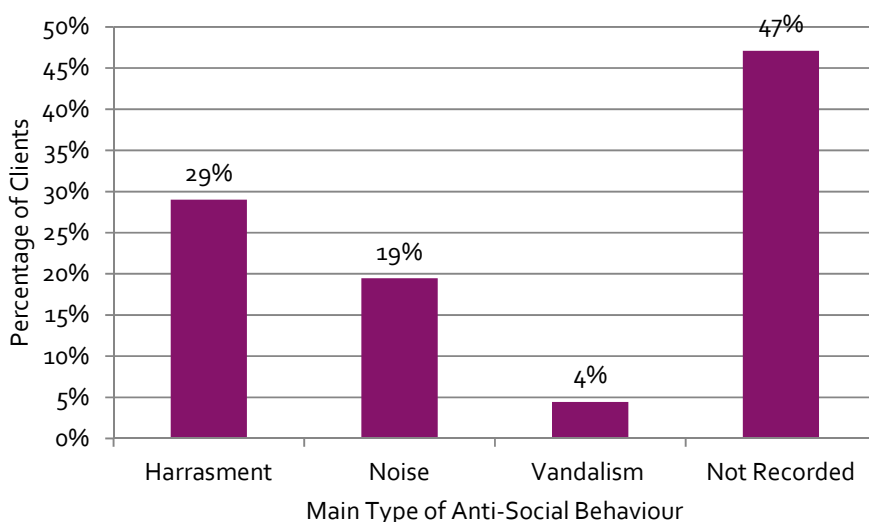


## 5. Experience of ASB

### 5.1 Type of ASB

The main type of anti-social behaviour experienced by the clients referred into the service was recorded by BRAVE. This is illustrated below. Harassment was the main recorded type of ASB, following by noise, with a small minority (4% of clients) experiencing vandalism. For 47% of referrals the type of ASB was not recorded.

Figure 10 – Main Type of Anti-Social Behaviour Experienced by Client



1% (n=4) of referrals were for clients who had previously been referred into the service (repeat clients).

### 5.2 Client experience of ASB

#### 5.2.a Experience of ASB

The devastating and overpowering impact of the ASB on clients should not be underestimated. The ASB impacted on all aspects of their lives, on their emotional and physical health, and in some cases, on their relationships with others.

In the main, the ASB had been ongoing for years and for many, was still ongoing. Clients said that they were constantly thinking about the ASB, that it, "Devours their lives," consumed their whole being and was a very difficult situation to live with. Many of the clients we spoke to were old, lonely and

vulnerable people who did not know how to manage such an ordeal. Such was the impact of the ASB that one client reported that he was considering selling his home which he has lived in for 40 years, to remove himself from the ASB. Two clients reported having suicidal thoughts as a result of the ASB.

The effects of the ASB exacerbated existing, or caused new health problems such as high blood pressure, bleeding ulcers, and asthma. Sleepless nights were mentioned by a few clients.

Several clients reported that they were scared to be in their property, making every effort to spend time away from it, or conversely, that they were nervous to go out. They reported being “a nervous wreck” others described themselves as “shaken”, “scared” and “mentally devastated”. Clients reported to researchers:

- “My head was somewhere else.”
- “I was at a loss. It’s horrendous. I didn’t know where to turn to. Many services weren’t helping.”
- “I felt like putting my head in the gas oven. It broke my heart. I’d just had enough.”

Clients were overwhelmed that this had happened to them. They had not experienced anything like it before, and found it hard to believe that there are people who would do such things. Many felt that their lives were being dictated to by the perpetrators. Some clients were at a loss, at the end of their tether with the situation and didn’t know where to turn.

Whilst a few were able to find support in neighbours or friends, many clients reported feeling isolated and alone as they did not have family around to support them. Interestingly, where clients did have family members close by, they often felt an overwhelming sense of responsibility not to burden their family and to ensure that family members did not get involved. To this end, whilst family members were aware of the ASB, this tended to be at a general awareness level only; clients felt the need to protect their family from the detail and severity of the situation. Here the impact of the ASB was two-fold: firstly the stress that the ASB had on the client; secondly the added pressure clients felt to protect and shield their family. It is important to note that in all but one case, clients were referring to protecting adult family members.

For many the difficulty lay in the proximity to the ASB perpetrator who were neighbours, usually next door neighbours or neighbours within the block of flats. It was particularly hard for those sharing communal areas as clients felt intimidated walking through the communal areas.

Clients described ASB that varied from ASB that purported to be a nuisance and annoying, to ASB that truly victimised individuals and took over their lives - one client stated, "Hell is what it is."

The severity and intensity of the ASB often increased with time. Clients reported that the ASB, "Got progressively worse," with it now being, "One thing after another."

Almost all clients could not give a reason as to the catalyst behind the ASB starting, and do not understand why they had become victims of ASB.

### **5.2.a Types of ASB**

Whilst all the ASB that clients reported can be categorised in line with the harassment, noise, and vandalism categories used by BRAVE, it was rare that a client reported harassment without noise, and vice versa. In the main, if one of these categories was present, so was the other.

#### **Harassment**

Unsurprisingly, clients experienced varying degrees of harassment. At the most severe end of the harassment spectrum, many reported being the victim of verbal or physical abuse, often being threatened by the perpetrator, with one client being threatened with a knife. Clients reported ongoing aggressive outbursts from perpetrators. One client reported that she was shouted at and sworn at as she tried to get in her door way.

The harassment was less easy to compartmentalize for one client who reported that his pattern of behaviour was being mimicked by his neighbour; if the client changed the time he left in the morning to avoid his neighbour, so did his neighbour.

#### **Noise**

The noise that clients experienced comprised children shouting, screaming and being abused by people in the streets, parties late at night, loud and often persistent banging on windows, doors, or on the adjoining walls. In some cases, music was cited to be so loud that it, "Shook the walls," or was so frequent that it occurred, "Every single night."

#### **Vandalism**

Whilst there was one report of vandalism in the wider vicinity (whereby children were climbing garden fences and, "Wrecking the area,") vandalism tended to be specific to the client's property or possessions.

One client reported that the adjoining garden wall had been knocked down. There were several instances of rubbish being thrown into, or left in clients' gardens. Eggs have been thrown at windows, or deliberately placed on door steps for the client to slip on. Two clients had their washing covered in dog excrement or had balls kicked at the washing with the intention of making it dirty. One client had his property broken into by the perpetrator who had also broken into other properties in the area. Another had bottles placed under his car wheels.

## 6. Outcomes

This section seeks to assess the impact that BRAVE has had on its clients using outcome data collected by BRAVE as well as data obtained from interviews with clients. It also looks at the impact that BRAVE has had on other services.

### 6.1 Quality of Life outcome domains

BRAVE uses a Quality of Life (QoL) evaluation tool that was developed by Victim Support to measure the impact of its services on clients. The QoL tool asks the following questions:

- What difference has being supported by BRAVE had on your emotional state?
- What difference has being supported by BRAVE had on your level of confidence (in dealing with the ASB)?
- What difference has being supported by BRAVE had on your level of knowledge and skills (in dealing with ASB)?
- How motivated to take responsibility for dealing with any future ASB do you now feel?

