Department for Levelling Up, Housing & Communities

Evaluation of the Changing Futures programme

Second Interim report

April 2024

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Department for Levelling Up, Housing and Communities

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About

The Changing Futures programme is a £77 million initiative between the UK Government and The National Lottery Community Fund. It seeks to test innovative approaches to improving outcomes for people experiencing multiple disadvantage — including homelessness, drug and alcohol problems, mental ill health, domestic abuse, and contact with the criminal justice system. The programme is running in 15 areas, between them covering 34 top-tier council areas, across England from 2021 to 2025.

The Department for Levelling Up, Housing and Communities (DLUHC) appointed a consortium of organisations, led by CFE Research and including Cordis Bright, Revolving Doors, and the Sheffield Centre for Health and Related Research (SCHARR) at The University of Sheffield, to undertake an independent evaluation of the Changing Futures programme.

This report presents an early indication of progress towards individual- and service-level outcomes and further investigates the characteristics of the cohort of people engaged with the programme. It also explores how funded areas are seeking to address systems change in relation to commissioning — the first of a series of in-depth looks at aspects of systems change that we will cover in these reports.

This report was written by CFE Research with Cordis Bright in May 2023.
For more information on this report please contact cfp@levellingup.gov.uk.

Acknowledgements

The authors would like to thank the staff, stakeholders, and programme participants from Changing Futures areas for all of their support with this evaluation, including collecting data, completing questionnaires, providing information, and organising and participating in interviews and group discussions. We would also like to thank colleagues from DLUHC, the Evaluation Advisory Group, and our team of peer researchers for reviewing and commenting on drafts of this report.

Foreword

This report presents the latest evidence and insights from the Changing Futures programme, building on the previously published baseline report. As a learning programme, Changing Futures aims to understand how improved services and outcomes for adults experiencing multiple disadvantage can be achieved.

The evidence presented in this report combines quantitative outcomes data with the first insights from qualitative interviews, setting out early indications of progress towards individual- and service-level outcomes. A qualitative deep dive was also conducted to explore how funded areas are seeking to address systems change in relation to the commissioning of services.

There are early indications of positive outcomes in relation to participant health, safety, wellbeing, housing, and social connectedness. Participants report feeling positive about their experiences with the programme and qualitative research indicates that Changing Futures caseworkers are playing a key role in supporting people to access services. At a system level, there are examples of how commissioning approaches are shifting to respond to multiple disadvantage, including outcomes focussed commissioning, new or expanded specialist services and enhancing the involvement of people with personal experience of multiple disadvantage. Enhanced lived experience involvement in commissioning has been reported to be one of Changing Futures' biggest system level impacts so far. There are also examples of early progress towards more formal strategic alignment, though this is less widespread at this stage. The areas which have made most progress in this regard are those building on efforts that predate the Changing Futures programme. However, the programme is seen to be providing the impetus and resource to raise greater awareness and buy-in for multiple disadvantage work amongst stakeholders, laying the foundations for better commissioning.

Future elements of the evaluation programme include further qualitative fieldwork, further analysis of outcomes and an assessment of the programme's value for money. DLUHC is also exploring options for administrative data linking to understand trends in outcomes for participants on the programme and a possible control group.

I would like to thank CFE Research and their partners for their continued hard work conducting research and synthesising evidence for this report; the evaluation advisory group who have provided their expertise, and colleagues at DLUHC for steering the development of research materials and this report.

My thanks also go to programme and service staff in Changing Futures areas for their engagement with the qualitative research and social network analysis, as well as management of the ongoing questionnaire data collections. Finally, I am hugely grateful to the beneficiaries who participated, for giving us their time and sharing their experiences with us.

Stephen Aldridge
Director for Analysis and Data & Chief Economist
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List of acronyms, abbreviations, and specialist terms

CRM system: Customer Relationship Management system

Cuckooing: When the home of a vulnerable person is taken over by others and used for criminal activities such as drug dealing

DLUHC: Department for Levelling Up, Housing and Communities

Fulfilling Lives: An eight-year programme funded by The National Lottery Community Fund that supported people experiencing multiple disadvantage.

Integrated Care System (ICS): A partnership of organisations that come together to plan and deliver joined-up health and care services. Twenty-four ICSs were established across England on a statutory basis on 1 July 2022. The purpose of ICSs is to bring organisations together to improve health outcomes, tackle inequalities, enhance productivity and value for money, and help the NHS to support broader social and economic development.[1]

ISA: Information Sharing Agreement

KPI: Key Performance Indicator

LGBTQ+: Lesbian, Gay, Bisexual, Transgender and Queer/Questioning

MASH: Multi-Agency Safeguarding Hub — designed to facilitate information sharing and decision making between agencies on safeguarding adults and/or children

MEAM Approach Network: The Making Every Adult Matter Approach Network has supported partnerships across the country to develop coordinated approaches to tackling multiple disadvantage.

