MAKING MANCHESTER FAIRER

MANCHESTER CITY COUNCIL

Young People's Kickstarter Review

42ND STREET

Performance, Research and Intelligence
May 2025

Context and Scope

Commissioning Context

42nd Street was commissioned by Manchester City Council under the *Making Manchester Fairer (MMF)* programme to deliver direct emotional wellbeing and mental health support to young people aged 13–25. The service is grounded in young person-centred and rights-based approaches, aiming to reduce the health inequalities experienced by those at greater risk due to socioeconomic disadvantage, family circumstances, or other lived experiences. This work is underpinned by the recognition that over 50% of mental health problems are established by age 14, 75% are established by age 24 and there are significant waiting times for mental health services across Manchester.

Programme Overview

Support began in November 2023, with a focus on communities of identity, including care-experienced young people, LGBTQ+ young people, and young people from racial minority backgrounds, in line with MMF's equity-driven ethos.

Support Modalities

The Kickstarter programme offers four distinct types of support:

- **Goal-Focused Support:** *Duration:* 6 weeks. *Approach:* Short-term, structured support to de-escalate immediate psychosocial issues and help YP set and achieve specific goals
- **Online Therapeutic Support**: *Duration:* 8-12 weeks. *Delivery:* Via a bespoke online platform – Breathe – with live chat. *Approach:* A blend of psychosocial and counselling techniques
- **Counselling:** *Duration:* 12 weekly sessions. *Focus:* Emotional understanding and development of coping strategies
- **Psychosocial Support.** *Duration:* 12 sessions. *Focus:* Exploring feelings and behaviours, with practical strategies for managing daily and complex intersectional life challenges

Capacity Building Training

The second strand of the programme, launched in June 2024, delivers bespoke, multi-component training for practitioners and managers in the VCSE sector co-designed and co-delivered with peer practitioners with lived experience. The aim is to build skills and confidence in supporting young people's mental health, strengthen sector-wide capacity and infrastructure and enable indirect support for a broader cohort of young people over time.

Review Scope

This report primarily focuses on the direct support element of the Kickstarter programme. The capacity building component has been independently evaluated by Forever Consulting – with findings summarised on Slide 30. The Cost Benefit analysis is not applied to the training strand as it does not directly capture measurable outcomes for individual beneficiaries.

National Context

CHILDREN'S COMMISSIONER REPORT

Key Findings from the Children's Commissioners Office report on Mental Health Services

Surging Demand: More children began treatment in 2023–24 than the previous year, but 50,000 more were still waiting by March 2024.

Crisis Referrals: Nearly 60,000 children were referred in crisis—over 6% of all referrals highlighting growing severity and urgency.

New Insights on Waiting Times: When measuring only direct contact with professionals, waiting times are even longer than previously reported.

The Children's Commissioner has called for:

- A renewed focus on children's mental health in the upcoming NHS 10-Year Plan
- Targeted investment to meet rising demand
- Ending regional health inequalities

Outlined the Systemic Issues Identified:

- Inconsistent definitions of mental health conditions across regions
- Lack of robust data on children's health and service access
- Delays in diagnosis and referral pathways

As well as emphasised the urgency for reform: Without systemic change, vulnerable children
risk missing out on education, support, and long-term wellbeing.

Young People and Mental Health: In Numbers

- **1 in 5 C/YP** (8 to 25) had a probable mental health disorder in 2023:
- 20.3% (8-16), 23.3% (17-19), 21.7% (20-25)
- During 2022 YP with a mental health crisis spent more than **900,000 hours in A&E**
- Eating Disorders among 17-19yr olds rose from 0.8% in 2017 to **12.5% in 2023**
- **55%** more C/YP seen for **Eating Disorders** than pre COVID
- CAMHS contacts: **nearly half a million** C/YP in 2023
- **NHS Mental Health Services:** 788,108 under 18s contact (up 79,000 from previous year); 234,255 aged 18-24 (up 18,000) and 1 in 5 16yrs olds girls in contact with services
- Access Gaps: 32% received support, **28% still waiting** and 39% has referrals closed before treatment
- Over 50% of referrals came from **financially struggling households**
- Children in the **poorest 20% of households are 4x** more likely to face serious mental health issues by age 11
- Regional inequalities mean children in some areas wait up to **17 times longer** than others for treatment
- **Black children, older teenagers, and girls** are disproportionately referred in crisis
- Young people from Black communities are more likely than average to experience a common mental health problem in any given week. For example, **23% of Black and Black British individuals** reported experiencing a common mental health issue, compared to **17% of White British** individuals
- Black and minority ethnic individuals are **40% more likely to access mental health services via the criminal justice system** rather than through primary care or community-based services
- Over **50% of LGBTQ+ people** have experienced depression, and **three in five** have experienced anxiety in the past year
- **One in eight LGBTQ+ people aged 18–24** have attempted suicide
- Nearly **half of trans people** have considered taking their own life

Sources provided on Slide 36

MAY 2025

#BEEWELL 2024
MANCHESTER HEADLINES

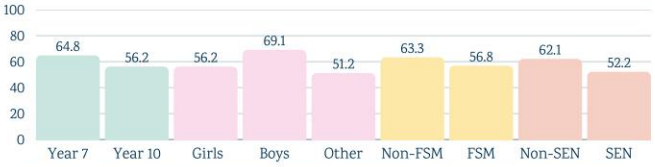
LIFE SATISFACTION

On average, young people in Manchester score 7.1 for life satisfaction (possible scores range from 0 to 10, with higher scores indicating higher levels of life satisfaction). This ranges from 6.8 (MMP) to 7.5 (CCP)*. Young people in Year 7 (7.5) report higher levels of life satisfaction than those in Year 10 (6.6). Boys (7.5) report higher levels of life satisfaction than girls (6.8) and those who describe their gender in a different way (6.6). Young people who identify as LGBTQ+ score 6.4 for life satisfaction. Young people without FSM eligibility (7.2) report higher levels of life satisfaction than those with FSM eligibility (7.0). Young people without SEN (7.1) report higher levels of life satisfaction than those with SEN (7.0).

PSYCHOLOGICAL WELLBEING

3 in 5 young people report good or better wellbeing.

60.6% (around 3 in 5) of young people in Manchester report good or better wellbeing. This ranges from 53.5% (WBN) to 68.8% (CCen). The percentage breakdown by year group, gender, free school meal (FSM) eligibility, and special educational needs (SEN) can be found in the figure below. 49.7% of young people who identify as LGBTQ+ report good or better wellbeing.

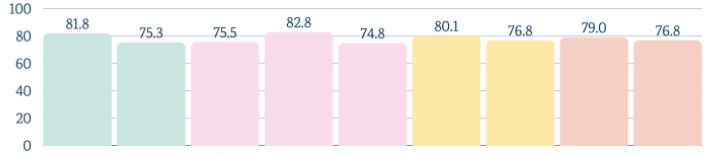


Percentage of young people by year group, gender, FSM eligibility, and SEN who report good or better wellbeing.

SELF ESTEEM: FEELING GOOD

78.7% (just over 3 in 4) of young people in Manchester 'agree' or 'strongly agree' to feeling good about themselves. This ranges from 74.2% (WBN) to 84.1% (CCP). The percentage breakdown by year group, gender, free school meal (FSM) eligibility, and special educational needs (SEN) can be found in the figure below. 69.3% of young people who identify as LGBTQ+ 'agree' or 'strongly agree' to feeling good about themselves.