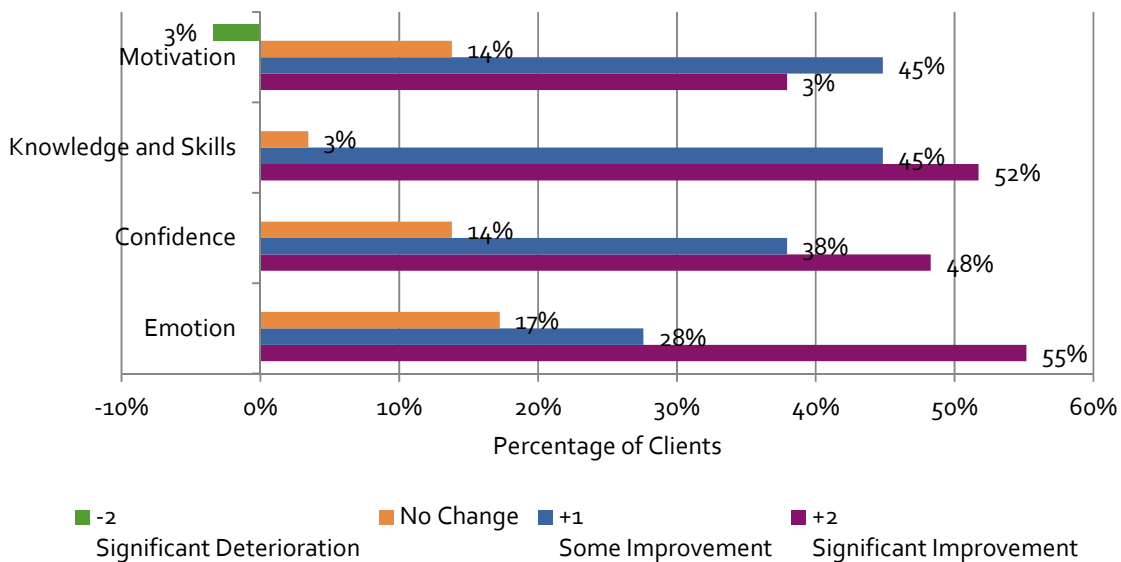
The domains are scored on a scale of -2 to +2, where +2 is the highest score possible on a single domain, and +8 is the highest possible overall score. These are measured at the end of a BRAVE intervention and represent the change from before intervention from BRAVE to after the intervention.

#### 6.1.a QoL scores

Only clients whose intervention was completed (as opposed to abandoned or rejected) had this information available. The outcomes achieved were summarised for all completed clients, and also examined in terms of variation by some client characteristics.

Of the 75 completed clients, only 29 (39%) had QoL measures recorded. Of these, all showed a positive outcome overall, with only one client showing a decrease in quality of life in any domain.

Figure 11 – Change in Quality of Life Scores

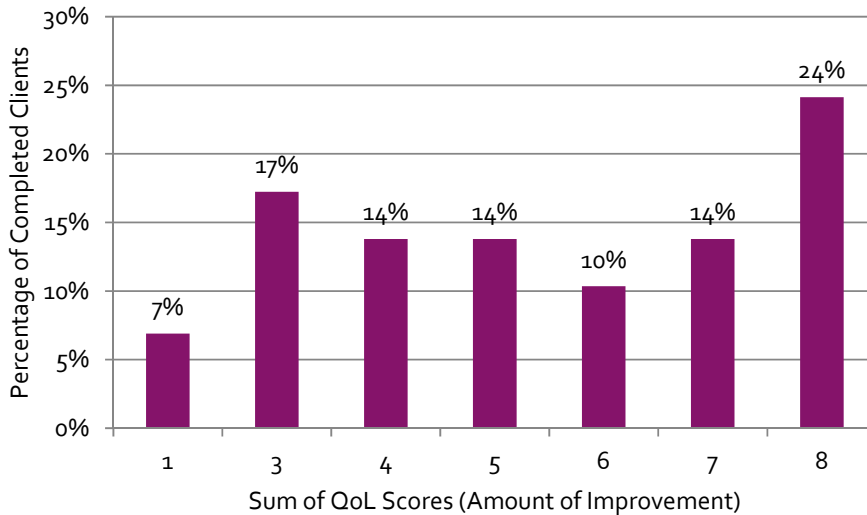


**6.1.b QoL aggregate scores**

The sum of the QoL scores was used as an aggregate measure of improvement of the quality of life of BRAVE clients.

Of the 229 clients with available data, 24% (n=7) scored 8 – the maximum amount of improvement. Sixty-two percent scored 5 or more in total. The average (mean) QoL total score was 5.

Figure 12 – Sum of Quality of Life Scores

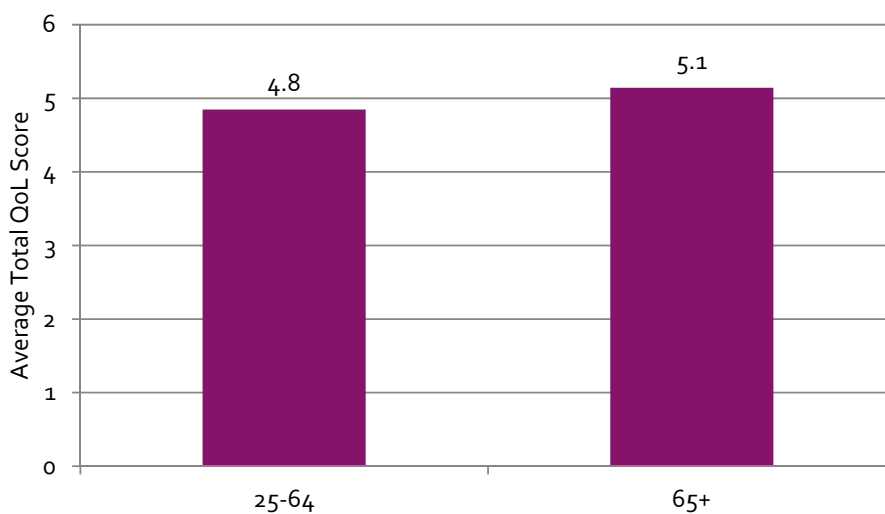


### 6.1.c Outcomes in relation to client variables

The average total quality of life scores were analysed by age and gender.

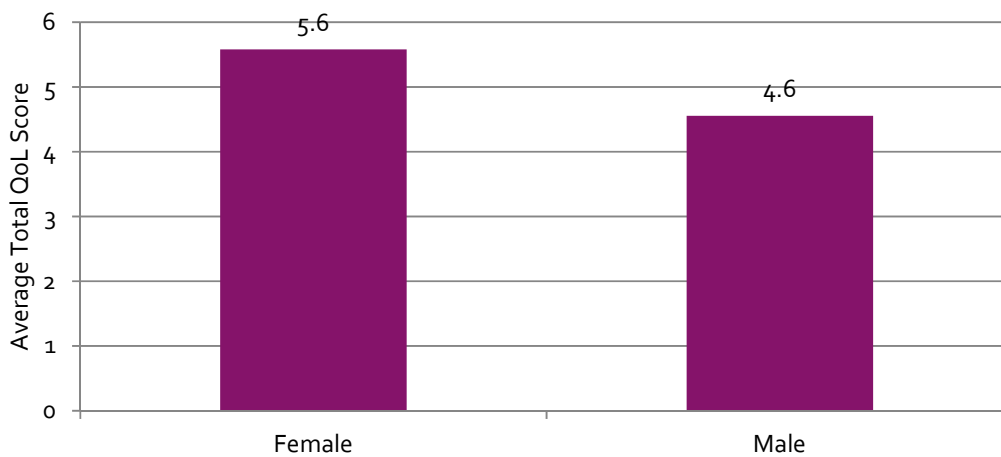
Older individuals were slightly more likely to show greater improvements in quality of life following an intervention by BRAVE than those in the working-age group. No individuals in the younger age group had QoL scores recorded.