NDTA: New Directions Team Assessment — a tool for assessing need and risk across 10 areas, including engagement with services, self-harm, and social effectiveness.

ReQoL: Recovering Quality of Life is a patient-reported outcome measure that assesses the quality of life of those with mental health problems.

RSI: Rough Sleepers Initiative — a government-funded programme first announced in March 2018 with the aim of making an immediate impact on rising levels of rough sleeping. Funding is provided to councils across England to support people who are or at risk of sleeping rough.

SNA: Social Network Analysis — a method of capturing and visualising the actors in a network (which could be individuals or organisations) and the relationships or interactions between them.

Trauma-informed practice: Trauma-informed practice is an approach to health and care interventions that is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.[2]

VCSE: Voluntary, Community and Social Enterprise

Executive Summary

About Changing Futures

The Changing Futures programme is a £77 million initiative between the UK Government and The National Lottery Community Fund. It seeks to test innovative approaches to improving outcomes for people experiencing multiple disadvantage. The programme is running in 15 areas, between them covering 34 top-tier council areas across England, from 2021 to 2025.

The programme seeks to achieve change at three levels:

- For individuals in the local areas, improving health, safety, wellbeing, and access to services.
- For services, with greater integration and collaboration across local services to provide a person-centred approach and reduce the demand on reactive services.
- For the wider system of services and support, resulting in strong multi-agency partnerships, governance, and better use of data to inform commissioning.

The evaluation adopts a theory-based and largely qualitative approach to explaining outcomes observed during the programme at the individual, service and systems level. Complex systems such as this can be challenging to evaluate and establish causality. The evaluation includes the use of a theory of change, systems mapping, participatory approaches, and the triangulation of qualitative and quantitative data to help understand how the different elements of the systems interact and to identify key mechanisms of change.

As part of DLUHC's aim to provide evidence of the impact of the programme on individuals experiencing multiple disadvantage, the evaluation includes a study to assess the feasibility of conducting a robust impact evaluation using a suitable comparison group. An update on this work will be provided in future reports. DLUHC are also exploring options for administrative data linking to understand trends in service use both prior to and after engaging with the programme, and if possible, comparing this with a control group.

This report is the second interim report from the Changing Futures evaluation. It sets out early indications of progress towards individual- and service-level outcomes, provides further information on the characteristics of the cohort of people engaged with the programme, and explores how funded areas are seeking to address systems change in relation to commissioning. It draws on quantitative data from participant questionnaires and area monitoring, social network analysis with four funded areas, and qualitative research with staff, stakeholders and participants from five areas.

Reaching people experiencing multiple disadvantage

All funded areas have now launched their support programmes. By April 2023, 2,567 people had received direct support from the programme. Since our initial baseline report, there has been a notable reduction in missing data; as a result, we have a more accurate picture of the prevalence of the different forms of disadvantage targeted by the programme. Eighty-three per cent have experienced three or more of homelessness, drug or alcohol problems, domestic abuse, contact with the criminal justice system, and mental ill health. Sixty-two per cent have experienced four or five of these. This shows that the programme continues to largely reach its intended target group.

The demographic profile of participants is little changed since the baseline report. The majority of participants are white (86 per cent), male (62 per cent), and aged between 30 and 49 (60 per cent). Changing Futures areas we spoke to recognised that some people are underrepresented among participants, and there is activity underway to reach more women and people from ethnic minority backgrounds in particular.

There are some notable gender differences in experience of multiple disadvantage. Women are more likely than men to report mental health problems, while men are more likely to have experience of homelessness and contact with the criminal justice system.

There are also significant differences between the experience of those who have and have not spent time in prison. Those who had, at some point, spent time in prison were also more likely to report experience of homelessness and alcohol or drug problems.

Progress in improving the participant journey

Most participants were in contact with some kind of support service (outside of Changing Futures) when they first joined and there is little change in this over the first few months that people spend with the programme. However, among those with drug and alcohol problems, there has been a small but statistically significant increase in the proportion who say that they are receiving treatment — up from 57 per cent to 65 per cent after roughly three months.

Qualitative research indicates that caseworkers engaged by Changing Futures are playing a key role in supporting people to access services. Caseworkers (also known as navigators', 'coordinators', and 'key workers') support people by coordinating access to different services, advocating for their clients, and providing a consistent source of support. They work to understand their clients' needs and provide flexible support in line with people's individual goals and preferences. They focus on building trusting relationships to enable engagement, introduce people to services, and support them to access them. This can include accompanying them to appointments — more people say that they are getting this type of help after three months with the Changing Futures programme.

