

Evaluating the transformation of Crisis' Psychological Health & Wellbeing services

Invitation to tender

June 2022





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Summary

- This document invites proposals to evaluate two new projects in Crisis' Client Services related to psychological health and wellbeing: the Clinical Psychologist posts, and the Peer Mentor Volunteer scheme.
- The Clinical Psychologists are new roles sitting in front-line services, delivering direct and indirect clinical psychological support to people at risk of or experiencing homelessness, and supporting Crisis to embed Psychologically Informed Environment (PIE) principles¹.
- The Peer Mentor Volunteering programme is a new scheme to provide people using Crisis' homelessness services with the offer of mentoring support from a trained mentor with lived experience of homelessness.
- The evaluation would examine the difference these two projects have made to people being supported by Crisis to end their homelessness, and to generate ongoing insights into 'what's working' throughout the evaluation period for the services to learn and adapt.
- The evaluation project inception will likely begin in September 2022 and should be completed by December 2024.
- Total funds for this evaluation are £69,000. The preference is for a single contractor to cover both projects, but collaborations or bids for one project will also be considered.
- Deadline for proposals: 3rd July 2022. Proposals should be returned to Georgia.leith@crisis.org.uk.

https://www.mentalhealth.org.uk/sites/default/files/pies-literature-review.pdf http://pielink.net/

¹ Two resources on PIE are below:



About Crisis

Crisis is the national charity for homeless people. We are dedicated to ending homelessness by delivering life-changing services and campaigning for change. Our innovative education, employment, housing and wellbeing services address individual needs and help homeless people to transform their lives. We measure our success and can demonstrate tangible results and value for money.

We are determined campaigners, working to prevent people from becoming homeless and advocating solutions informed by research and our direct experience.

We have ambitious plans for the future and are committed to help more people in more places across the UK. We know we won't end homelessness overnight or on our own. But we take a lead, collaborate with others and together make change happen.

Crisis' Client Services are continually adapting to deliver the most effective homelessness services in an ever-changing political and economic landscape. We deliver services in our eleven Crisis Skylights across England, Scotland and Wales, providing holistic support to people experiencing or at risk of homelessness to help them end their homelessness for good.

Some of our services are UK-wide, while others are initiated in individual Skylights, depending on local need.

We are committed to gathering evidence to assess what difference these services make towards ending homelessness, in order to inform Crisis, and the wider sector, about what works best in ending homelessness four our 'members' (people who use our services).

Background and context

The Clinical Psychology service

In 2020, we introduced a new Clinical Psychology (CP) service, comprising a Clinical Psychologist position based in each of the 11 Crisis Skylight centres and the two Housing First services (there are currently two Housing First services operating



within Crisis; one based within the London Skylight and one based within the Newcastle Skylight). The funds for this work come from unrestricted Crisis funds and a grant from the People's Postcode Lottery. This work is an important part of delivering Crisis' strategic aim of ending homelessness for people who are traditionally excluded on the grounds of long-term complex needs which arise from significant trauma. The Clinical Psychology service was set up to deliver on this strategic aim in two ways:

- Enabling Client Services to adopt trauma informed approaches through Psychologically Informed Environments (PIE)
- Offering individual psychological assessment and intervention to members.

The Clinical Psychologists (CPs) deliver these by the following roles, split into three levels. The evaluation approach should reflect the different levels of work undertaken by Clinical Psychologists at Crisis.

Level 1 (Psychologically Informed Environment approaches (PIE)) represents the main work of the Clinical Psychologists. PIE is an evidence-based, system-wide approach involving all members of staff. It is fundamental to trauma-informed working. PIE includes indirect member-based work where Clinical Psychologists will consult with Crisis staff to enable the service for an individual member to be informed by psychological approaches and clinical formulations. Implementing PIE is a shared responsibility across Client Services and has been subject to a significant implementation project at Crisis.

Level 2 is a relatively brief contact to facilitate an understanding of a member's psychological needs. The Clinical Psychologist can then offer advice/consultation to staff about the approaches that might be suitable and/or advocate with other services to ensure access to the appropriate support.

