

Calculating the Return on Investment (RoI) for the Community Hubs

22nd August 2025



Working in collaboration with:

**NIHR Applied Research Collaboration for Greater Manchester (NIHR ARC-GM)
and The University of Manchester**

Authors

**Emma McManus¹, Jo Dumville, Bec Elvey, Paul Wilson, Caroline Sanders,
Nicky Cullum, Pete Bower, Luke Munford**

NIHR ARC-GM
The University of Manchester

This study/project is funded by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration Greater Manchester (ARC-GM). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

¹ Emma.mcmanus@manchester.ac.uk

Executive Summary

Community Hubs operate across six locations in Trafford. They aim to provide a range of support to the communities they serve, with all Trafford residents being eligible to attend, without needing a referral.

We calculated the return on investment (RoI) to estimate the potential cost savings associated with the community hubs in Trafford. We calculated the RoI from the perspective of Trafford Council and NHS Greater Manchester, using data collected from the Sale West and Sale Moor hubs for the calendar year January to December 2024. Data were collected from some individuals attending the hubs who were asked where they would have gone had the hub and associated support not been available. Response options included going to the doctors, turning to crime, and borrowing from someone. We also used data on the number of food bank vouchers issued monthly as a proxy for the total number of people who attended the hubs each month, as these data were not directly collected. We allocated 'unit costs' (e.g. the costs of using those services) to relevant response options where cost information was available and the cost was relevant to the perspective taken, which were turning to crime and visiting a doctor. We also obtained set-up and running costs for the hubs. We then estimated the hubs' RoI as the total costs averted from their use relative to the investment costs needed to run them. An RoI greater than one suggests that it is a 'good investment', as more money is saved or generated than is used as the initial investment (plus running costs).

We calculated the RoI according to several scenarios and assumptions:

- 1) Firstly, we considered the RoI using only the observed data (10 months of data for Sale West and 8 months of data for Sale Moor). This calculation may be an underestimate of the RoI as it does not capture the potential benefits for the full period over which the hubs ran, but considers the full annual cost.
- 2) Secondly, as data were missing for some months, we calculated the RoI for the whole of 2024 by using the average responses of observed months to make assumptions on the number of individuals that would have done other things had the hubs not been there. This RoI is likely to be slightly more optimistic, but still potentially an underestimate of the 'true' RoI, given that it does not capture information for all attendees of the hubs.
- 3) Thirdly, as only some individuals were questioned about what they would have done had the hubs not been there, we scaled up the observed responses to the total number of people attending the hubs for the whole of 2024. This was based on the number of food bank vouchers issued each month, as the total number of people attending the hubs was not collected. This RoI is likely to be closer to the real RoI, but has higher amounts of uncertainty.

In all of the scenarios considered, we assumed that only 76% of those saying that they would turn to crime would incur the cost of a police callout; to reflect that not all crime results in a callout. This figure was based on published policing data. We also investigated the

impact on the assumption that 100% of individuals who said they would commit a crime would (a) do so, and if they did (b) be caught and detained in a threshold analysis, where we looked at how low this percentage could be whilst still having a RoI amount of over 1.

Using only the observed data, we estimated that for every £1 invested in the community hubs, **£5.22** was returned over the year. In the second analysis (imputing responses for missing months) we found that this figure rose to **£6.59**. In the third analysis, imputing missing months and scaling up to all of the hub contacts, the RoI value went up to **£17.71**. All these analyses suggest that community hubs are a valuable investment for local authority funds, but there is substantial uncertainty given how and from whom the data were collected.

Putting these findings in context, a systematic literature review identified 52 studies of RoI for public health interventions conducted globally and found that the median RoI for public health interventions was 14.3. This number reduced to a median of 5.6 when looking only at public health interventions addressing the wider determinants of health (which the community hubs might be classified as).

This analysis only uses data from Sale West and Sale Moor. The data collected were limited, meaning that only two types of returns (crime prevention and avoidance of GP attendance) could be costed. This means that this RoI estimate may underrepresent the true RoI of community hubs, given that there are likely to be other impacts not captured within this analysis. However, we also have to acknowledge that not everyone who said they may turn to crime or see a doctor may have followed through on this, which could lead to an over-estimate of effects. We are also not able to speculate as to how the other hubs within Trafford have performed, as data were not consistently available for them. The RoI should be recalculated once more data, considering a wider variety of impacts, has been collected. Suggestions for future data collection, which may facilitate subsequent RoI calculations that capture a wider array of potential benefits, are made at the end of this report.