Most of those accepted onto the programme remain actively engaged at this stage. Eighteen per cent have disengaged and cannot be reached. Twelve per cent have moved on, generally for positive reasons, for example, because they no longer need the support of the programme.

Participants to whom we spoke are positive about their experiences with the programme, feeling involved in decision making and supported to work towards their own goals. This was contrasted with the approach of some other services that are said to continue to operate in a way that is not trauma-informed. Stakeholders reported that some services are not flexible and do not treat their clients with respect. Stigma, discrimination, and a lack of understanding of multiple disadvantage continue to be issues.

Changing Futures areas are building on work begun under other initiatives to ensure meaningful involvement of people with lived experience of multiple disadvantage in the design and delivery of services. Programme resource is helping to connect and enhance lived experience groups and activity. People with lived experience are contributing to the delivery of the programme, for example, through providing training and undertaking research. Overall, however, lived experience involvement is inconsistent across areas; there are examples of good practice in all five areas interviewed, as well as examples in which there is room for improvement and where involvement is seen to be less of a priority.

Early outcomes for participants

In this report we have focused on outcomes where we most expect to see change in the early months of engagement. Qualitative and quantitative data provide early indications of positive outcomes in relation to participant health, safety, wellbeing, housing, and social connectedness. Participants report positive effects from feeling that they have someone they trust and who supports them. As a result, they feel more confident and hopeful.

Many participants report getting help with accommodation. There has been a small but statistically significant reduction in the proportion of people who are homeless, from 59 per cent when people first join the programme to 52 per cent roughly three months later. There is also a significant reduction in people sleeping rough, from 33 per cent to 23 per cent over a similar timeframe.

There are some early positive indications of improvements to physical health, with an increase in people reporting no or only slight problems with their physical health. The proportion of participants getting help to access a GP has also increased from roughly one quarter at baseline to about one third three months later.

The programme has helped to connect people with education, employment, and help with money problems. There has been a reduction in the proportion of people unable to manage debts or bills, from 37 per cent at baseline to 24 per cent about three months later.

The programme has also provided opportunities for participants to take part in social activities and in some cases has helped to (re)build relationships with family. Whereas 18 per cent of people at baseline said that they had no one to talk to other than their support worker, this has reduced to nine per cent after three months with Changing Futures. More people now say that they would turn to peer support first if they needed someone to talk to.

Systems-level change – changing commissioning

At the systems level, the Changing Futures programme aims to create change in partnership working, governance, and the use of data, which in turn should lead to improved commissioning. The commissioning environment is critical to tackling multiple disadvantage, as it facilitates or constrains what services can be delivered and in what ways. Our baseline evaluation report highlighted problems with current commissioning, including siloed approaches, short commissioning cycles and short-term funding, overly prescriptive outcomes, and dominance of larger service providers. In this report we undertake an in-depth exploration of how Changing Futures areas are working to improve commissioning.

Having a sound understanding of people experiencing multiple disadvantage in a locality, their needs and how well services are meeting these is an important foundation for informed and responsive commissioning. Changing Futures areas are making use of participant data to inform the development of the programme, and having dedicated roles to support data collection and analysis is vital to this. A range of channels are being used to feed in the experiences of both participants and front-line staff to inform decision making. Areas are also commissioning research to better understand people's experiences and needs.

Changing Futures has provided impetus and resource to raise awareness of the programme and multiple disadvantage more generally, laying the foundations for better commissioning. Senior-level partners' interest in and commitment to the programme appear to be high. In some cases, these have built on relationships and work predating Changing Futures. Programme funding has enabled newly commissioned services or the expansion of existing service models such as navigator support services. There is a significant focus on lived experience involvement in commissioning, with people being involved in different stages of the process. Stakeholders agreed that enhancing lived experience involvement in commissioning has been one of Changing Futures' biggest impacts so far.

Social network analysis in four Changing Futures areas illustrates that established and effective collaborative networks among a wide variety of organisations and sectors already exist. However, these networks are more extensive in some areas than others and there appear to be clusters of siloed organisations that are less well connected. Changing Futures has generated momentum and, in some cases, provided additional resource to tap into pre-existing local forums for partnership working or to generate new forums. These forums are important mechanisms for generating inter-agency discussion on opportunities for systemic improvements, including changes to commissioned services. However, there is a risk that the impetus for change could be lost once the programme and the associated dedicated roles working towards change come to an end. There is a need to explore ways in which the work undertaken by the programme can be continued and extended.