Level 3 is evidence-based interventions offered directly to Crisis members who:

- Have psychological difficulties which are impacting on their homelessness
- Are able to engage in and benefit from therapy
- Are unable to access local statutory provision because:
 - o They do not meet the service entry criteria
 - o They have been excluded from services
 - These services are inappropriate for the member's needs
 - o The services are insufficiently flexible, accessible or timely



The Peer Mentor Volunteering programme

In recent years we have seen an increased focus on person-centred approaches to 'support', whereby the member is at the heart of the support they receive and decides what support is best for them. As part of this, Crisis launched a centrally-managed 'peer support' initiative which is managed by our Member Involvement team, the first scheme of which is the Peer Mentor Volunteering (PMV) programme.

The introduction of the Peer Mentor Volunteering programme across Crisis aims to activate the wealth of experience and knowledge of our members. Peer support within Crisis will be another integrated service which allows our members and other participants to use their skills to end their own homelessness, as well as that of others.

People with lived experience of homelessness will be trained by Crisis to become Peer Mentor Volunteers (PMVs), working closely with staff and offering an extra layer of support for members on top of existing services being delivered by Crisis.

The Peer Mentor Volunteering programme is due to start in July 2022, and will be initially rolled out in two Crisis Skylights in South Wales and Edinburgh. The focus of the Peer Mentor Volunteering programme will be on *tenancy sustainment* and on *mental health* for Crisis members.

The evaluation

We are seeking a highly skilled and experienced Contractor to conduct a formative and summative evaluation of two aspects of Crisis' services, the Clinical Psychology service and Peer Mentor Volunteering programme. The Contractor will support a Peer Researcher with lived experience of homelessness, recruited through Crisis, to gather information from people with lived experience.

These are two separate projects, which are at different stages of progress. While we would prefer to award a single contract to cover both projects, we welcome bids that offer collaborative working by multiple organisations depending on specialism and experience. We will consider bids for one project; we are open to commissioning separate contracts depending on the bids we receive.



The Contractor(s) should have past experience of working in clinical and/or community-based settings, preferably supporting a client base affected by homelessness. They should also have experience working on co-production.

Evaluation Objectives:

Clinical Psychologists' direct and indirect work with staff and members, including PIE

- To support the Clinical Psychologists and front-line staff to reflect on whether the aims of the Clinical Psychology work (as described in 'Background and Context') are being met by the PIE informed activities, organisational processes and tools used by them.
- To identify whether, to what extent and how, members are experiencing an improved service from Crisis through direct and indirect support from Clinical Psychologists (and which staff and members are benefitting more or less from the CP work, and in what ways).
- To provide early indications of whether the Crisis service model is in a better position to end members' homelessness sustainably as a consequence of receiving direct or indirect support from the Clinical Psychologists.
- To build on the existing evidence regarding the role and effectiveness of psychological support and PIE in homelessness services for Crisis, the homelessness sector, and other related sectors.
- To shed light on aspects of PIE which can be further adapted if needed at the Skylight level as well as for individual Crisis services and in other directorates across Crisis.
- To generate learning that could be applied to the wider homelessness sector, particularly how elements of the CP post could be translated to other homelessness settings.

Peer Mentor Volunteering programme

• To review the effectiveness of planning and implementing the first phase of the Peer Mentor Volunteering programme management process including key lessons on piloting the programme.



- To review the design and implementation of the programme in relation to the values of co-production, member involvement, and equality diversity and inclusion (EDI).
- To support Crisis to critically reflect on any early indications of changes for peer mentees themselves.
- To review the extent to which the existing Theory of Change, produced by Crisis' Evaluation team and Peer Support team, has guided the way Crisis works with its peer mentor volunteers based on its organisational values, to reveal any unforeseen and important operating assumptions and risks.
- To provide early indications of whether other Crisis services are in a better position to end members' homelessness sustainably as a consequence of members receiving Peer Mentor Volunteer support
- To shed light on aspects of the Peer Mentor Volunteering programme which can be further adapted and improved.