Figure 13 – Total Quality of Life Score by Age Group



Female clients were more likely than male clients to have obtained greater benefit from the BRAVE intervention, with female clients having an average total QoL score of +5.6, while men had an average total score of +4.6.

Figure 14 – Total Quality of Life Score by Gender

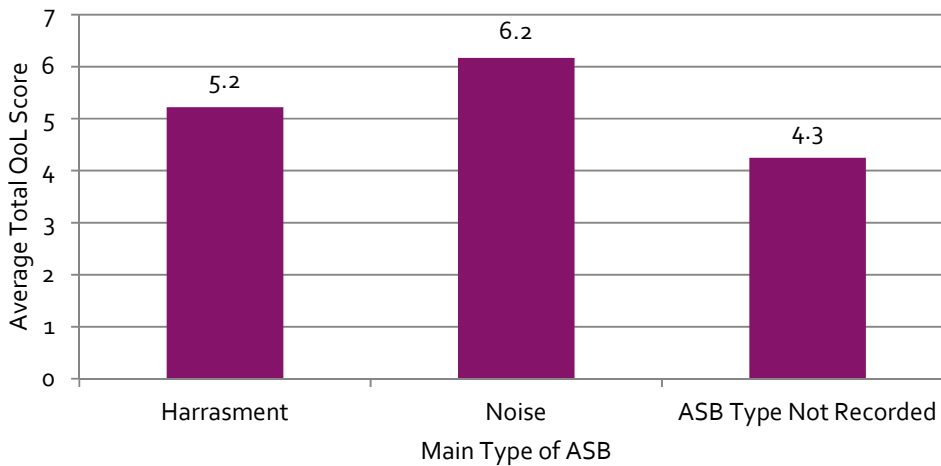


Any evident differences in QoL scores by client location and type of ASB were also investigated. There was no major difference in outcome by location (clients in the Northern area had an average total score of 6, while those in all other areas had an average total score of 5).

There was some variation in outcomes dependent on the type of anti-social behaviour leading to the referral, with clients experiencing noise-related ASB more likely to show more positive outcomes than those experiencing harassment.



Figure 15 – Total Quality of Life Score by ASB Type



## 6.2 Client reported outcomes

This section looks at outcomes as reported by those clients interviewed.

### 6.2.a Satisfaction with BRAVE

Clients placed great value on the service that BRAVE had provided. When asked to rate their overall satisfaction of the service BRAVE provided, 15 clients said they were very satisfied and seven said they were satisfied. As one said, “I would have been lost without them.” None of those interviewed reported any dissatisfaction with the service. Just one client stated that she didn’t feel like she received that much help from BRAVE.

Clients were satisfied with the amount of contact they received from BRAVE. BRAVE was praised for keeping appointments and for the contact with clients being at an appropriate level. Client comments include:

- “I would like to thank BRAVE for the work people like you do.”
- “Keep up the good work.”
- “Everyone I spoke to at BRAVE has been really supportive and helpful.”

There was some recognition amongst clients that BRAVE has limited resource and influence over ASB cases. Generally, clients felt that BRAVE couldn’t actually do anything about the ASB (i.e. stop it) and acknowledged that BRAVE doesn’t have any power as such, but could provide support and advice.

Two clients, whilst satisfied with the service received from BRAVE, indicated that they didn't get the best out of the service. One said she refused help to some extent as she thought the situation would calm down by itself and the other acknowledged that BRAVE, "Could be very good if they got their teeth into it," but felt that if she continued to talk to BRAVE then she would have to "let her guard down and cry" about the case. The client recognised however the authority that BRAVE has, saying that she will need BRAVE's help in the future as, "Their voice will carry further than ours."

One client stated that it was her fault that she didn't get the best out of BRAVE. She didn't read the literature that BRAVE sent as she didn't want to get involved at that time. On reflection, and knowing what she now knows about the BRAVE service offering, she wishes that she had told BRAVE more about her situation. Interestingly, there was a perception from this client that she may have been more involved with BRAVE if her financial circumstances were different. As it is, the client themselves paid for rubbish to be removed from her garden, but if she hadn't been able to do this, may have chased BRAVE more.

### **6.2.b Perceived impact of BRAVE**

Clients interviewed reported a range of benefits having engaged with BRAVE. These are described below thematically.

#### **Emotional wellbeing**

Clients said the ability of BRAVE to improve their emotional wellbeing was BRAVE's forte. Put simply, clients were very thankful that someone cared, that they listened, and helped them not to feel so alone, and relieved the sense of isolation. Clients reported that they would have been lost without BRAVE, "BRAVE is a lifeline." The knowledge that there was someone who cared and who they could talk to about the ASB was significant in itself. Clients reported that they felt better after their contact with BRAVE.

One client commented that he was feeling suicidal, but BRAVE, "Stopped me killing myself." For others, although less dramatic, the impact of BRAVE's help was important and welcomed. BRAVE helped clients move on with their lives and offered a glimmer of hope where before there may have been none. Some clients reported that they looked forward to the telephone calls with BRAVE.

Clients reported feeling reassured after their conversations with BRAVE and felt much better. For some it was simply a reassurance that they were not overreacting to the ASB and that they were doing the right thing.

BRAVE was considered particularly good at listening to clients, understanding how they were feeling. Clients said that BRAVE lifted their spirits and even made them laugh - all very welcome given the very low points clients were often at. The anonymity that BRAVE offered was welcomed. One client commented that it was, "Nice to talk to outside people, people that we don't know."

The isolation and fear that many clients reported feeling was said by some to be "unbearable". One client said that she would often be crying but her contact at BRAVE was, "Absolutely marvellous to me." As the ASB could be all-consuming, some clients welcomed the fact that BRAVE helped take clients' mind off the situation by talking about other things. BRAVE was described as offering "a little fragment of escape". Clients spoke about BRAVE, "Relieving the pressure," and that "BRAVE helped me to put a brave face on things and get on with things."

One of the perceived strengths of the service that BRAVE offered was the fact that they were always there. Clients mentioned that if anything else happens, or if the ASB escalated they can call BRAVE and let them know. This sentiment was conveyed again and again by those interviewed and seems to be part of what clients' value about BRAVE and something that they felt was missing from their contact with other organisations.

One client (who said that she didn't want to worry friends or family) said that the emotional support offered from BRAVE really became important once she decided to take action and formalised her ASB complaint. As the client hadn't appreciated that the situation may get worse once it was formalised she particularly appreciated BRAVE's support at this time.

### **Confidence to deal with ASB**

Many clients felt that BRAVE had helped to give them the confidence to ignore the perpetrators of the ASB they experienced. BRAVE told many clients not to speak to their neighbours, especially once ASB procedures had been formalised. Clients felt that it was useful to be told by BRAVE that ignoring their neighbours was the right action to take. As one interviewee said: "BRAVE gave me a bit of relief; they gave me the confidence to ignore them."