There are some local examples of ways in which strategic work or commissioning approaches are becoming more closely aligned, including the pooling of budgets. Stakeholders are positive about the potential for more integrated services, identifying issues that need to be addressed to achieve these, including a lack of integrated funding from central government. At this stage, however, there is limited evidence of progress towards more formal strategic alignment across sectors and organisations.

1 Introduction and background

1.1 About this report

This is the second interim report from the Changing Futures evaluation. It presents an early indication of progress towards individual- and service-level outcomes, further information on the characteristics of the cohort of people engaged with the programme, and an in-depth exploration of how funded areas are seeking to address systems change in relation to commissioning. It builds on and updates information provided in the baseline report published in April 2023.[3]

The report draws on evaluation activities completed up to March 2023. These include:

- Analysis of quantitative data on programme delivery and participants (people experiencing multiple disadvantage who are receiving direct support from the programme).
- Qualitative research with programme staff, local stakeholders, and participants from five Changing Futures areas.
- Baseline social network analysis undertaken in four areas.

1.2 Programme aims and progress to date

The Changing Futures programme aims to improve outcomes for adults experiencing multiple disadvantage, developing a more joined-up 'whole person' approach to support. The programme seeks to make an impact at the individual, service and systems levels:

- **Individual level:** stabilised and improved outcomes for local cohorts of adults experiencing multiple disadvantage.
- **Service level:** greater integration and collaboration across local services to provide a person-centred approach, and reduced demand on reactive services.
- **Systems level:** strong multi-agency partnerships, governance, and better use of data, leading to lasting systems change and informing commissioning. Learning from evaluation and partnerships between government and local areas improves cross-government policy.

By 'system' we mean the services and support that might be accessed by a person experiencing multiple disadvantage, including how different organisations and people within those organisations interact with one another and with people experiencing multiple disadvantage.

The Department for Levelling Up, Housing and Communities (DLUHC) has developed a theory of change which underpins the programme activity and evaluation. This can be found in the baseline report.

There is local flexibility in how the programme is delivered, but funded areas are expected to work within a set of core principles:

- **Work in partnership** across local services and the voluntary and community sector at a strategic and operational level.
- **Coordinate support** and better integrate local services to enable a 'whole person' approach.
- **Create flexibility in how local services respond,** taking a systems-wide view with shared accountability and ownership and a 'no wrong door' approach to support.
- **Involve people with lived experience** of multiple disadvantage in the design, delivery and evaluation of improved services and in governance and decision making.
- **Take a trauma-informed approach** across the local system, services and in the governance of the programme.
- **Commit to driving lasting systems change,** with long-term sustainable changes to benefit people experiencing multiple disadvantage and a commitment to sustaining the benefits of the programme beyond the lifetime of the funding.

The 15 areas to receive funding were announced in July 2021. The first people to receive direct support from the programme joined in September 2021, and all areas had recruited at least some participants by July 2022. As well as providing direct support to people experiencing multiple disadvantage, activities funded by the programme include:

- **Strategic collaboration**, such as investment in partnership infrastructure and joint commissioning.
- **Lived experience** involvement, such as peer researchers and structures for involving people in governance.
- **Workforce development** and training in, for example, trauma-informed practice.
- Case management and **data systems** to improve joint working across local agencies and improve the use of data.

Further details on the 15 funded areas and their approaches can be found in the baseline report.

The Changing Futures programme and evaluation were preceded by Fulfilling Lives — an eight-year programme funded by The National Lottery Community Fund to better support people experiencing multiple disadvantage.[4] The programme ran in 12 areas of England, some of which have gone on to become or be incorporated into Changing Futures areas. Since 2013, the Making Every Adult Matter (MEAM) Approach Network[5] has supported partnerships across the country to develop effective, coordinated approaches to tackling multiple disadvantage. Evaluations of both Fulfilling Lives and the MEAM Approach have provided a significant evidence base on multiple

disadvantage and we have supplemented findings from the Changing Futures evaluation with insights from these evaluations.

1.3 Evaluation objectives

DLUHC has set three objectives for the evaluation, namely to:

- Provide evidence on whether (and why/how) Changing Futures has made a difference to individuals who experience multiple disadvantage.
- Provide evidence on whether (and why/how) Changing Futures has made a difference to how public service systems operate, including considering how systems-level changes affect the way in which services operate and are delivered and experienced by people who experience multiple disadvantage.
- Assess the value for money of the programme and make recommendations as to the most effective use of any additional resources going into this area in the future.

Chapter 2 of this report focuses on early changes for individuals experiencing multiple disadvantage and how these have been achieved, including changes to how services operate, are delivered and experienced. Chapter 3 considers progress to date in effecting systems-level changes.