While this evaluation covers two streams of work (Clinical Psychology/PIE and Peer Mentor Volunteering), Crisis is keen to know whether there is, or can be, further complementarity between the two streams.

Approach and Methodology

Whilst we would be looking for the successful Contractor(s) to develop and finalise the approach and method for this evaluation following a brief consultation phase, the Contractor(s) should be guided by these principles:

Contextual: we recognise the importance of context before claiming that learning evaluation findings can be generalised. The effectiveness of any programme is a function of the people involved, the internal and external relationships and a range of other contextual factors (Pawson and Tilley, 1997).

Mixed Method: both qualitative and quantitative evidence is important to establish both the outcome and the experience of the programme in context. There is no hierarchy of evidence in these complex settings.



Participative: fundamental to the practice of clinical psychology and PIE is the involvement of people who have experience of receiving support from Crisis. This is also very much the case for the approach to evaluation.

Utility-base and action centred: whilst methodological rigour is important, there is also an ethical requirement to use the evaluation findings to support management/resource adaptations and improvement of services to sustainably end homelessness of our members.

Practical and Relational: the evaluation should optimise on existing data and measures where necessary. It can present other methods to validate the relevance, effectiveness of clinical psychology tools used by Clinical Psychologists. The approach and techniques used should be designed and used in such a way to limit 'extracting data' from Peer Mentor Volunteers and instead apply a co-production approach to strengthen their experience of being part of this evaluation². We encourage appreciative enquiry, self-reflection and aim to use a culture of learning and a strength-based approach.

Data Management and Integrity

Crisis' comprehensive data information system, MAPS (Members Achievement and Progression System), records members' demographics, activities and performance indicators in Skylights and other Crisis front-line services. Monitoring of the Clinical Psychologists' work with members, and related outcomes (Homelessness Outcome Star, Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and Session Scales) are recorded in MAPS. The Peer Mentor Volunteers will have their own restricted view of MAPS records and can input case notes.

Data from MAPS can be extracted by Crisis' Evaluation team for the purposes of this evaluation and shared with the Contractor(s).

The Clinical Psychologists are piloting the use of iAbacus, a self-evaluation tool, to assess PIE progress at Crisis. In addition, feedback from Peer Mentor Volunteers and mentees will be collected by the Peer Support team and Volunteering team, and these data sources will be made available to the Contractor(s).

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² Refer to this and other resources for good practice in peer research https://www.focusireland.ie/wp-content/uploads/2022/04/Peer-Research-in-Housing-and-Homelessness-Guidebook.pdf



Crisis' Evaluation team have set up a SharePoint Collaboration site, where this data can be shared with the Contractor(s) safely. The content of the data required for the evaluation, and the dates when it will be needed, can be discussed between the Contractor(s) and the Crisis Evaluation Lead.

Evaluation Deliverables

The main outputs of this evaluation project are:

- An inception report due December 2022. This will be a detailed document drawing on the learning from the consultation phase and desk review. The report should include:
 - a) the final set of evaluation questions, an analysis framework and detailed description of data required from Crisis to answer the evaluation questions,
 - b) a detailed workplan including data collection and key deliverables,
 - c) a comprehensive methodology section citing limitations, risks and assumptions as well as the suitability of methods used to answer the evaluation questions,
 - e) rates of fees and financial proposal delineated by the phase of evaluation and the evaluation deliverables;
- Brief six-monthly progress update due July 2023 against evaluation deliverables. The progress update should include a process for iterative learning with Clinical Psychologists and PMV staff.
- End-of-year 1 report due December 2023.
- In-person or remote session facilitated by the Contractor(s) to reflect on the preliminary findings and any early suggestions. The Peer Researcher(s) may have a role at this phase.
- Draft and final evaluation and learning report due December 2024.
- In person or remote session facilitated by the Contractor(s) to reflect on the final set of findings and actionable recommendations in order of priority and



relevance to internal Crisis stakeholders (e.g. Clinical Psychologists, Client Services, Member Involvement, Crisis members).