Three clients felt that BRAVE had not helped their confidence in dealing with ASB and that it was more the case that the clients found inner confidence and had learnt to deal with it themselves. Interestingly, one client felt that she wasn't a "typical victim" and stated that she was generally a confident person.

It was apparent that the advice offered by BRAVE was tailored to the specific case. In contrast therefore to the general advice not to contact perpetrators, one client was given instructions by BRAVE on how to speak to their neighbour as this was deemed the best way forward in this particular case. Whilst the client felt that it was useful to be given these instructions, she found them difficult to put into practice because, "He doesn't listen to me unless I shout. When I raise my voice he calms down."

Many clients were too scared to ever speak to or confront the perpetrators and so found it difficult to comment on whether BRAVE had helped in this area.

### **Knowledge and skills**

Clients generally didn't feel that BRAVE had given them additional knowledge or skills to deal with the ASB. When discussing this topic, many clients said that BRAVE didn't give them any skills, but that, "They spoke to me," or, "They listened to me," referring back to the most important aspect of the service that clients perceived BRAVE to offer.

Where it was considered that BRAVE had contributed knowledge and skills advice, this was often in terms of telling clients to log instances and take photos. However, one client in particular felt that this in itself contributes to the all-consuming nature of the ASB as she felt that she constantly needed to take pictures and log instances.

One client was particularly pleased with the advice that BRAVE provided on how to deal with children affected by ASB. With young school aged children and a wife affected by the ASB he was at a loss in how to help his children cope with the impact of the ASB. He stated that BRAVE were very helpful with this.

One client stated that BRAVE made him realise that violence doesn't solve anything and that he must do things by the book.

Whilst not directly tackling the ASB itself, one client stated that the discussions he has had with BRAVE in terms of selling his house had been very useful which may indirectly deal with the ASB.

### **Practical support**

Clients that had been given alarms were very pleased with these. They commented that the wrist alarms couldn't be seen by anyone and helped to improve their feelings of safety. One commented that since receiving the alarms from BRAVE, she felt better and more secure.

The mediation service was welcomed by clients. Whilst clients were grateful for BRAVE attempting to help resolve the ASB in this way, the outcomes of the mediation meeting were perceived by some to be poor. This was felt to be due to the behaviour of the ASB perpetrator rather than anything to do with BRAVE's involvement – that is, they felt that the mediation process was flawed rather than the advice to seek mediation.

Clients reported a high degree of frustration towards other organisations, particularly Birmingham City Council, and a common complaint was that other organisations had failed to help them. Where this was the case, the help BRAVE offered had been very welcome. Clients reported that BRAVE helped to liaise with the Council, helping to move what they considered to be the frustratingly slow pace along a little quicker. The help BRAVE gave in terms of assisting with writing letters to the Council was particularly welcomed.

Putting clients in contact with other organisations was considered helpful as often clients didn't know where to turn for help. Others did not have access to the Internet.

### **6.2.c Perceived impact on ASB**

The majority of clients reported that the ASB was still ongoing. A few reported a quiet period in the ASB activity, stating that it had been quiet for one month or several months, or that the severity of the ASB had reduced. Some were reluctant to state that the ASB had stopped finding it difficult to believe that it would ever stop, "It will always be ongoing, it is the type of people they are." "Things will never change because of the type of people they are." For one client, even after a cessation period of eight months, she was still scared and spent as much time as she could away from her house.

One client said that, whilst the ASB was still ongoing, they could now ignore it and so the impact of the ASB was reduced albeit whilst not being able to attribute this to any one organisation or input.

Just three clients were certain that the ASB had stopped. The reasons given included:

- the perpetrator sold the property and moved away
- the perpetrator was sectioned under the mental health act, and
- the perpetrator no longer lives there "as the police were fantastic."

For some clients, the fact that the ASB is ongoing, or that BRAVE was unable to help obtain a conviction for the ASB, was a perceived weakness in the service offered by BRAVE.

It is important to note however, that the majority of clients were realistic and pragmatic about BRAVE's input and what the service could realistically achieve. For many, the only way that the ASB will stop is if the perpetrator is moved away or convicted, and clients perceived that this is not within BRAVE's power or authority. As one client noted, "I feel sorry for BRAVE. Their hands are tied – they are there if I need them."

### 6.3 Client outcomes – professional perspective

Professional stakeholders were asked to comment on the impact of BRAVE.

There was a general consensus that BRAVE is very good at setting and being clear about boundaries – what they can and cannot do. Professionals recognised that there is relatively little that BRAVE can do in terms of actually stopping ASB, but that they make this clear to clients and that their strengths lie in providing emotional support and advice (as described at 4.6.b). As noted, professionals felt that the ability to talk to an independent organisation about their experience of ASB was significant in itself and made a difference to many people.

Where victims have gone to seek redress through civil proceedings, representatives from West Midlands Police noted that the support provided by BRAVE had often been instrumental in enabling the victim to attend court and go through the process. As such, it was felt that BRAVE has proven to be important to those clients who have sought resolution through the court system.

Interviewees who work with more vulnerable groups noted that BRAVE staff and volunteers are very "switched on" about the impact of ASB on these groups. Those interviewed spoke of the additional efforts expended by BRAVE to ensure that vulnerable clients were appropriately supported – for instance, ensuring the presence of British Sign Language interpreters when working with a deaf client.

#### 6.4 Impact on other services

The evaluation also sought to determine the impact that BRAVE has on other services (particularly public services) in Birmingham.

There was a clear consensus among professional stakeholders interviewed that BRAVE reduces pressures on other services in the city, albeit that those interviewed were unable to quantify what the extent of the impact was.

Stakeholders from West Midlands Police were clear that BRAVE played a considerable role in supporting victims that the police were unable to support but who needed help. Given that ASB tends to manifest itself as behaviours that are not always criminal, representatives from the police noted that there was relatively little that they could do, whilst recognising that ASB seriously impacts on people's lives. By being able to refer on to BRAVE they indicated that it gave them confidence that people were receiving the support that they needed. As one representative from West Midlands Police said, BRAVE "enhances the service the police can provide. We would love to spend more time with victims but we don't have the time or resources." BRAVE were therefore seen as providing the time and resources that were needed.

The consensus was that BRAVE reduces demand on the police. All police personnel interviewed noted that handling complaints about ASB creates significant amounts of work for the force, whether it be taking calls and logging ASB complaints or offering visits by neighbourhood officers.

By being able to refer victims on to another service that was able to support people and try and address root causes, interviewees felt that BRAVE reduced the demand on their service freeing up time to deal with other issues. None of those interviewed could indicate the level of demand that was diverted, but it was nonetheless the consensus among all police stakeholders that BRAVE had an appreciable effect on demand management.

One interviewee (not from West Midlands Police) concurred with the assessment about the impact of ASB on police time and stated that the police had "panicked" when they became aware that Lottery funding for the service was expiring in 2015. It was the contention of this interviewee that the police were similarly concerned about the potential end of funding in 2016. Although expressing it slightly differently, a representative from West Midlands Police stated that the police had been "At a loss without it" when the service ceased for one month before funding was provided by BCSP.