In order to test, refine and develop the programme theory of change, we have developed an evaluation framework detailing how progress towards the short- and longer-term outcomes will be measured. As well as providing evidence of programme achievements, progress towards these outcomes will be used to learn about and reflect on the implementation of the programme. A summary of the framework can be found in the baseline report.

1.4 Methods and data sources

Our evaluation uses a mixed-methods approach, combining qualitative and quantitative data from a wide range of sources. The findings in this report draw on quantitative data on participants and programme delivery, qualitative research with a sample of funded areas, and a baseline social network analysis.

Quantitative data and analysis

Quantitative data are collected by funded areas and submitted to the evaluation team on a quarterly basis. Table 1 summarises the different quantitative data sources, the frequency of collection, and who provides the information.

Table 1: Quantitative data sources and frequency and method of collection

Source	Type of data	First completed	Updated	Completed by
Outcomes questionnaire	Outcomes since joining the programme, and experiences in the previous 3 months (could be before joining)	Within 6 weeks of joining the programme	Quarterly	Participant (can be with support from worker)
Historical questionnaire	Participants' characteristics and their experience of disadvantage	Within 12 weeks of joining the programme	One-off questionnaire	Participant (can be with support from worker)
New Directions Team Assessment (NDTA)	Assessment of participants' levels of need, risk, and engagement with services	Within 6 weeks of joining the programme	Quarterly	Support worker
Service-held outcomes data	Participants' engagement dates, referrals to other services, and outcomes of referrals since the start of the programme	First 3 months of the programme (January to March 2022)	Quarterly	Programme staff
Operational data	Details of delivery of direct support to participants, such as caseload sizes and staff absences	First 3 months of the programme (January to March 2022)	Quarterly	Programme staff

Outcomes and historical questionnaires were designed to incorporate trauma-informed principles. Questions were tested with people with lived experience of multiple disadvantage and feedback provided by service delivery staff. No questions are mandatory, with the option for beneficiaries to select 'Don't want to say' throughout. Factual questions can be populated using staff knowledge to reduce the need for people to repeat their stories multiple times. To support learning and quality assurance, open text boxes are provided for staff to give further detail as to why questionnaires could not be completed with the participant. Training was delivered to staff on conducting trauma-informed research.

This report draws on data from the first three rounds of outcomes questionnaires and NDTA: baseline, first quarterly follow-up, and second quarterly follow-up questionnaires. These questionnaires roughly cover participants' first six months in the programme. As participants join the programme on a rolling basis, these six months are not the same

six months for all participants, and span the period from September 2021 to February 2023.

We produced descriptive statistics on the characteristics, experiences and needs of participants at baseline. Cross-tabulations have been produced to compare variables for different groups of participants — such as men and women. Significant differences were tested using column proportion tests.

Longitudinal analysis has been carried out on participant-reported outcomes (outcomes questionnaires) as well as staff assessments of need and risk (NDTA). We have compared results between baseline (data provided within the first six weeks) and the first follow-up (three months later) and second follow-up (six months later). Longitudinal analysis involves comparing data for the same group of people at each timepoint. We tested for significant differences between baseline and follow-up using paired-sample t-tests when comparing mean values and using McNemar's test when comparing categorical variables. We highlight results that are significant at the five per cent level.

Cross-sectional analysis has been carried out on service-held outcomes data due to the way in which these data are collected and structured. This involves examining summary outcomes for all participants in the programme at a particular point in time. We use service-held outcomes data and operational data as at 21st February 2023.

In this report we have focused on outcomes where we most expect to see change in the early months of engagement

Qualitative research

In-depth qualitative interviews were held with staff, stakeholders and participants in five selected Changing Futures areas:

- Essex
- Greater Manchester
- Lancashire
- Plymouth
- Sheffield

The five Changing Futures areas were purposively sampled in discussion with DLUHC to provide representation from a range of geographical and administrative areas, and where it was felt that there would be most learning and insights to be gathered on the topics for discussion (see below). Other funded areas will be sampled in future rounds of qualitative research.

We consulted with area leads in participating areas to identify the specific roles and individuals to be interviewed. Staff and stakeholders were purposively sampled to ensure that a range of sectors were represented and that respondents could contribute to our research questions. Participants were selected by funded areas on the basis of

their ability to consent to and take part in interviews with minimal risk of harm to their recovery. Participants who had progressed enough to be able to comment on the impact of the programme on themselves were prioritised. We undertook a total of 62 individual or small group interviews with 95 people, as follows:

- 24 senior programme managers
- 25 frontline staff supporting Changing Futures programme participants
- 16 programme participants
- 30 other stakeholders from the locality, including representatives of local authorities, the NHS, drug and alcohol service providers, and voluntary and community sector organisations such as homelessness charities

In order to explore topics in depth in the qualitative research, each round of fieldwork will focus on a select list of related ‘deep-dive’ and more cross-cutting themes. This first round of fieldwork focused on topics set out in Table 2.