External and internal dissemination are vital parts of this evaluation process. As well as supporting engaging communications to our internal stakeholders, we expect the Contractor(s) to assist in the development of innovative dissemination to external stakeholders.

Funding available and timetable

The upper limit for this evaluation is £69,000 (including VAT, travel and subsistence, voucher scheme for Peer Researcher).

Key dates:

- 1. September 2022: Scoping/inception phase begins
- 2. December 2022: Final draft of the inception report
- 3. January 2023: Commencement of the evaluation
- 4. November 2023: Year 1 interim evaluation report
- 5. December 2023: approval of interim evaluation report and group reflection exercise co-facilitated by Contractor(s)
- 6. November 2024: Submission of draft evaluation report
- 7. December 2024: Submission of final report

We will link payment to deliverables at contract stage.

Format of bids

The tender proposal should clearly identify:

• The evaluation objectives, your understanding of the evaluation brief and an analytical framework for this evaluation



- The proposed approach and key principles underpinning the evaluation, with consideration made to possible assumptions and limitations
- An initial work plan with milestones and deliverables
- A succinct description of how data will be collected and analysed, with consideration made to how Peer Researchers might be involved in the work, and how you will ensure data is compliant with GDPR
- A short description of how you are best suited to conduct this evaluation including relevant experience of previous evaluations (considering the domains of homelessness, EDI, vulnerability/safeguarding, working with Peer Researchers and/or similar initiatives)
- A summary of the risks associated with the work and how these will be mitigated
- CVs of key members of the evaluation team including relevant experience in similar projects/initiatives
- Details of two referees, one of which must be a previous evaluation client
- The basis on which the consultancy fee would be calculated, and showing the relevant daily rates against one or more members of the team to be employed on the project, allowing for data collection and meetings in Swansea and Edinburgh
- Confirmation that work can start in September 2022.

Evaluation criteria

Proposals will be evaluated on the basis of the following criteria:

- Full understanding of the specification, including the purpose and scope of the project
- Demonstration of relevant skills and experience of the evaluation team in evaluation and monitoring of services and changes in practice



- Demonstration of experience of working in the fields of psychological services and/or of using co-production methods and working with peer researchers; and of an understanding of the value of co-production
- Suitability of proposed approach for involving different stakeholder groups, including beneficiaries, in the evaluation
- Consideration on how the evaluation plan is aligned to the principles of evaluation
- Clear explanation of how the proposed study would:
 - a. enable Crisis to objectively assess the success of the projects being evaluated
 - b. provide recommendations on how to further develop the service offer
 - c. support Crisis to promote 'what works' with delivering psychological support in a homeless charity context, and relevant wider contexts
- Clarity and feasibility of a detailed work-plan, including analysis of risks to successful completion
- Value for money.

Management of the project

Responsibility for this project will lie with the Crisis Evaluation Lead, with whom the Contractor(s) will be expected to agree a programme of work and deadlines for its deliverables.

The Contractor(s) will be expected to keep the Crisis Evaluation Lead informed of progress with periodic summary reports. Crisis will have the opportunity to comment on any draft reports before they are finalised.

The project team must act in accordance with the requirements of the General Data Protection Regulation (GDPR).



Submission of proposals and enquiries

Proposals should be submitted as an electronic copy, in Word or PDF via email as one file or a zipped folder.

The deadline for proposals is 3rd July 2022.

Proposals must be received by the deadline. Faxed or late proposals will not be accepted. Proposals and enquiries must be addressed to:

Georgia Leith, Senior Evaluation Officer (Crisis Evaluation Lead)

Georgia.leith@crisis.org.uk

Shortlisted applicants will be invited to an interview and required to deliver a detailed presentation of their project plans.

66 Commercial Street, London E1 6LT

Tel 0300 636 1967 Fax 0300 636 2012

Email enquiries@crisis.org.uk Website www.crisis.org.uk

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