3 in 4 young people agree or strongly agree to feeling good about themselves.

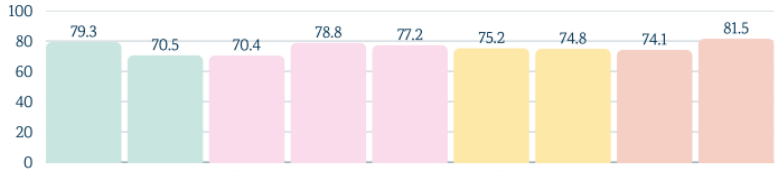


Percentage of young people by year group, gender, FSM eligibility, and SEN who 'agree' or 'strongly agree' to feeling good about themselves.

WELLBEING SUPPORT

75.1% (around 3 in 4) of young people in Manchester report having someone to talk to. This ranges from 71.6% (FOM) to 78.8% (GL). The percentage breakdown by year group, gender, free school meal (FSM) eligibility, and special educational needs (SEN) can be found in the figure below. 78.5% of young people who identify as LGBTQ+ report having someone to talk to.

This refers to young people reporting 'sometimes', 'often', or 'always' to having at least one of the following to talk to: family, close friends, trusted adults, teachers, school mental health support, online help.



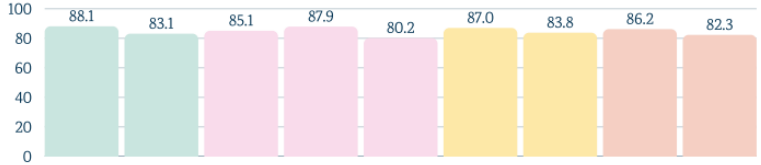
Percentage of young people by year group, gender, FSM eligibility, and SEN who report having someone to talk to.

4. SUCCESSFUL

HOPE AND OPTIMISM

85.7% (around 17 in 20) of young people in Manchester 'agree' or 'strongly agree' to having hope and feeling optimistic about their future. This ranges from 82.2% (GL) to 90.4% (CCP). The percentage breakdown by year group, gender, free school meal (FSM) eligibility, and special educational needs (SEN) can be found in the figure below. 79.4% of young people who identify as LGBTQ+ 'agree' or 'strongly agree' to having hope and feeling optimistic about their future.

17 in 20 young people 'agree' or 'strongly agree' to having hope and feeling optimistic about their future.



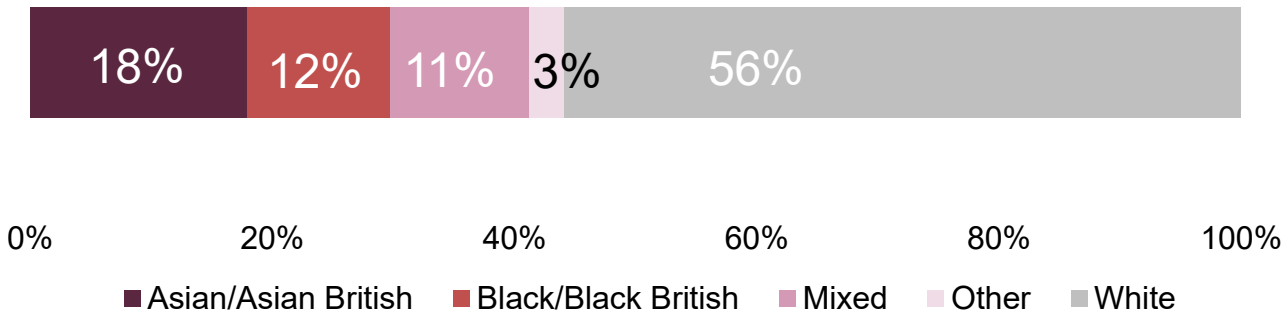
Percentage of young people by year group, gender, FSM eligibility, and SEN who 'agree' or 'strongly agree' to having hope and feeling optimistic about their future.

Background Data

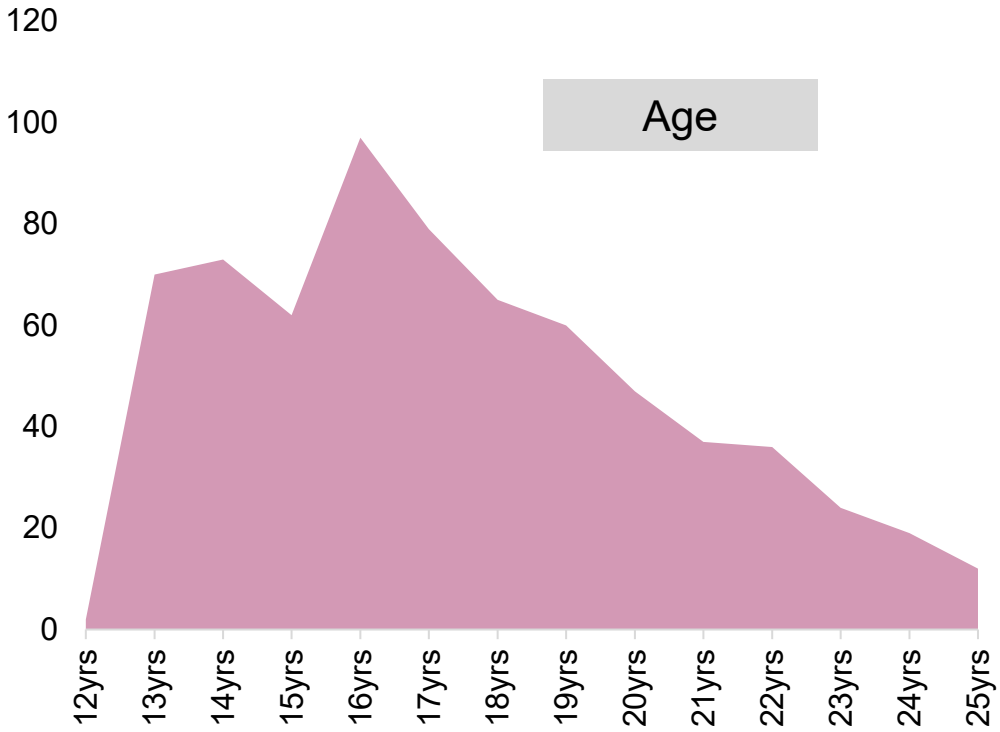
DEMOGRAPHICS

Based on all those referred to 42nd during the programme Nov-23 to Mar-25

Ethnicity



Age



Higher proportion of the did not engage cohort were non White British than those who did engage

63% vs 52%

DEMOGRAPHICS

Based on all those referred to 42nd during the programme Nov-23 to Mar-25

Young Carers

27% were Young Carers

A higher proportion of the fully engaged cohort were Young Carers than those who disengaged

24% vs 2%

LGBTQ+

36% of Young People are LGBTQ+

Higher proportion of the fully engaged cohort were LGBTQ+ than those who disengaged