Other interviewees noted the impact of BRAVE in terms of helping to maintain tenancies. It was noted that BRAVE, by supporting people to manage their anti-social neighbours, reduced demand for tenants in social housing to be moved. The interviewee stressed that housing providers, as far as possible, aim to keep tenancies as stable as possible (i.e. not move people on) and therefore, BRAVE was an important means by which tenants can be supported to remain in their current accommodation.

Some interviewees talked about a perceived impact on health services. One stakeholder stated that that, through offering emotional support, clients were less likely to visit their GP for reasons associated with stress and anxiety, thereby reducing demand on primary care. It was not possible to substantiate this perception but it was corroborated by some of the others interviewed.

## 6.5 Overall assessment of BRAVE

Both clients and professionals interviewed were asked to give their overall assessment of BRAVE.

### 6.5.1 Overall assessments – clients' perspective

The clear consensus among clients was that BRAVE was a high quality service which had made a significant positive impact on their lives. It was described as an essential, life-enhancing service by the majority of clients. It is difficult to see where those supported by BRAVE would have found support were it not for the service. Clients were often lonely, isolated, and vulnerable individuals in need of an organisation that would support them.

Clients recognised that other organisations (for instance the police and Birmingham City Council) might be able to help but that they offered a more formal, process driven service that clients felt was slow and often found it difficult to see the value that these other organisations offered. The fact that the ASB has been ongoing for years makes many clients question the power or authority these other organisations have in dealing with ASB.

It is clear from the interviews with clients therefore that BRAVE is a highly valued service that makes a difference to the lives of many vulnerable people in Birmingham. As one client said: "BRAVE couldn't have done anything better. Brilliant organisation. Please pass on my thanks to BRAVE."



### ***6.5.2 Overall assessment – professionals' perspective***

Of some note, the professionals interviewed were also at pains to emphasise the benefit of BRAVE and the impact that it has. It was universally regarded as offering a high quality service, of being client-oriented, compassionate and helpful. All of those interviewed regarded the service as either “Good” or “Very Good”. As one interviewee stated, “They do a really good job and we see time and time again the change in people that they support.”

There was as a very clear consensus that BRAVE should continue to be funded and that it should be supported to continue. As one stakeholder said, “It is quite stressful to think we might lose the service” and that it was “Very worthy of the funding it receives”. Another noted, “It would be great if the service could continue. I would always want them available.”

## 7. Service Level Agreement performance

The scheme-specific performance targets set out (for one year of service operation) in the Service Level Agreement between BCSP and BRAVE are given as:

1. To receive 350 referrals from a range of agencies and self-referrals.
2. 20 newly trained active volunteers
3. 80% take up of referrals with agreed plan of action for each client.
4. Between 13 and 20 newly trained and accredited volunteers

### 7.1 Referrals

The first of the scheme-specific performance targets – 350 referrals received within a year – can be tested against the service data available. A total of 293 referrals were received within the ten-month period examined. From this it can be calculated that in a full year of service operation it would be reasonable to expect – given a continuation of referrals at the current level - that a total of 352 referrals will be made into BRAVE by the end of the year. This meets the requirements of the SLA.

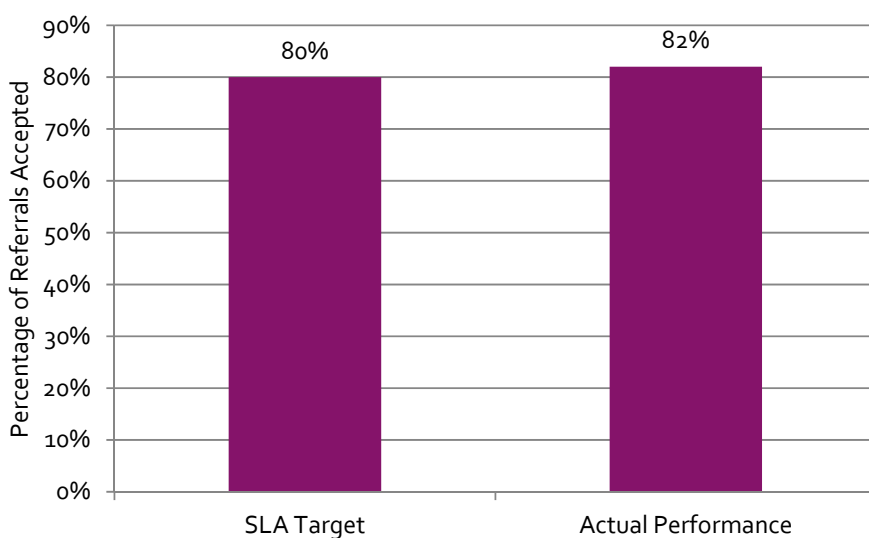
Figure 16 – Performance against SLA Targets – Referrals Received



The third scheme specific target – 80% of referrals to be accepted by the service – can be tested using the data provided.

From the data provided regarding closed cases, a total of 18% of cases (40 of 2228) had been closed due to rejection of the referral by BRAVE, indicating 82% had been accepted. Of these, not all would be completed, with some being closed due to non-contact, lack of engagement by the client, or other reasons (in total 33% of cases were successfully completed); however 82% of referrals have been accepted and pursued in some way thereby meeting the terms of the SLA.

Figure 17 - Performance against SLA Targets – Referrals Accepted



## 7.2 Volunteers

BRAVE additionally has targets to have:

- 20 newly trained active volunteers
- between 13 - 20 newly trained and accredited volunteers

In the current financial year BRAVE has recruited 12 volunteers with a number of further interviews still pending. Three of the volunteers are fully accredited and the rest of those who have been recruited are going through the process. Currently there are 12 volunteers assigned to the project.

BRAVE is therefore slightly below the target that they have been set in terms of total volunteers and more significantly behind the number of accredited volunteers that it is expected to have.

## 8. Financial impact

The evaluation sought to understand BRAVE in relation to the monies expended on the service and in relation to a monetised determination of impact that the service has had.

### 8.1 Cost of service

Analysis was undertaken to understand the cost of the service and the cost per client.

Calculations were made using the financial data as set out in the signed Service Level Agreement (dated July 2015). This gives an annual value for the BRAVE service of £97,793 per annum.

The cost of the service was looked at in relation to:

- the numbers of referrals taken,
- client contacts, and
- completed interventions.

In terms of client contacts – of whom many will have experienced some benefit of engaging with the service, even if their intervention was not completed – the annual cost per client was £357.43. However, of the clients who had some level of contact with the service, only 33% were reported as having completed their intervention (see Figure 7 above). When only these clients are included, the cost per client is considerably higher. See Table 1.

**Table 1: BRAVE unit costs**

	Number in ten months	Annual number	Annual cost per client £
Referrals into service	293	352	278.14
Client contacts	228	274	357.43
Completed interventions	75	90	1,086.59

The unit cost of BRAVE per client is therefore either £357 or £1,086 depending on the baseline used. At the upper end, the service would appear to be a relatively expensive one.

## 8.2 Social Return on Investment

### 8.2.1 Approach to SROI

Social Return on Investment (hereafter SROI) is a relatively new concept which seeks to help understand the value of services that are delivered. It derives its principles from cost-benefit analysis and seeks to capture, in a monetised form, the value of outcomes that are achieved.