It is also important to remember that behind each of these data points is an individual, and that the impact on someone's life because of the help received at the community hubs may not be captured within the data collected. As such, qualitative work exploring the full impact of the hubs may be warranted.

Introduction

Community hubs aim to provide a range of support to the communities they serve, with the aim of:

- Listening to individuals to understand their situation
- Giving out information and advice to help an individual's situation
- Helping individuals maximise their income by giving information and advice or signposting to other organisations that can help
- Helping individuals to gain the skills needed to get a job
- Helping individuals to improve their physical and mental wellbeing
- Helping individuals to become more socially connected and not feel isolated
- Helping individuals to get emergency food if needed.

Community hubs operate across six locations in Trafford: Old Trafford, Stretford, Urmston, Altrincham, Sale and Partington (as shown in **Figure 1**) [1]. Originally set up in March 2020 by voluntary organisations working in partnership as part of the borough-wide response to the COVID-19 pandemic, the support offered by the hubs has now grown and evolved to meet the unique needs of their local community.

All Trafford residents are eligible to approach the community hubs for help, without needing a referral. All the hubs offer a basic level of support, but hubs also offer a second level of support, which reflects the strengths of their individual organisations and the specific needs in their neighbourhood. Help can be found through the hubs by professionals working with individuals and the individuals themselves. The hubs also facilitate Household Support Grants on behalf of Trafford Council. These support residents who need fuel top-ups and need support replacing essential household items.

The yearly contribution towards the six hubs up to and including 2024/25 has been £200,000, with each hub receiving £33,333 to staff and deliver the support.

Figure 1: Geographical spread of the Community hubs within Trafford



Aim

We sought to carry out a Return on Investment (RoI) calculation of the community hubs operating in Trafford from the perspective of Trafford Council and NHS Greater Manchester. This RoI will provide an estimate of the financial returns associated with each pound invested in community support hubs, allowing us to say:

“If you invest £1 in Community Hubs, you are likely to achieve a saving of £X in return within a year.”

Methods

We obtained the cost of running the community hubs from hub managers. To calculate the economic return of this investment, we used data collected by the community hubs of Sale West and Sale Moor (data collected prior to the involvement of ARC-GM). These data were hub user responses when asked what they would have done without hub support (as shown in **Table 1**). This question was asked of some individuals, once, during their hub visit, but was not asked of every hub user.

Table 1: Question asked to some individuals attending the community hubs about what they would have done if the support was not there.

Question:	Where would you have gone if we weren't here?
Responses (multiple allowed):	Turn to crime/steal
	Borrow from someone
	Go to the doctors
	Unknown

Where possible, we attributed a financial cost to the options, using published sources [2, 3] and a common price year (2023/24). The costs attributed to the question responses are shown in **Table 2**. Notably, for only two of the question responses ('turn to crime' and 'go to the doctors') could we allocate a financial cost from the perspective of the local authority or healthcare system. For the other responses, the financial return was set to zero. This means any estimate of RoI we calculate may be an underestimate as some of the other activities prevented are not captured within the data (for example, the 'unknown' category) or have a cost set to zero due to the perspective taken. As the total number of attendees to the hubs each month was not recorded, we instead used the number of food bank vouchers issued as a proxy for the number of monthly attendees.

Table 2: Unit costs attached to the responses for the RoI calculation (using 2023/24 price year)

Response	Unit Cost	Assumption	Source
Turn to crime/steal	£846	We assume that crime will lead to a police callout. This cost is the average cost of a police callout	Salford police (unpublished) sourced from the Greater Manchester Combined Authority (GMCA) Cost Benefit Analysis model [3]
Borrow from someone	£0	Whilst this will have a cost to the individual borrowing money, this is unlikely to have a direct impact from the perspective of the local authority or health system and as such it is thought of as a zero cost	-
Go to the doctors	£45	Assume 10 minute consultation with GP (including qualification costs)	Unit Costs of Health and Social Care 2024 Personal Social Services Research Unit [2]
Unknown	£0	There is no further information on what this may entail, and as such we are unable to attribute a cost	-
Notes: Where necessary, costs were inflated to a common price year using: https://www.bankofengland.co.uk/monetary-policy/inflation/inflation-calculator			