39% vs 29%

MMF Wards with the highest Volume of Referrals

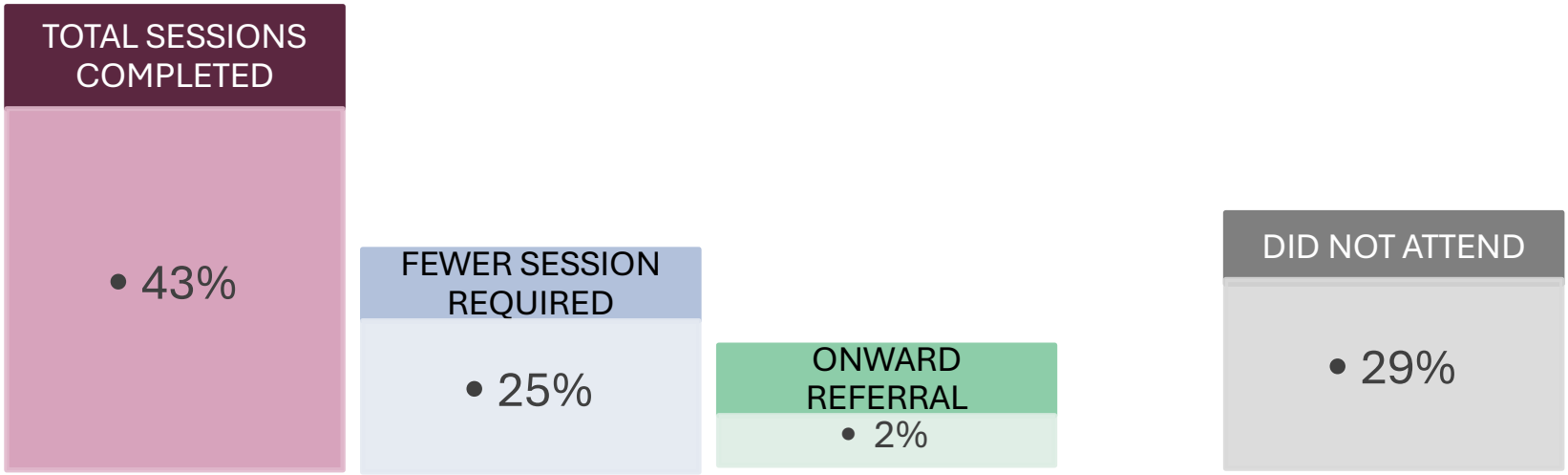
Clayton & Openshaw (6%)
Miles Platting & Newton Heath (5.5%)

Gorton & Abbey Hey (5.7%)

Referrals from non MMF priority wards elsewhere in Manchester **33%**

Baguley 5.2%
Woodhouse Park 5.4%

ENGAGEMENT



Total sessions Completed: When a young person completes a full programme of support and the YP and practitioner have agreed that the work is completed.

Fewer sessions required : This occurs when the YP completes support with fewer sessions that originally contracted for the modality in question. Due to a combination of YP/ YP and worker deciding that no more sessions were needed. Or YP deciding they no longer want to continue with the support. Note by this point the YP will have usually received significant input from 42nd Street.

Onward referral: In some cases, YP have received initial or full periods of support and have then been supported in transitioning to other services for continued or more specialised care. This includes referrals to services such as Early Identification of Psychosis Services, SHOUT, Community Mental Health Teams, Talking Therapies, or group-based support at 42nd Street—such as groups specifically for young Black males or LGBTQ+ young people.

Did Not Attend: Cases ended when a young person misses one or more sessions, and the practitioner is unable to re-establish contact.

DIS-ENGAGEMENT

YP often do not engage or disengage with mainstream services and support for a variety of reasons – influenced by personal, relational and systemic factors:

Stigma and Shame

Fear of being judged by peers, family or themselves. Internalised stigma around mental health or needing help.

Practical Barriers

Issues with transport, timing or digital access. Competing priorities like school;, work or caring responsibilities.

Mismatch of Expectations

The support offered may not align with what the YP feels they need, they may expect quick fixes and become disillusioned if progress feels slow

Emotional Overwhelm

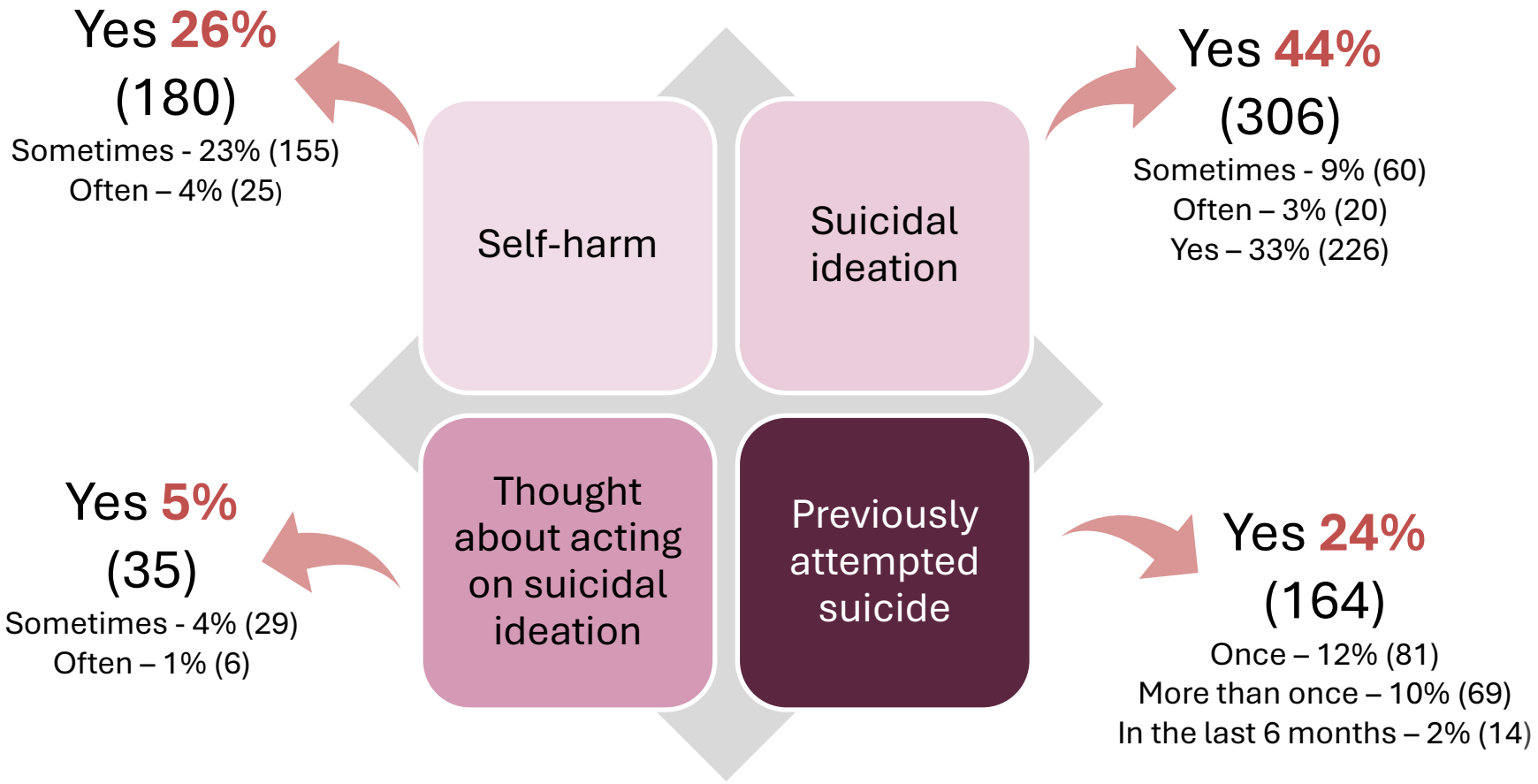
Talking about difficult experiences can feel too intense or triggering. The YP may not yet be ready to engage with their emotions or trauma.