Table 2: Focus themes for first round of qualitative research, with associated outcomes as set out in the programme theory of change*

Theme	Related service- and systems-level outcomes
Data and information sharing	• Data shared appropriately • Universal assessment tools • Data shared and used effectively to better understand multiple disadvantage and respond appropriately • Coordinated information sharing, for example common case management system • Clear lines of communication/referral processes to other services
Partnership working and strategic alignment	• Clear lines of communication/referral processes to other services • Co-commissioning, pooled budgets, and KPIs joined across services • Strategic alignment evidenced across local strategies
Commissioning and service design	• Lived experience codesign and codelivery embedded • Outcomes-driven commissioning to appropriately reflect the needs of the cohort • Lived experience involvement embedded and guiding commissioning • Co-commissioning and pooled budgets across services • Improved offer for people from ethnic minority backgrounds

The qualitative research was supported by a team of 15 peer researchers, recruited through an open invitation to funded areas. They completed accredited training (OCN London Level 2 in Peer Research) prior to conducting the research. The peer

* See the evaluation baseline report for a copy of the programme theory of change: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148547/Changing_Futures_Evaluation_-_Baseline_report.pdf† Plymouth is focusing on systems-level change, rather than a new client-facing service. As a result, they are not providing individual-participant-level data to the evaluation team.

researchers supported the evaluation team to design the participant interview topic guide and ensure that the language and ordering of the questions were suitable, co-facilitated interviews with programme participants, and identified themes and areas for improvement emerging from these. Interviews with programme participants were undertaken jointly with evaluation team staff to ensure a balanced approach. Input from peer researchers was moderated by the research team to ensure that their observations were supported by data. To ensure that the process ran smoothly and all researchers involved in interviews felt prepared, measures put in place included:

- An introductory meeting between the evaluation team and peer researchers to run through the plan for this stage of fieldwork, answer questions, and get to know one another.

- A briefing meeting with the peer researcher and evaluation team researcher who would be conducting the participant interview to provide any useful background information, decide how the questions would be split up, and answer any questions that the peer researcher may have had.

After interviews were completed, Revolving Doors contacted the interviewees to get their feedback and check if there were any issues arising. Revolving Doors also held a debrief session with all peer researchers who had conducted participant interviews to discuss the findings, reflect on the process, and consider whether any improvements could be made to this aspect of the evaluation.

Interviews were audio-recorded with interviewees' permission and transcribed in full. The interview transcripts were explored in detail through thematic analysis, using both a priori coding, that is, based on previous research/theory and centred on the key evaluation outcomes outlined in the programme theory of change, and analytical/theoretical coding, which summarises themes in relation to their implications for policy and practice. A qualitative data analysis software package, ATLAS.ti, was used to facilitate the coding process. A matrix-based approach was used to ensure that the coding and themes were scrutinised, cross-checked, and challenged. We took a collegiate approach to analysis, led by a senior member of the team, with researchers who had undertaken fieldwork conducting analysis and meeting internally to discuss emerging themes.

Social network analysis

Social network analysis is a method that captures and visualises patterns of relationships between organisations and how they change over time. We are using it as part of the evaluation to assess the extent and nature of collaborative working in Changing Futures areas and whether and how this develops over the course of the programme. Social network analysis is distinct from the systems mapping that we undertook (see the baseline report), as it focuses in on a very specific aspect of systems, that is, how different organisations are connected and work together.

In summer 2022, four of the 15 Changing Futures areas volunteered to participate in a Social network analysis exercise. Area leads for these areas were asked to identify one individual from each of the services or organisations with whom they work (or one per department in large organisations) to answer a set of questions. The evaluation

consortium provided area leads with text for email communications and a briefing document to help them to explain the purpose and process of the social network analysis to their partners.

Between late August and December 2022, the area leads sent these contacts a short questionnaire (available as either an Excel template or an online questionnaire) in which to record all of the organisations with which they work to support people experiencing multiple disadvantage in their area. The questionnaire also asked about the length of the relationship, whether it is operational and/or strategic, and the nature of the relationship — whether it is collaborative or merely transactional. The area leads also completed a social network analysis questionnaire themselves.