There are a number of mechanisms that can be used to calculate SROI but all ultimately seek to arrive at a fiscal determination of impact. The preferred method for this evaluation was to use a range of pre-determined unit costs that had been arrived at by an independent authority (in this case, New Economy Manchester) and to determine what activity had taken place in relation to these units to arrive at a monetary value of impact.

A number of unit costs were chosen that could potentially be affected by ASB, and which a theoretical link between the activities of BRAVE could be made. The unit costs selected are given below (note all references are taken directly from the New Economy unit cost database):

**Table 2: Selected unit costs**

No.	Unit cost description	Cost code	Fiscal cost (£)	Agency bearing the cost
1	ASB no further action undertaken (simple police reporting of incident)	CR1.1	47	Police
2	ASB warning letter delivered	CR1.2	80	Local Authority
3	Neighbourhood dispute: Local Authority mediation – average	CR1.4	139	Local Authority
4	Neighbourhood dispute: Local Authority mediation - Verbal abuse	CR1.4.1	260	Local Authority
5	Neighbourhood dispute: Local Authority mediation - Noise (including element of verbal abuse)	CR1.4.2	141	Local Authority
6	Neighbourhood dispute: Local Authority mediation - Noise & Loud music related to parties	CR1.4.4	61	Local Authority
7	GP contact – cost per face-to-face consultation with patients	HE20.0	39	NHS
8	Counselling services in primary medical care	HE19.1	257	NHS

Note that the SROI analysis sought to look at the (fiscal) impact of ASB across a number of public agencies: the police, the local authority and the NHS.

Data was collected in relation to the activities described in the unit costs in order to undertake the analysis.

### 8.2.2 SROI Data from Birmingham City Council – the cost of ASB in Birmingham

Data was extracted from the records kept by Birmingham City Council on reporting and activity around anti-social behaviour. A sample of 188 randomly selected case records was taken from the 2015/16 dataset (only cases with a recorded quadrant, or area of the city, were included); the sample was stratified by city quadrant to ensure it was representative of anti-social behaviour across the city. The proportion and number of cases from each quadrant is presented below.

Table 3 – Number of Percentage of Cases by Quadrant

Quadrant	No. of Cases in 2015/16	Percentage of Cases	No. of Cases Included in Sample
North	580	12%	23
East	1,212	26%	49
Central and West	1,344	29%	54
South	1,541	33%	62
<b>Total</b>	<b>4,677</b>	<b>100%</b>	<b>188</b>

The sample of 188 cases out of the total available 4,677 records with an assigned quadrant means that the overall results can be considered statistically representative of the total cases during 2015/16.<sup>5</sup>

The case records kept by Birmingham City Council included details of warning letters sent, local authority mediation<sup>6</sup>, and police reporting, which are all costable occurrences. No details of other occurrences for which unit costs were available (e.g. medical interventions) were recorded. The records also included a note if an individual had been referred to BRAVE.

<sup>5</sup> Confidence Level 95%; Confidence Interval +/-7.

<sup>6</sup> This was taken as clearly stated 'mediation' only (a formal exercise carried out by a specific provider, rather than any local authority intervention)

Interestingly, out of the 188 records in the sample, only one individual was recorded as having been referred to BRAVE, indicating that either Birmingham City Council officers are not making frequent referrals to the BRAVE service, or they are not routinely recording referrals when made.

The sample obtained gives us a useful benchmark of the average cost of anti-social behaviour in Birmingham – the average cost per individual reporting ASB to Birmingham City Council, and the highest and lowest recorded costs in the sample, are presented below.

**Table 4 – Cost of ASB (Based on sample of Birmingham City Council records 2015/16)**

	No. in Sample	Anti-social behaviour - warning letter delivered	Neighbourhood dispute: Local Authority mediation (Taken at Average cost)	Police reporting (no further action)	Totals
<b>Unit Cost of Activity</b>		£80	£139	£47	
<b>Number</b>	188	40	6	32	80
<b>Average cost (per individual)</b>		£17.01	£4.42	£8.00	£31.90
<b>Lowest cost per Individual</b>		£0.00	£0.00	£0.00	£0.00
<b>Highest cost per individual</b>		£319.87	£138.56	£47.00	£366.87

The data above indicates an average cost (to Birmingham City Council and West Midlands Police) of £31.57 per individual reporting anti-social behaviour. The highest cost of any individual included in the sample was £366.87 (this was due to a total of four warning letters plus other activity). It is worth noting that most cases had some activity by Birmingham City Council recorded, for which unit cost data was not available (e.g. telephone contact with the victim or alleged perpetrator, home visits, onward referrals) – thus the figures presented above are a minimum cost. In addition, the case files did not contain records of other unit costable activity (such as medical interventions).

### **8.2.3 Costs Associated with ASB for BRAVE-Referred and Non-Referred Individuals**

The data obtained from Birmingham City Council records gives a clear picture of the typical costs of ASB across the city for individuals not referred into the BRAVE service. The fact that only one of the records in the randomly selected sample of 188 cases had been recorded as being referred to BRAVE may be indicative of a wider issue (either few referrals being made or poor recording of referrals); however while this record can not be considered representative of all BRAVE referrals, it can be used as

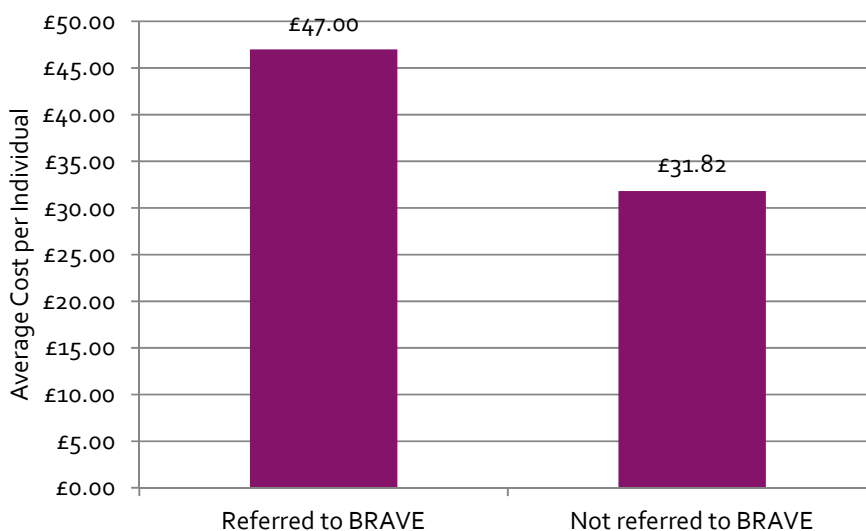
a benchmark against which to compare the average costs to the public purse of those not referred to BRAVE.

Table 5 – Costs for those Referred or Not Referred to BRAVE

	No. in Sample	Average Costs per Individual			Total Costs
		Warning letter/s delivered	Local Authority mediation	Police reporting	
<b>Unit Cost per occurrence</b>		£80	£139	£47	
<b>Referred to BRAVE – Average Cost</b>	1	£0.00	£0.00	£47.00	£47.00
<b>Not referred to BRAVE – Average Cost</b>	187	£17.11	£4.45	£8.04	£31.82
<b>Lowest cost per Individual (Not Referred)</b>		£0.00	£0.00	£0.00	£0.00
<b>Highest cost per individual (Not Referred)</b>		£319.87	£138.56	£47.00	£366.87

The average costs per individual are illustrated in chart format below.