42nd Street Approach:

- Focus on Cultural and Identity context: to ensure the service is culturally responsive and identity affirming with practitioners able to reflect and understand the background of the YP they support.
- Referenced in qualitative studies and peer research with care experienced young people , LGBTQIA+ young people and young black men and women that demonstrated that therapeutic relationships are due to a shared lived experience and perceived baseline understanding of each other
- Consistent staffing and short waiting times to provide support that fosters trust and maximises the therapeutic relationship
- Encouraged autonomy and choice, Young person empowered to choose the identity of their therapist and is in control of the goals and support set rather than being imposed

[1]Reflections from LGBTQIA+ individuals of their past experiences of psychotherapy and counselling and the use of creative therapy—A qualitative study
Why Having a Black Therapist Improved My Therapy Success

RISK FACTORS



(based on 688 children/young people): Nov 2023- Mar 2025

42nd STREET SAFEGUARDING

42nd Street approach to Safeguarding Controls is outlined below:

- Risk screening assessment at front door so risk is identified at earliest opportunity
- Risk assessment for self harm/suicide risk incudes safety planning with the young person at the centre
- Safeguarding Log
- Duty System led by Duty Manager and team daily
- Designated Safeguarding Lead (DSL) for further escalation
- Practitioners receive line and clinical supervision and trained to appropriate Safeguarding level
- Client Record Management System (PCMIS)

- All the above measures support and help prevent the likelihood of vulnerable young people needing to access A&E by robustly managing risk
- By supporting YP to develop and maintain healthy coping strategies including safety planning, from the beginning of support starting
- Parents/carers are involved and kept updated in a way that aligns with the best interests of the young person whilst also focusing on voice/wishes of the YP
- Liaison and regular communication with key partners including GP, schools, social care, Early Help etc. to ensure timely and appropriate information sharing and shared decision making

Pre and Post CORE Score analysis

CORE MEASUREMENT TOOLS

CORE stands for "Clinical Outcomes in Routine Evaluation." The CORE system provides tools and guidance to monitor changes and outcomes in routine psychotherapy, counselling, and other efforts aimed at promoting psychological recovery, health, and well-being. It includes a variety of measures.

The CORE-10 is a 10-item measure that evaluates how a person has felt over the past week. It is used as a session-by-session monitoring tool, covering areas such as anxiety, depression, trauma, physical problems, functioning, and self-risk. The CORE-10 includes six items related to problems, three items related to functioning, and one item related to risk. The total score indicates a person's level of psychological distress.

Thresholds:

•**Healthy (0–5):** Scores in this range indicate no or minimal psychological distress, suggesting the individual is functioning well. This range represents the bottom 35% of the population, indicating that these scores, while healthy, are not representative of the majority of people's typical experience.

•**Low Level (6–10):** Scores in this range suggest low levels of distress, where some symptoms of anxiety or low mood might be present but do not significantly impair daily functioning. They are unlikely to meet the diagnostic criteria for depression or anxiety.

•**Mild (11–14):** Scores in this range indicate mild psychological distress of clinical significance, where symptoms are noticeable but unlikely to disrupt daily functioning. People in this range probably meet the criteria for depression, anxiety, or another mental disorder.

•**Moderate (15–19):** Scores in this range reflect moderate distress, with symptoms that are pronounced and interfere with the individual's daily functioning. People who score 15 or higher represent the top 10 percent of psychological distress in the population.

•**Moderate-to-Severe (20–24):** Scores in this range indicate significant psychological distress, where symptoms are likely to interfere with daily functioning and require clinical attention. Less than 2% of community samples score 20 or above, making this level of psychological distress relatively infrequent in the general community, but quite typical in mental health settings.

•**Severe (25 and above):** Scores in this range indicate severe distress, suggesting a high level of psychological impairment and an urgent need for clinical intervention. People who score in this range almost certainly meet the diagnostic criteria for an anxiety, mood, or other mental disorder.

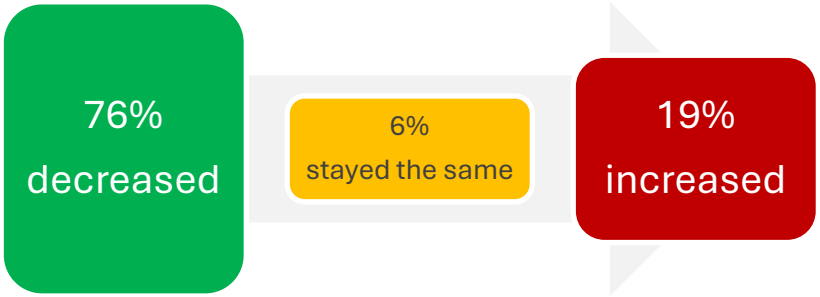
Threshold source: CORE Measurement Tools (CORE-10)

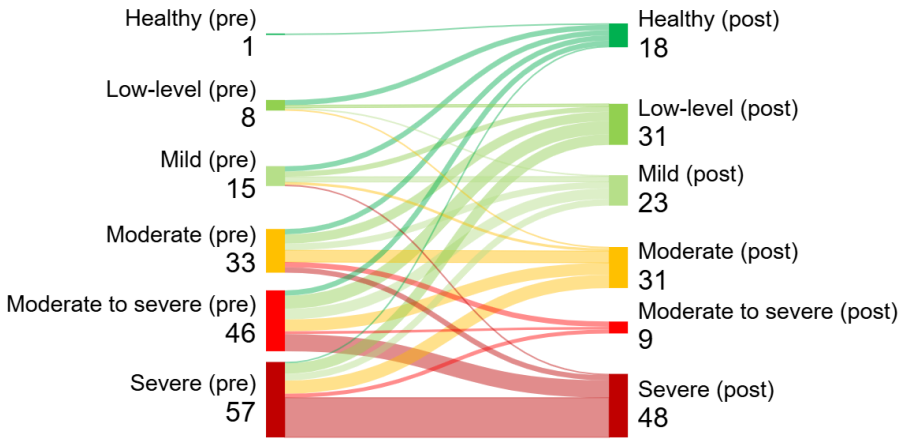
PRE AND POST SCORES

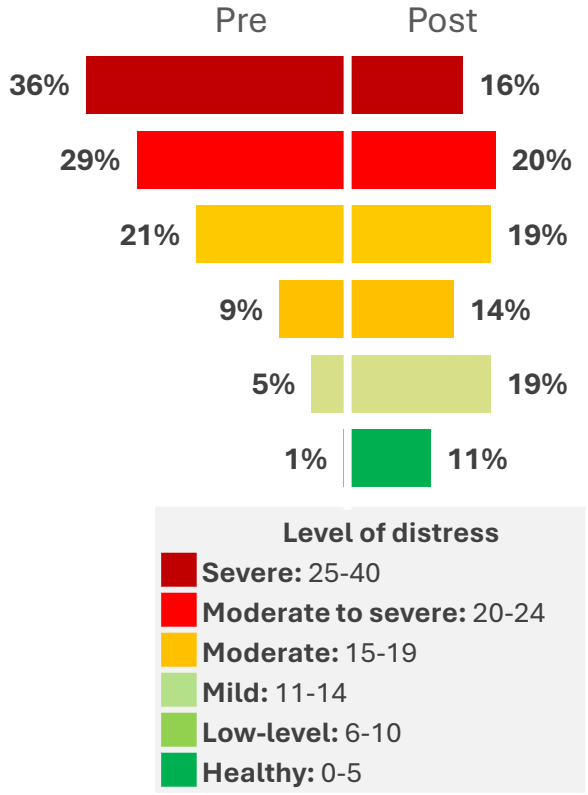
All scores

Severe decreased from **36%** to **16%**
(based on 160 interventions)