The completed questionnaires were sent to the Changing Futures programme evaluator, CFE Research, for cleaning and analysis. These data provide the baseline view of the partners working in the four Changing Futures areas' systems and the quality of the relationships between them. This exercise will be repeated towards the end of the Changing Futures programme to identify if and how these change over time.

Limitations

The following caveats on the data and limitations of the methods should be taken into consideration when reading this and related evaluation reports.

Limitations of interim report
This is an interim report and the first to explore evidence of progress and change against the baseline position. Data collection and other evaluation activities are ongoing and further evidence of change will be gathered for inclusion in future reports.

Evaluation in a complex system and challenges of attributing impact
The programme aims to make an impact at the individual, service and systems levels. All of these levels are systems in themselves that also interrelate and we will not be able to examine the complex interrelationship of all outcomes and levels. Furthermore, there are a number of other government funding programmes running at the same time as Changing Futures and working with the same cohort in many of the same areas. These include the Rough Sleeping Drug and Alcohol Treatment Grant, Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) and mental health transformation funding. As set out in the Treasury's supplementary guidance on the topic, complex systems can be challenging to evaluate. Not only is proving causality difficult, but complex systems can also be particularly sensitive to context and vulnerable to disruption.[6] However, the guidance also highlights the importance of an appropriate evaluation strategy to aid understanding and increase the effectiveness and impact of a policy.

The evaluation adopts a theory-based and largely qualitative approach to explaining outcomes observed during the programme. As part of DLUHC's aim to provide evidence of the impact of the programme on individuals experiencing multiple disadvantage, we have been asked to assess the feasibility of conducting a robust impact evaluation using a suitable comparison group, based on data that have been collected from service users in areas that have not received Changing Futures funding. An update on this work

will be provided in future reports. Work is also underway within DLUHC to explore options for administrative data linking to understand trends in experience of service use and multiple disadvantage both prior to and after engaging with the Changing Futures programme.

The evaluation includes the use of a theory of change, systems mapping, participatory approaches, and the triangulation of qualitative and quantitative data to help understand how the different elements of the systems interact and to identify key mechanisms of change. This is in line with HMT's Magenta Book, which states that theory-based evaluations are suited to situations in which there is a complex policy landscape or system. Regular reporting will ensure that emerging process findings can feed into the ongoing development of the programme.

Quantitative data

Gathering data from people experiencing multiple disadvantage can be challenging. Previous evaluations in this field[7] highlight the importance of trusting relationships for both providing support and collecting data. We want people to feel comfortable about telling us about themselves and their experiences. Therefore, it was decided that quantitative data would be collected from participants by support staff who have a relationship with them (rather than by professional research staff).

Funded areas are encouraged to adopt a trauma-informed approach to completing questionnaires with people; therefore, not all have been undertaken within the desired timeframes. As highlighted above, factual questions in the outcomes questionnaire and the historical questionnaire can be populated using staff knowledge to reduce the need for people to repeat their stories multiple times. We have excluded from our analysis questions that ask for value judgements or assessments of emotion that have been completed without input from the participant.

Almost one quarter (23 per cent) of baseline outcomes and historical questionnaires have been completed without input from the participant. A similar proportion of baseline and historical questionnaires (39 and 38 per cent respectively) were completed with partial input from participants — see Table 10 and Table 11 (in appendix 1).

There are a few significant differences in the characteristics of those who have and have not been involved in completing the baseline outcomes questionnaire, which could introduce bias into the results. Women are significantly more likely to have been involved in completing all of the questionnaire, whereas men are more likely to have had no involvement at all. Interestingly, those with experience of all five forms of disadvantage are also significantly more likely to have been involved in completing all of the questionnaire in comparison to those with experience of one to four types of disadvantage, who are more likely to have had no involvement in completing the questionnaire — see Table 12 and Table 13 (in appendix 1).

Not all participants have data for all four of the sources; therefore, base sizes vary throughout this report, depending on the indicator.

As of 21st February 2023, 1,155 participants had completed a baseline outcomes questionnaire and 962 had completed a historical questionnaire. Service-level data

have been provided on 1,552 participants, and baseline NDTAs are available for 1,148. Both percentages and the base count for each question are reported. Base sizes decrease further for longitudinal analysis. This is because we require valid responses to both baseline and follow-up questionnaires; therefore, those without data at both timepoints are excluded from the analysis. Some participants will not be eligible for completing a follow-up questionnaire if they joined the programme only recently. The evaluation team are working closely with DLUHC to improve the quality and coverage of the data available. Quantitative data will continue to be collected as more participants join and progress through the programme.