Figure 18 – Average Costs per Individual





It is important to bear in mind that the one case in the sample recorded as referred to BRAVE is unlikely to be representative of all BRAVE referrals, while the average cost to Birmingham City Council and West Midlands Police of those not referred to BRAVE is relatively representative of non-referred cases in 2015/16.

The paucity of BRAVE-referred cases in the sample may be partly due to a lack of referrals being made (either due to there being few appropriate cases or to appropriate cases not being referred) or poor recording by BCC when referrals are made. It is important that measures are put in place going forward to ensure that accurate recording of referrals to BRAVE, and associated unit costable activity, is put in place to enable future SROI analysis.

#### **8.2.4 Service user data**

An online survey was used to gather information from past service users of BRAVE (those who had completed an intervention) regarding their experience of ASB, their use of GP and counselling services, and reporting of incidents to the police. Participants were asked about the frequency of these occurrences before and after their engagement with BRAVE and whether they attributed any changes in frequency to BRAVE's intervention. The responses were then linked to the unit cost data to estimate the cost or saving associated with these clients.

Despite requests to participate in the survey by BRAVE, only four clients completed the survey. Because of this small sample size, it is not possible to generalise the findings regarding the impact of BRAVE engagement, or associated costs or savings, to the whole client group. However for the specific four clients who completed the survey, we can calculate the likely financial implications for a one-year period. The relevant results of the survey are presented below at Table 6.

Table 6: Service user response

	Change in ASB frequency (Due to BRAVE)?	Average frequency of GP visits prior to BRAVE	Average frequency of GP Visits following BRAVE intervention	Counselling due to ASB?	Referred or signposted by BRAVE?	Average frequency of reporting ASB to police prior to BRAVE	Average Frequency of reporting following BRAVE intervention
<b>Respondent 1</b>	From more than once per week to once per week, not due to BRAVE	Every 3 months	Every 3 months	No	N/A	More than once per week	Once per week
<b>Respondent 2</b>	From once/month to once/6 months, not due to BRAVE	Once a year or less	Once a year or less	No	N/A	Once every six months	Never
<b>Respondent 3</b>	No change	Once a year or less	Once every six months	No	N/A	More than once per week	More than once per week
<b>Respondent 4</b>	From more than once per week to once per week, due to BRAVE	Once per month	Once per month	Yes	Yes	More than once per week	Once per week

Based on the above, it is possible to estimate each respondent’s likely annual use of health services and police reporting. The data is set out at Table 7.

Table 7: Likely annual change in service usage

	Estimated Annual GP Visits Prior to BRAVE Intervention	Estimated Annual GP Visits Following BRAVE Intervention	Estimated Number of Counselling Courses as a Result of BRAVE Intervention	Estimated Annual Police Reports Prior to BRAVE Intervention	Estimated Annual Police Reports Following BRAVE Intervention
<b>Respondent 1</b>	4	4	0	104 <sup>7</sup>	52
<b>Respondent 2</b>	1	1	0	2	0
<b>Respondent 3</b>	1	2	0	104	104
<b>Respondent 4</b>	12	12	1	104	52
<b>Total for all respondents</b>	18	19	1	314	208

Using the unit cost data we were able to estimate the total likely costs and savings that can be linked to these four clients, per year, based on the likely annual change in use of services. See Table 8.

<sup>7</sup> Minimum – client stated ‘More than once per week’ so figures have been based on an average of twice per week.

Table 8: Likely Annual Change in Service Use and Associated Savings or Costs

	Estimated Change in Annual GP Visits Prior to BRAVE Intervention	Estimated Number of Counselling Courses as a Result of BRAVE Intervention	Estimated Change in Annual Police Reports Following BRAVE Intervention
Respondent 1	0	0	-52
Respondent 2	0	0	-2
Respondent 3	+1	0	0
Respondent 4	0	+1	-52
Annual Total	+1	+1	-106
Unit cost per Use	£39	£257	£47
Estimated Annual: Cost or Saving	+£39	+£257	-£4,982

As can be seen from Table 8 above, the main savings indicated arise from the estimated likely reduction in police reporting of anti-social behaviour by BRAVE clients. An *increase* in costs is actually indicated from use of medical and counselling services; however these are likely to be associated with longer-term savings – that is, treatment of mental health is cheaper than the long-term costs of this form of ill-health being untreated. For example, an individual encouraged through their engagement with BRAVE to access needed counselling or to visit their GP for treatment may prevent the development of long-term illness due to stress, thus producing future savings.

The figures set out above indicate a total saving of £4,686 for these four clients combined, or an average of £1,171.50 per client.

Given the simple unit cost (as outlined above) of the BRAVE service per completed intervention (at 8.1), each of these four clients can be estimated to have cost £1,086.59 in terms of service provision. Thus for each £1 spent on each of these clients we can estimate an associated saving of £1.08, based on the very limited information gathered from this survey. This gives a return on a near exact 1:1 basis.

Due to the very small sample size this is in no way reliably representative, and it is not possible to generalise from this to estimate the potential costs or savings across all of the BRAVE service's clients. Ideally, to accurately represent the 75 clients who had completed an intervention with the service, a sample of at least 54 clients would be required.<sup>8</sup>

### 8.2.5 Note on SROI

In undertaking the SROI for the evaluation, it is clear that the picture is a complex one.

<sup>8</sup> This would give a confidence level of 95% and a confidence interval of +/-7.

To some extent it is possible to say that BRAVE has led to a cost reduction to the public purse. For instance, to the extent that BRAVE has impacted on levels of ASB in Birmingham, it logically follows that the reduced time police spend handling calls about ASB, then a clear cost saving is made.

The picture is however somewhat complicated by the fact that, in some instances the activities of BRAVE will have led to an increased cost to the public purse, but that this is a good thing. If for instance, having engaged with BRAVE, a client decides that they need counselling for anxiety that they are experiencing as a result of ASB, then the cost of the counselling is an increase in public expenditure. It is however clearly a positive step forward that an individual has sought help for their mental health.

The situation is further complicated by the very nature of ASB itself. At the threshold at which BRAVE support clients, the ASB being experienced must be “non-crimed” – that is below the threshold at which criminal justice processes can be used. This means that, other than handling calls about ASB, the work of BRAVE will not impact on West Midlands police and other criminal justice agencies given that they do not and are not expected to deal with this level and type of activity.

Further in relation to the nature of ASB, it is the case (reported at 6.2.c above) that, for a number of BRAVE clients, the ASB continues to exist. It is not possible therefore to report a unit cost for the impact of BRAVE in stopping ASB as this simply would not apply to most clients.

The work of BRAVE focuses on enabling clients to cope with ASB but for most clients “coping” means support that does not require formal referrals into the NHS (for instance for mental health services). As such, they fall beneath the threshold at which they would trigger a cost to the public. This is again corroborated by the qualitative data that tends to indicate that BRAVE clients tend to be struggling to deal with ASB and, other than to the police, have often not reached out to other services. As such BRAVE clients often appear to not be in contact with public services and therefore have not created a net cost which BRAVE can subsequently reduce.