Overall score change:







54% moved to a lower category of severity

30% stayed the same

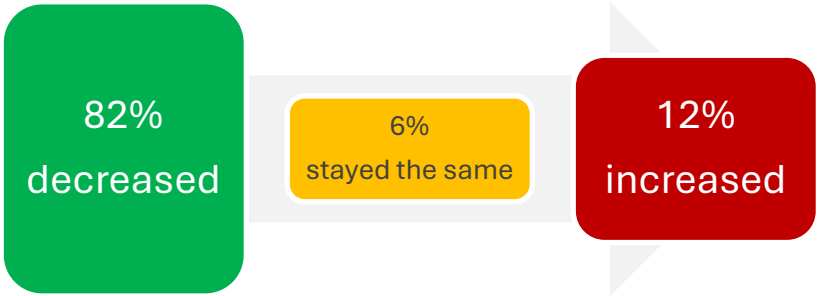
16% moved to a higher severity

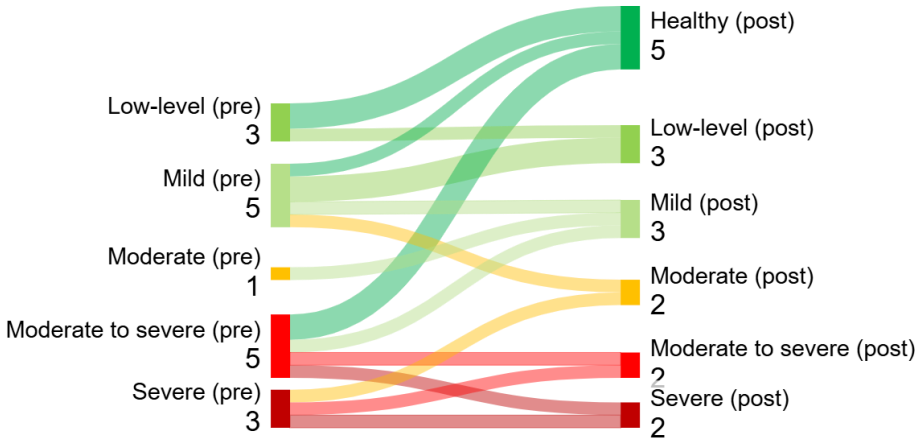
GOAL FOCUSED SCORES

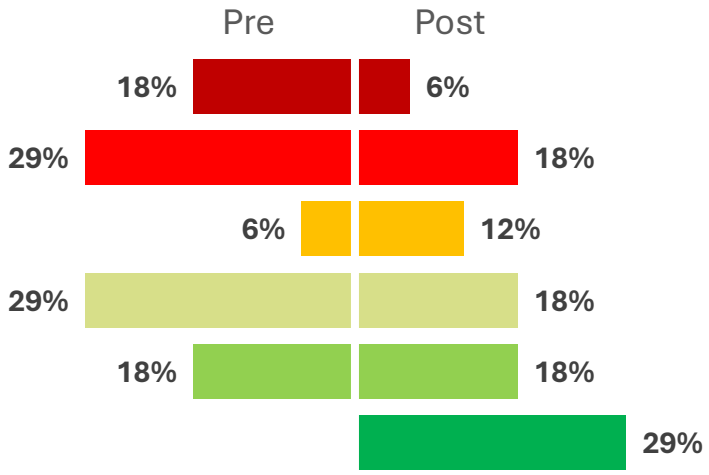
Goal-focused

Mild and **moderate to severe** decreased from **29%** to **18%**
Severe decreased from **18%** to **6%**
(based on 17 interventions)

Overall score change:







Level of distress
- **Severe:** 25-40
- **Moderate to severe:** 20-24
- **Moderate:** 15-19
- **Mild:** 11-14
- **Low-level:** 6-10
- **Healthy:** 0-5

65% moved to a lower category of severity

24% stayed the same

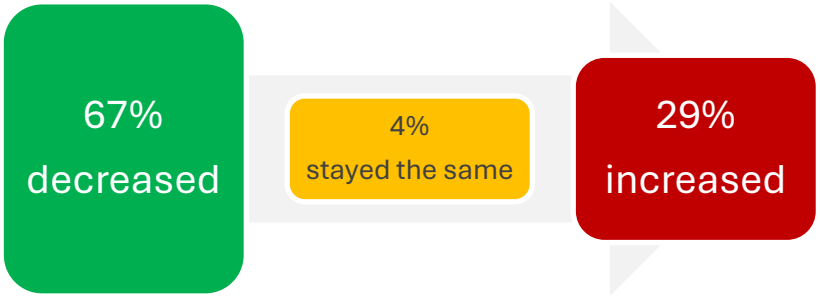
12% moved to a higher severity

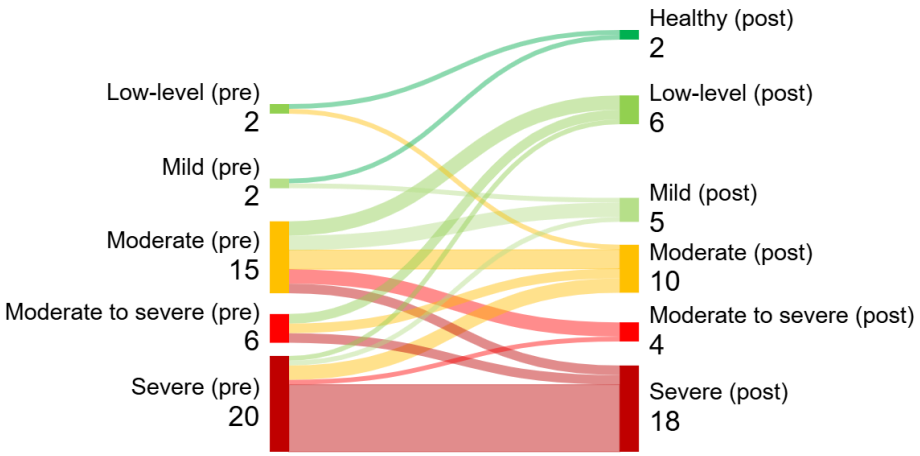
ONLINE SUPPORT SCORES

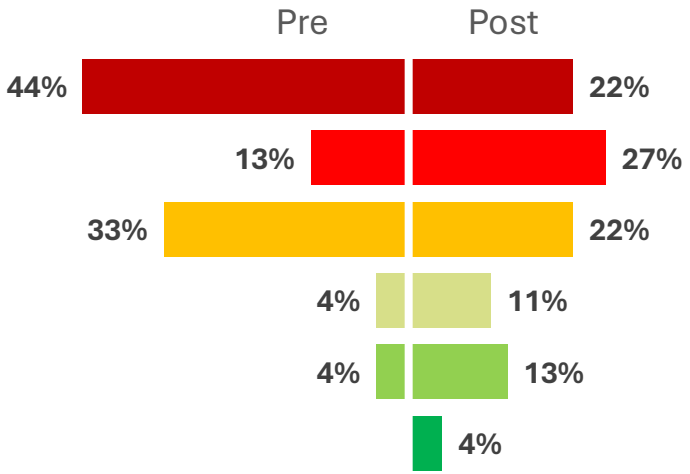
Online support

Severe decreased from **44%** to **22%**
(based on 45 interventions)