To calculate the RoI figure, the sum of the financial returns attributed to the consequences was divided by the total investment associated with the hubs, to determine the return on investment (as shown in Equation 1). An RoI value greater than one suggests that more value is derived than the amount of money spent.

$$(1) \text{ Return on Investment} = \frac{\text{Total financial return}}{\text{Total investment}}$$

We calculated the RoI in three ways; ranging from a likely conservative estimate of the RoI to analyses that may be more optimistic of reflecting the 'true' RoI but that required further assumptions and thus have greater uncertainty. These scenarios were:

- 1) Using only observed data

The RoI was calculated based only on the observed monthly responses at each of the hubs. Data were not available for all months in the period covered (Sale West had 10 months of complete data and Sale Moor had 8 months of data). As such, this RoI is likely to be an underestimate of the real RoI figure, given that some months of data were missing, and that we do not have responses for everybody who attended the hubs. However, because it is based on actual data, this RoI has a lower level of uncertainty.

2) Using observed data supplemented by imputed data for missing months

Where the data received were missing totals for some months, we calculated the total responses for each category amongst the observed months and divided by the number of months observed to calculate the average number of responses per month. These values were then used in place of the missing data to calculate the annual RoI.

3) Using observed data supplemented by imputed data for missing months (as described above) and scaling values up to the total number of contacts

This approach accounts for the fact that not all people recorded as attending the hub were asked what they would have done if the hub did not exist. In this analysis, we used the observed proportion of responses to scale up to the overall number of contacts at the hub. Importantly, as the number of hub contacts was not recorded, we instead had to use the total number of food bank vouchers issued for that month as a proxy for the number of people attending. This will likely be a more optimistic approximation of the true RoI value, but there will be inherent uncertainty as these responses were not directly observed.

In all of the above analyses, we assumed that all individuals who stated that they would turn to crime, committed the crime and as a result were detained (for example by shop staff) but that only 76% of these detainments had an associated police call out (and therefore incurred a cost). This is based on published crime statistics which suggest that police attended 76% of retail crimes where an individual had been detained [4]. Notably, there were no published figures on how many people who committed crime were subsequently detained. Nor do we know how many people who said that hub activity displaced criminal activity, would have actually gone on to commit a crime (and then be caught and detained). As such, we explore the impact of the assumption that 100% of individuals who said they would commit a crime would (a) do so, and if they did (b) be caught and detained in a threshold analysis, where we look at how low this percentage could go whilst still having a RoI amount of over 1. This was done for all the scenarios above.

Results

Investment Amount

The total investment to deliver the Community Hubs was £33,333 per hub for the year of 2024, with the £33,333 amount being split across the Sale West and Sale Moor hubs equally. These funds usually cover the employment of a hub coordinator and some management hours for hub managers, although exactly how they are allocated can vary across the hubs.

Descriptive Statistics

Data were available in 2024 for 10 (8) months for Sale West (Sale Moor) for the question asking individuals what they would have done if the community hubs had not been available, but food voucher data were available for all months of 2024. On average, Sale West issued 144.2 food bank vouchers per month, whereas Sale Moor issued 123.8 food bank vouchers per month. The average number of monthly responses to the question asking what individuals would have done had the hub support not been available was similar across both hubs, with 53.9 responses on average for Sale West and 53.3 for Sale Moor. If we consider the number of food bank vouchers to be a proxy of monthly attendances, the number of responses to the question about what individuals would have done represents around 39.7% of hub contacts for Sale West and 44.6% of hub contacts for Sale Moor. In terms of the responses received, for Sale West, on average 34.4% of respondents stated that they would have seen a doctor, 34.0% suggested that they would turn to crime and 29.5% stated that they would look to borrow. Alternatively, for Sale Moor, a higher proportion on average indicated that they would look to make an appointment with a doctor (54.8%), with a lower proportion on average indicating that they would turn to crime (10.6%), 34.6% of individuals indicated that they would borrow. These results are shown in **Table 3**.