## 9. Conclusions

A number of conclusions have been drawn from the data presented above.

### 9.1 Service provided

Whilst BRAVE provide a number of different services, it is clear that the emotional support offered to clients is the one which is most appreciated and which has the greatest effect. The ability to liaise between different agencies and organisations is also of considerable importance.

BRAVE is offering the appropriate spread of services at the current time and is achieving the right balance between the types of services that it provides. There are no significant gaps in the current provision.

### 9.2 Case management

We note the high proportion of cases that are either abandoned or rejected by BRAVE – some 64% of all cases.

We further note that, whilst all abandoned cases are only closed following attempts to re-contact clients, it nevertheless remains the case that nearly half of all people who contact BRAVE disengage.

It is not possible to evidence why clients choose to disengage from the service. It is possible that for some, the ASB has resolved. A concern however is that some clients disengage as they do not think BRAVE is providing them with the support that they need or that they are otherwise unsatisfied with the service. It is therefore feasible that the client assessment of BRAVE (set out above) is in turn partially distorted as those who are not happy with the service have disengaged. This would mean that the results set out in this report are a “false positive” in the absence of the voice of those who are not happy with the service. Unfortunately there is no way to test this hypothesis.

BRAVE should seek to better understand why clients disengage and reduce the number of cases that are abandoned.

The volume of rejections would also appear to be relatively high, at around a fifth of those who are referred to the service. This would appear to authenticate the view of some stakeholders that BRAVE operate a binary approach to the service in which those who are potentially perpetrators are rejected.

This assessment is substantiated by BRAVE staff who indicate that this is one of the key reasons for rejection.

To the extent that BRAVE is delivered from within Victim Support then it is likely that the rejection rate will always remain at around this level as the service will continue to maintain a stance of not working with perpetrators. Should BCSP wish to reduce the volume of rejections it is likely therefore that this could only be done by commissioning another organisation to provide the service.

### **9.3 Impact of service**

The data indicates very clearly that BRAVE has had a positive impact on victims of ASB in Birmingham. Data from the Quality of Life tool used indicates that the service has had a positive impact against the domains as set out in the tool: emotional state, confidence, knowledge and skills and ability to deal with ASB.

The positive results from the Quality of Life tool are corroborated by the qualitative data from clients in which they describe the positive impact that the service has had. Further triangulating the results, the feedback from professional stakeholders is also very positive and stakeholders universally acknowledge the positive impact of the service on its clients.

It can therefore be concluded that BRAVE effectively fulfils its remit to support victims of ASB by providing tailored practical and emotional assistance.

### **9.4 Impact on ASB**

There is no evidence that BRAVE has reduced levels of ASB in Birmingham. This however is to hold the service up to an inappropriate metric. It is not the function of BRAVE to reduce ASB and indeed, it is not set up or designed to tackle the root causes of ASB. The purpose of the service is to support victims, (which it is evidently successful at). BRAVE is effective at helping people manage and cope with the effects of ASB rather than preventing ASB.

To the extent therefore that BCSP wish to commission a service that tackles the causes of ASB, BRAVE is not the mechanism best placed to achieve this.

#### 9.4 Compliance with Service Level Agreement

From the data provided it is evident that BRAVE is compliant with the referral elements of the SLA that it operates under and therefore, in terms of the SLA, can be said to be a successful service.

It is notable however that the current SLA is process-oriented (focussing largely on the volumetric of referrals) and that it does not require BRAVE to capture information about the impact that the service has. To this extent, the SLA measures success in terms of processes undertaken rather than outcomes achieved. Whilst therefore BRAVE has had a considerable impact on the lives of vulnerable people, even if it made little impact then, in terms of the current SLA, it could still be described as a “success” given that it has achieved the required level of referrals.

#### 9.5 Measuring impact

The use of the Quality of Life tool is to be applauded as it clearly measures client outcomes. It is important that this approach to collating client data is retained.

We note and welcome the recent introduction of the Outcome Star that tracks client progress which is an excellent addition to the QoL tool that is already in place.

The combination of data from the QoL and Outcome Star should give BCSP a very clear picture about the impact of the service in the future.

The current data on referrals that is collected, while important in assessing the number of clients that BRAVE support, does *not* report the impact that the service has. Referrals are not in themselves evidence of a positive outcome.

Given this, we advocate a shift in the SLA away from targets around volume of referrals to targets that express the impact that the service has had – data that is already being captured in the QoL and Outcome Star.

The self-evaluation mechanisms used by BRAVE are transferable and it is feasible for other projects funded by BCSP to adopt these techniques.

#### 9.5 Volunteers

It is evident that BRAVE relies to a considerable extent on its volunteers to provide additional capacity. Volunteers are therefore an invaluable resource upon which the service depends.

The treatment and support of volunteers is of a very high standard. All volunteers are carefully recruited, are provided with high quality training, are appropriately supported and receive professional development. To this extent, BRAVE is offering the kind of support that is likely to help recruit and maintain a cadre of high quality volunteers. It is a testament to the volunteer package offered by BRAVE that nearly all the volunteers interviewed had recommended volunteering at the service to their peers.

Whilst the SLA regarding volunteers has not been met, it would not appear that this is a meaningful metric by which to assess the performance of the service. BRAVE have an ongoing recruitment process and, moreover, are in a better position to determine how many volunteers they can adequately support at any given time. There are few full time staff working for BRAVE so recruiting too many volunteers could have the unintended consequence of diverting their time away from client-oriented work to supporting volunteers. A careful balance needs to be struck by BRAVE regarding how many volunteers can effectively be supported at any given time. This is a decision that is best left to BRAVE who can assess their own capacity at any given point in time.



## 10. Recommendations

Following on from the conclusions set out above, a number of recommendations have been set out below:

12. Birmingham Community Safety Partnership should continue to fund BRAVE.
13. If Birmingham Community Safety Partnership is unable to continue to fund BRAVE directly from its own budget, then it should ensure that alternative funds are available before withdrawing its own funding.
14. The current SLA should be revised to set a maximum threshold for abandoned cases. If the threshold is exceeded then this should lead to a meeting between commissioner and provider to explain the level of abandoned cases. An absolute maximum threshold of abandoned cases should be 50% (and potentially lower).
15. BRAVE should send a short survey to all clients who disengage to try and ascertain why they have disengaged. At a minimum it should seek to determine if the client has disengaged: because the ASB has ceased, because the client was unhappy with the service provided.
16. BCSP should determine whether it wishes to expand the remit of BRAVE to work with victims who may also be perpetrators. Note: should BCSP wish to make this change to the remit of the service, then it is likely that it will have to commission the service through another provider.
17. The current SLA should be revised and the current referral targets removed and replaced with Key Performance Indicators that are based on client outcomes.
18. BRAVE should develop a mechanism through which the Outcome Star data that is currently being collected can be used to measure the performance of the service. This is likely to involve measuring "distance travelled" by clients and aggregating this data.
19. BCSP should consider adapting BRAVE's QoL tool and using it with other services that it commissions.
20. BCSP should consider the feasibility of using the Outcome Star or other outcome-based measurement systems with other services that it commissions.
21. The current SLA should be revised and the current volunteer targets removed.
22. BRAVE should consider developing linkages and pathways into local mental health provision and counselling services.