Overall score change:







Level of distress
- **Severe:** 25-40
- **Moderate to severe:** 20-24
- **Moderate:** 15-19
- **Mild:** 11-14
- **Low-level:** 6-10
- **Healthy:** 0-5

40% moved to a lower category of severity

42% stayed the same

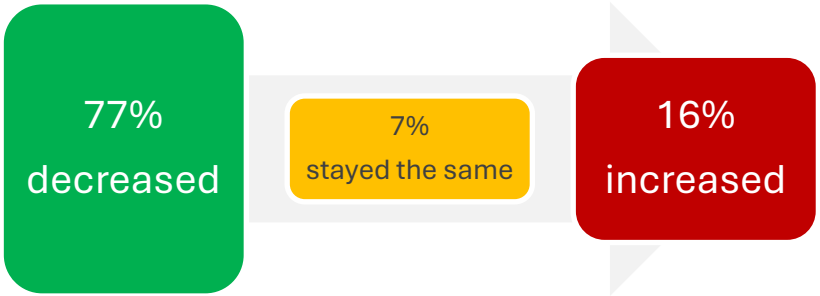
18% moved to a higher severity

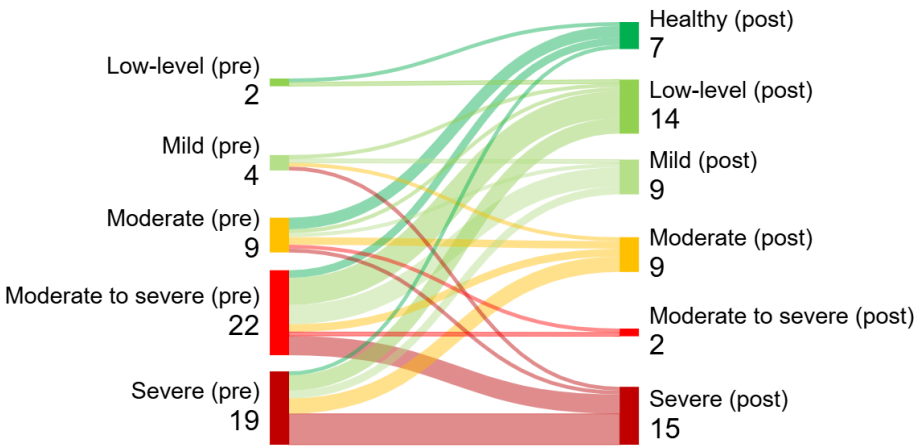
COUNSELLING SCORES

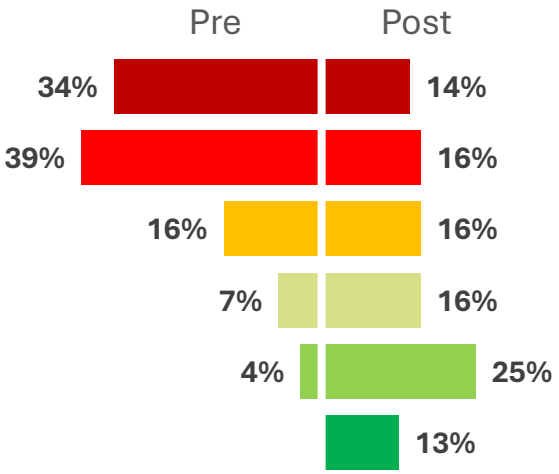
Counselling

Moderate to severe decreased from **39%** to **16%**
(based on 46 interventions)

Overall score change:







Level of distress
- **Severe:** 25-40
- **Moderate to severe:** 20-24
- **Moderate:** 15-19
- **Mild:** 11-14
- **Low-level:** 6-10
- **Healthy:** 0-5