Table 3: Descriptive Statistics for Sale West and Sale Moor hubs across 2024

	Sale West	Sale Moor
Months observed	10	8
Average number of monthly food bank vouchers issued (FBV)*	144.2	123.8
Average number of monthly responses to 'What would you have done otherwise' question (number, proportion of FBV**)	53.9 (39.7%)	53.3 (44.6%)
Average number of monthly responses to each of the categories† (number, proportion)		
Crime	17.9 (34.0%)	8.6 (10.6%)
Borrow	19.2 (29.5%)	18.0 (34.6%)
GP	17.0 (34.4%)	30.0 (54.8%)
Notes: Monthly averages calculated based on the observed data. *Data on food bank vouchers were available for both hubs for all months of 2024 **This question was not exclusively asked of food bank voucher recipients. The proportion stated here is to indicate the extent to which observed data is scaled up, as used in analysis scenario 3. †An 'unknown' option was used for one month (January) in the data collection for Sale West but was not reported subsequently, or within any of the months data collection for Sale Moor		

Return on Investment

Analysis Scenario 1: Observed data

Using only the observed data from the two hubs, we estimated that the RoI was £5.22. As this RoI is greater than £1.00, this analysis suggests that hubs are a valuable investment. In the analyses where we then varied the percentage of individuals for whom criminal activity was prevented (the threshold analysis), we found that if the hubs prevented at least 10% of individuals who stated that they would commit crime from doing this (and being caught and detained) the hub RoI would still be above one. Looking at the hubs individually, Sale West had an RoI of £7.44 compared to an RoI value for Sale Moor of £2.96. Sale Moor had a slightly lower RoI because fewer individuals stated that they would turn to crime, which has a higher associated unit cost.

Analysis Scenario 2: Observed data with imputation for missing months

Sale West had 10 months of complete data, meaning 2 months of data were imputed based on the average responses from the observed months. Sale Moor had complete data for 8 months, meaning we imputed data for 4 months. Using this, we obtained an RoI value of £8.84 for Sale West and £4.21 for Sale Moor, which combined resulted in a value of £6.59. The threshold analysis identified that, combined, the hubs would have a positive RoI amount (>£1.00) and therefore be a valuable investment if at least 6% of individuals who stated that they would commit crime, did so and were caught and detained.

Analysis Scenario 3: Data imputation and scaling up based on food bank vouchers issued

After imputing the missing months of data and scaling up the number of responses to the number of total contacts (as measured by the number of food bank vouchers issued at the hubs) the RoI value for Sale West and Sale Moor respectively were calculated as £24.32 and £10.75. When looking at the hubs combined, this resulted in an RoI of £17.71. Importantly, in the threshold analysis, we found that due to the number of GP appointments prevented alone, the RoI of the hubs would be greater than one, meaning that 0% of individuals who stated that they would commit crime, would need to be caught and then be detained in order for the combined hubs to be considered value for money (generating higher returns than the initial investment amount).

The results for all of the analyses are shown in **Table 4**.

Table 4: Return on Investment (RoI) calculations based on different analysis assumptions

Scenario	Return on Investment (£)			Threshold analysis [†]
	Sale West	Sale Moor	Combined	
1) Only observed data	7.44	2.96	5.22	≥10%
2) Imputing for missing months	8.84	4.21	6.59	≥6%
3) As above (2) but scaling up observed numbers to total contacts at the hub	24.32	10.75	17.71	≥0%
Notes: In the primary analysis, it was assumed that 100% of individuals who committed a crime would be detained, and that 76% of detained individuals would result in a police callout (and hence incur costs). Threshold analyses were conducted to understand how much this 100% rate could be reduced but still have the RoI to be greater than 1, these results are reported in the final column.				
[†] Threshold analysis based on the combined ROI value for Sale West and Sale Moor				

Discussion

We calculated an estimated RoI for the Community Hubs operating within Trafford, using routinely collected hub data for Sale West and Sale Moor, hub operation costs, and published unit costs. We looked at three scenarios, ranging from a conservative estimate based only on observed data (RoI of £5.22) to a scaled-up calculation to reflect the total number of hub contacts (RoI of £17.71). The latter calculation had more uncertainty, as we had to assume that the proportion of observed responses were representative of all and also use the number of food bank vouchers issued as a proxy for the total number of contacts at the hub as this information was not recorded. We find in all calculations, that the RoI for community hubs is greater than £1.00, suggesting that the hubs are a good investment of funds.