61% moved to a lower category of severity

23% stayed the same

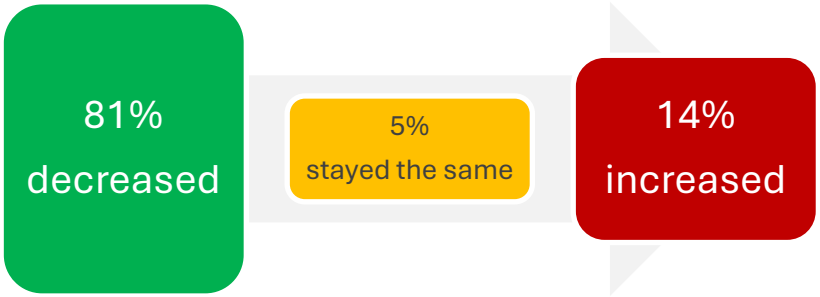
16% moved to a higher severity

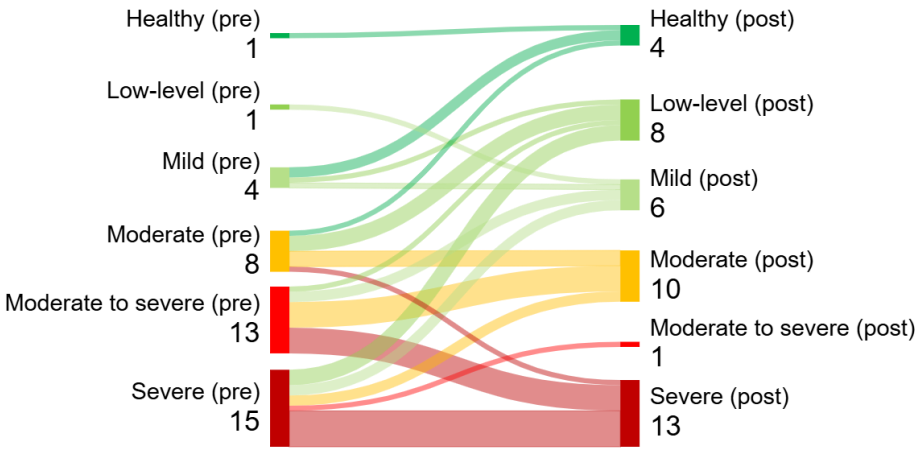
PYSCHOSOCIAL SCORES

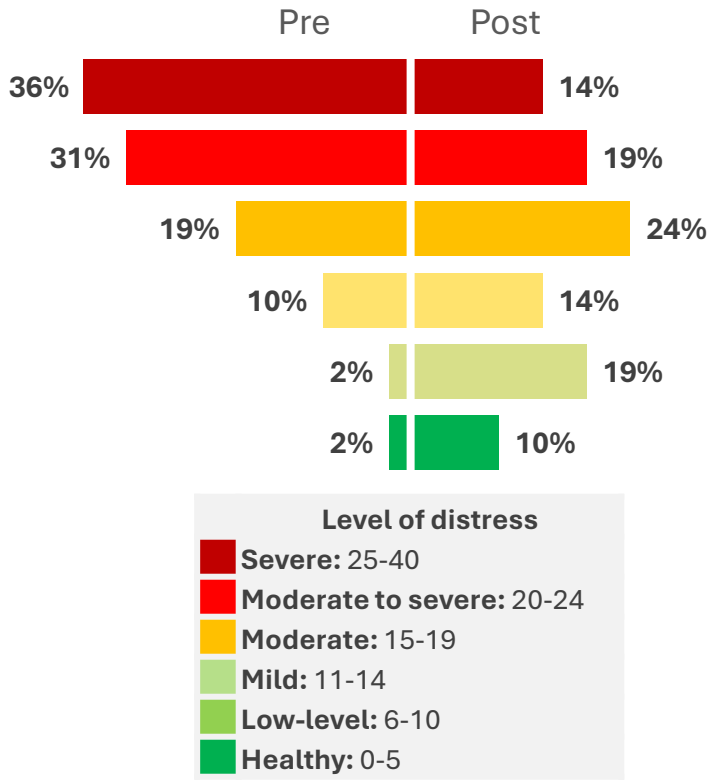
Psychosocial

Severe decreased from **36%** to **14%**
(based on 42 interventions)

Overall score change:







55% moved to a lower severity

29% stayed the same

17% moved to a higher severity

Cost Benefit Analysis

CBA ANALYSIS

- GMCA developed a nationally leading Cost Benefit Analysis (CBA) model in 2011. The methodology has been subject to an ongoing process of development and was adopted as supplementary guidance to HM Treasury's Green Book in 2014
- The benefits used in the CBA to assess the YP's Kickstarter are outlined on Slide 22 and 23
- CBA Benefits have been calculated using data from Nov-23 to Mar-25 apportioned to a 12mth period and applying the following calculations:

Reach: How many cases were referred?

Retained: how many cases completed the intervention?

Impact: how many cases achieved the desired outcome?

Deadweight: what would have occurred anyway w/out TBCP?

Lag/Drop Off: time lag before impact plus sustainability of impact over time

Saving: what is the value **(£)** of the outcome achieved?

Optimism Bias Correction: – How confident are we in the outcome evidence?

Note: A **large 40% optimism bias** has been applied to the CBA due to reliance on expert judgment and comparable programme evidence, as 42nd St does not routinely collect post-intervention impact data with the exception of CORE scores.

BENEFITS INCLUDED IN CBA

Unit Costs taken from the Greater Manchester Combined Authority Unit Cost Database 2022

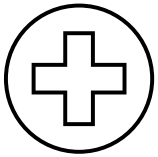
REDUCTION IN MENTAL HEALTH INTERVENTION

Based on average cost of CAMHS for adolescents and comparator Adult service provision for those suffering from mental health disorders including:

- Admitted patient per bed day **£1,350**
- Admitted patient, psychiatric care per day **£1,674**
- Treatment for Eating Disorder per day **£462**
- Outpatient attendance, per attendance **£301**
- Day care facilities per contact **£663**
- Community contact, per contact **£245**
- CBT per session **£116**
- Early Intervention per session **£46**

Cost provided above are CAMHs. Equivalent Adult costs applied to a 3rd of CBA cohort aged 18+

Source: Unit Costs of Health & Social Care



REDUCTION IN AMBULANCE/ A&E ATTENDANCE

Based on average cost of Ambulance call out per incident **£334** and A&E attendance **£306**

Source: National Cost Collection: National Schedule of NHS Costs

REDUCTION IN SUBSTANCE MISUSE

Alcohol misuse estimated annual cost to the NHS of alcohol dependency, per year per dependent drinker **£2,334**

Drugs misuse average annual savings resulting from reductions in drug-related offending and health and social care costs as a result of delivery of a structured, effective treatment programme **£4,351**

Sources: Alcohol Use Disorders: NICE Clinical Practice Guidance and Estimating the Crime Reduction Benefits of Drug Treatment and Recovery, Home Office

BENEFITS INCLUDED IN THE CBA

REDUCED HOMELESSNESS

Costs for Homelessness advice and support **£819**, Homelessness application **£3,189** and Temporary accommodation costs **£700** per month

Source: Immediate costs to government of loss of home (Shelter)

REDUCED ASB & MISSING. YOUTH OFFENDING REDUCED

ASB requiring further action, cost of dealing with each incident **£780**

Missing persons investigation – total cost per incident **£2,975**

Sources: The Economic and Social costs of ASB: A review, London School of Economics and Political Science, HMPPS Costs per place and costs per prisoner: HM Prison and Probation Service, MOJ and Establishing the cost of Missing Persons investigations

Unit Costs taken from the Greater Manchester Combined Authority Unit Cost Database 2022

REDUCED PERSISTENT TRUANCY, EXCLUSIONS AND NEET

Total cost of persistent truancy per individual per school year **£2,166**

Permanent exclusion from school per individual per school year **£13,230**

Not in Employment, Education or Training (NEET) Average cost per 18-24yr old NEET **£5,428**

Sources: Misspent Youth (New Philanthropy Capital, 2007) and Youth Unemployment: the crisis we cannot afford (ACEVO Commission on Youth Unemployment)

RETURN ON INVESTMENT

Annual Cost: **£296,940**

Savings: **£443,303**

Investment

Return

£1.49

£1

For every £1 invested **£1.49** is potentially saved in reduced costs to the public sector

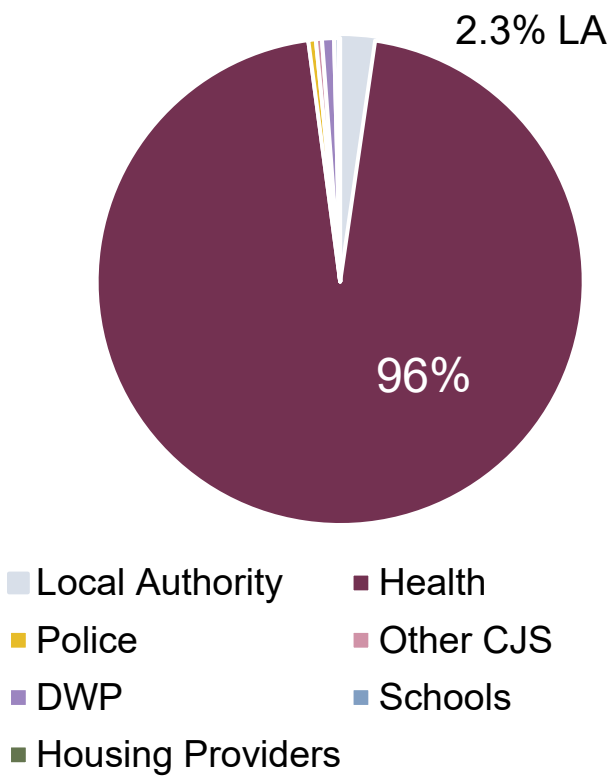
Payback Period[2]: **2Yrs**

[2] how long it will take before the benefits start to outweigh the costs

Given the nature of the programme – the majority of the savings would accrue to Health services, with some reduced costs also for the Local Authority, Schools, Police and other CJS

BY PUBLIC SECTOR AGENCY

Split of **£443,303** by Public Sector Agency



Savings based on the following modelled benefits

- Reduced costs of Mental Health interventions
- Reduced cost of unnecessary A&E attendance
- Reduced costs of Eating Disorder interventions
- Reduced Drug dependency
- Reduced Alcohol dependency
- Reduced Anti-Social Behaviour
- Reduced Missing incidents
- Reduced statutory Homelessness
- Reduced contacts to Adult Social Care (ASC)
- Reduced Persistent Absence from School
- Reduced Exclusion from School
- Reduced NEET

FURTHER BREAKDOWN

CATEGORY	DETAIL	AMOUNT
HEALTH	Mental Health Services	£402,490
	Emergency and Acute Care	£18,771
	Primary Care	£3,285
MANCHESTER CITY COUNCIL	Homelessness	£1,562
	LA - Education	£8,255
	Community Safety	£177
CRIMINAL JUSTICE	Police	£2,026
	Probation	£178
	Courts/Prison	£1,788
DWP	DWP	£3,339
EDUCATION	Schools	£1,255
HOUSING	Housing Providers	£177
TOTAL		**£443,303**

Costed Case Study

COSTED CASE STUDY

This composite case study combines elements from multiple individual cases to create a single, more compelling narrative. This illustrates the broader picture of the support 42nd Street provide to young people within the Making Manchester Fairer project.

Mike [pseudonym], aged 18, self-referred to 42nd Street for help with managing difficult emotions, self-harm, and suicidal thoughts. During the initial assessment, a collaborative risk management plan was created. Mike revealed that multiple services were aware of his situation due to a challenging family environment and involvement with youth justice services, including an electronic tag. Diagnosed with ADHD and using cannabis to self-medicate, Mike had not received any talking therapies from other agencies. He was offered up to 12 sessions of individual psychosocial support.

Through the risk management plan, it was evident that Mike's suicidal thoughts had not escalated into a plan to end his life. Accessing support at 42nd Street helped Mike understand his neurodiverse experience, manage emotions, improve family relationships, and comply with curfew conditions, reducing risks. He was also able to recognise that his unmet neurodiverse needs had contributed to his difficulties in engaging with mainstream education/ employment. Mike set goals to improve self-awareness regarding ADHD, access ADHD medication, learn healthier coping strategies, develop healthier family relationships, and reduce cannabis use.

Mike's practitioner used resources for neurodiverse young people, including dialectical behaviour therapy (DBT) techniques, to help him manage emotions and relationships. Mike reported reduced self-harm and suicidal thoughts. Additionally, a letter was sent to Mike's GP for ADHD medication referral, and he was supported to access CGL for cannabis use.

The support from 42nd Street led to a significant reduction in distress and an improvement in Mike's quality of life, as evidenced by his CORE-10 scores which showed a clinically significant improvement.

Mike has not required further intervention from youth justice services, has been able to stay in the family home, plans to return to college, and is reducing his cannabis use.

COSTED CASE STUDY

	42ND STREET SUPPORT	COST BENEFIT/AVOIDANCE
TREATMENT - ADHD	Improved self awareness and medication support for ADHD	**£1,189** ADHD costs per person, per year including productivity loss and informal care
 **REDUCED DRUG USE**	Support to access CGL to reduce cannabis intake	Average annual savings resulting from reductions in drug-related offending, health & social care costs: Fiscal value of **£4,351**
YOUTH JUSTICE 	Supported to understand his experiences, resulting in an acceptance of past mistakes, and a desire to continue to make positive changes	Average cost of first-time offence **£4,151** per year for young offender **£262** per night for youth custody bed
 **SELF HARM/SUICIDAL THOUGHTS**	Using dialectical behaviour therapy (DBT) Mike learned how to manage his emotions and relationships, enabling him to respond to situations rather than react. He also became able to advocate for himself and set healthy boundaries, which helped him regulate his emotions more effectively and reduced the frequency of self-harm and suicidal thoughts.	Ambulance call out per incident: **£334** A&E attendance per incident: **£306** Hospital in-patient admission, per episode: **£3,030** CAHMS bed **£1,350** per day. Average days per patient = 62 days, **£83,700**)
 **EDUCATION**	Mike plans to go back to college to study for a skilled profession reducing the likelihood of needing to apply for benefits	Job seekers allowance per year: **£19,812** NEETS per year: **£11,474**

Source: GMCA Unit Cost Database

Capacity Building Training

KEY FINDINGS EVALUATION

EXECUTIVE SUMMARY

The capacity building element of the Making Manchester Fairer (MMF) Kickstarter was designed to support the Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector in strengthening its capacity to work with young people with mental health needs.

This evaluation, conducted by Forever Consulting, assesses the effectiveness of the capacity building element of the Kickstarter in its first year, exploring its impact on the workforce, its reach across communities, best practices, and potential for expansion.

Key Findings

High engagement and positive reception: 235 individuals from VCFSE organisations working across Manchester participated in 19 capacity building sessions, with 96% reporting improved skills, confidence, and knowledge in areas such as trauma-informed practice, safeguarding, social media and responding to challenging behaviour.

Bespoke, reflective training approach: Capacity building was tailored to organisational needs, combining theoretical knowledge with reflective practice, enabling participants to apply trauma-informed principles in how they work and interact with young people.

Young Practitioners' impact: The employment of Young Practitioners with lived experience significantly enhanced effectiveness, offering an authentic perspective that engaged participants.

Reaching the right communities: Organisations working with priority groups, including young people from racialised communities and those impacted by poverty were successfully engaged. However, uptake was lower in South Manchester, particularly in Wythenshawe.

Challenges in sustainability & capacity: While demand for the capacity building remains high, small VCFSE organisations often struggle with staff availability, limiting participation.

The capacity building element of the Kickstarter has demonstrated clear value in equipping frontline workers with the skills needed to support young people in complex and challenging environments. Its tailored, trauma-informed approach, coupled with the innovative use of Young Practitioners, has set a strong foundation for further development.

Recommendations

To build on the success, future funding will be essential to sustaining and scaling its impact across Manchester. Partner organisations, such as Greater Manchester Police, local universities and statutory services could help sustain it.

Given its strong impact, there is an opportunity to extend beyond the VCFSE sector to schools, statutory services, and healthcare providers, where trauma-informed approaches could benefit a wider workforce.

To maintain quality and reach, staffing capacity within 42nd Street should be strengthened to avoid reliance on a single lead. Efforts should also focus on engaging smaller grassroots organisations through partnerships with other VCFSE networks.

The bespoke approach should remain central, ensuring that it continues to provide relevant, engaging, and reflective capacity building.

FOREVER CONSULTING

Link to full report: 25-03-20 - MMF Capacity Building Kickstarter Evaluation

Reflections

RECOMMENDATIONS

- **Collect post-intervention impact data** routinely, aligned with identified needs, to evidence outcomes across all thematic areas for young people supported by 42nd Street via the Kickstarter
- **Produce individual costed case studies** on a quarterly basis to illustrate impact and potential costs avoided
- **Conduct qualitative reviews** focusing on emerging issues, challenges, examples of good practice, and indicators of cultural change
- **Undertake deep-dive analyses** on specific topics such as reasons for disengagement and patterns in engagement of YP
- **Disaggregate data by demographics** (e.g. age, ethnicity, risk factors) to explore variations in impact across different groups
- **Consider joining the pilot** of a new strengths-based attainment tool for YP developed by Chance UK and Dartington Service Design Lab to support more inclusive and effective impact evaluation[1]

[1]CYP Now - Charity to lead development of strengths-based evaluation tool

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