Putting these findings in context, a systematic literature review identified 52 studies of RoI for public health interventions conducted globally and found that the median RoI for public health interventions was 14.3. This number reduced to a median of 5.6 when looking only at public health interventions addressing the wider determinants of health (a classification which probably applies to the Community hubs) [5].

A strength of this analysis is the several scenarios considered, allowing us to present a range of the likely RoI for community hubs. The data utilised in the RoI are also a strength, given that individuals were asked directly what they would have done, rather than relying on administrative datasets where the impact of the hubs may have been hard to discern.

There are also, however, several limitations. The first is that these calculations are based on limited data from only two hubs, where only some individuals were asked what they would have done otherwise and the data categories collected within this question were limited. This meant that we were only able to cost two consequences from the perspective of the local authority and NHS services. As such, it is likely there are many benefits from the hubs that are not captured within the RoI calculation. We also assumed that all individuals went on to do what they said they would (for example commit crime or visit a doctor) which if not true, may lead to an overestimate of the RoI value.

Secondly, there was uncertainty surrounding the cost for individuals who said that without the hub, they would have turned to crime. Whilst we could use available data for the proportion of people detained for theft by shop workers for whom there is an associated police callout, there were no published estimates looking at how many individuals who commit crimes end up being detained. In our main analyses, we assume that this value is 100% (which may likely be an over estimate) but we carry out threshold analyses to explore how low this value can go whilst still keeping the RoI positive. In all analyses, the number of crimes that need to be detained in order to generate a positive RoI value is relatively small, ranging from 0% to 10%.

Finally, the data only presented counts for the categories of what individuals would have done, meaning that it was not possible to see if an individual had stated multiple options (for example, attend their GP and commit a crime). As such, when scaling up the data for

scenario 3, we had to assume that each category count related to a single individual. However, if an individual was prevented from attending multiple categories instead of one, it may be that we have further underestimated the RoI in this scenario. It is also important to remember that behind each of these data points is an individual, and that the impact on someone's life because of the help received at the community hubs may not be captured within the data collected. As such, qualitative work exploring the full impact of the hubs may be warranted.

Conclusion

Community Hubs are likely to represent good value for money, with the RoI calculations being over £1.00 for all analyses considered. These calculations are unlikely to capture the true extent of the benefits of the hubs, as they are based on limited data collected, but as such have some levels of uncertainty.

Suggestions for future data collection

- Consider a period of intensive data collection where staff aim to capture both the total number of people attending the hub and collect responses asking what they would have done otherwise for all individuals who attend the hub.
- Collect responses per person and record if an individual selects multiple 'what would you have done' categories (in the current data we cannot see if there are multiple responses for individuals)
- Widen categories captured and ensure collection of 'unknown' responses
- Attempt to standardise data collection across hubs
- Collect information on all funding acquired if over and above the initial £33,333 investment per hub.

References

1. Trafford Council. *Community Response Hubs*. 2025 [cited 2025 27th May]; Available from: <https://www.trafford.gov.uk/residents/community/Community-Response-Hubs.aspx>.
2. Jones, K.C., et al., *Unit Costs of Health and Social Care 2024 Manual*. 2025.
3. Greater Manchester Combined Authority. *Cost Benefit Analysis*. 2022 [cited 2025 27th May]; Available from: <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/>.
4. National Police Chiefs' Council. *Policing Retail Crime Action Plan shows early impact*. 2024 [cited 2025 17th June]; Available from: <https://news.npcc.police.uk/releases/policing-retail-crime-action-plan-shows-early-impact#:~:text=Of%20over%201%2C500%20crimes%20reviewed,showing%20100%20per%20cent%20attendance>.
5. Masters, R., et al., *Return on investment of public health interventions: a systematic review*. J Epidemiol Community Health, 2017. **71**(8): p. 827-834.

For more information, please contact Emma.mcmanus@manchester.ac.uk

Produced by Applied Research Collaboration, August 2025

The information in this report/brochure is correct at the time of printing