The quantitative data are dominated by a small number of Changing Futures areas. Over half (61 per cent) of participants represented in outcomes questionnaire data come from three areas: Greater Manchester, Lancashire, and South Tees, with nearly one third of participants coming from Lancashire alone. However, this is broadly representative of the distribution of participants among areas — see Table 14 (in appendix 1).

As participants complete baseline outcomes questionnaires up to six weeks after joining the programme, their circumstances could change in the interim period between signing up and providing baseline data. For example, participants may receive help to access benefits or secure temporary accommodation very soon after starting with the programme. Such early changes are anticipated to be relatively limited, but could affect the accuracy of the baseline picture and, thus, the extent to which change in some measures is captured.

At this stage of the evaluation, available quantitative data are such that we have only been able to consider change over time at two timepoints. This is insufficient to determine the extent to which any change is part of a trend.

Qualitative research

The qualitative research at this stage is based on interviews with only five of the 15 areas that were purposively selected (see page 5). Participant interviews (people who have received direct support from the programme) were secured in only four of these areas. We were unable to conduct interviews with participants in Plymouth because the local programme is not providing direct support to people. The resulting findings are therefore not necessarily representative of all Changing Futures areas. Participants and stakeholders were identified and introduced to us by staff in the funded areas and may be more likely to represent positive views on the programme.

Social network analysis

Social network analysis can be resource-intensive and requires buy-in from participating stakeholders in order to gather good-quality data. In order to reduce the burden on funded areas and to ensure the necessary engagement, we worked with four volunteer areas that were interested in using the method. The results are therefore not necessarily reflective of the Changing Futures programme areas as a whole.

The exercise is based on self-reported data. The questionnaire takes time to complete comprehensively (the briefing documentation advised 40 minutes). Not all partners in the participating Changing Futures areas have been able or willing to commit this time. It proved to be challenging to get responses, and some social network analysis returns

had a very limited number of entries. This means that the partners represented in the network maps are likely to be an underrepresentation. Similarly, those organisations listing many partners are those who have most comprehensively completed a return.

In the cleaning of data we created an additional sector category (social care) because there were substantial numbers of organisations listed that were working in this field, and re-categorised some responses to this. If this category had been available for respondents to select when completing their returns, this category may have been more prevalent in the results.

2 Individual participant experiences and outcomes

This chapter focuses on individual and service-level activity, experiences and outcomes. We begin by providing an update on and additional insights into the cohort of people receiving direct support from the Changing Futures programme and how local areas are engaging with them. The chapter then explores how the programme is working to improve the participant journey, including how people access services, the extent to which they remain engaged, and their experiences of services. The chapter concludes with a section on early outcomes achieved by individuals.

2.1 Reaching and engaging people experiencing multiple disadvantage

Key findings

This section draws on data from the baseline outcomes and historical questionnaires, service-held outcomes data, and qualitative interviews.

- All areas have now launched their support programmes. By April 2023, 2,567 people had received direct support from the programme.
- 61 per cent of people have experienced all five forms of disadvantage targeted by the programme.
- There are significant gender differences in the extent to which participants have experienced the different forms of disadvantage.
- The demographic profile of participants is little changed since the baseline report. The majority of participants are white (86 per cent), male (62 per cent), and aged between 30 and 49 (60 per cent).
- People with experience of prison are more likely to have also experienced homelessness as well as drug and alcohol problems.
- Participants are being referred to the programme through a wide variety of channels.
- Features of Changing Futures caseworkers that are enablers of effective engagement with the programme include having smaller caseloads, strong and trusting relationships, more time with clients, flexibility of roles, caseworkers with lived experience of multiple disadvantage, and the adoption of a trauma-informed approach.

Accessing Changing Futures

By the end of April 2023, 2,567 people had received direct support from the programme. The evaluation team had received data on 1,552 of these in February

2023 — almost double the amount available for the baseline report. Table 3 shows how these break down by Changing Futures area. A high level of variation in the numbers of participants is expected across funded areas because they have differing scales of funding and delivery plans. Since the baseline report, all areas have now launched their support programmes and have at least some participants (some areas had experienced delays due to difficulties in recruiting staff and mobilising their activity across large geographies).

Table 3: Total programme participants by Changing Futures area — all of those who have received direct support, including active participants and those who have left the programme. The first column shows participants taking part in the evaluation, whereas the other two columns show total overall programme participants.

Area	Total participants recorded in evaluation data (service data) – February 2023	Total participants reported to DLUHC – January 2023	Total participants reported to DLUHC – April 2023
Bristol	45	49	62
Essex	103	49	113
Greater Manchester	198	262	318
Hull	29	59	77
Lancashire	465	486	798
Leicester	56	21	74
Northumbria	10	18	22
Nottingham	106	69	142
Plymouth†		122	168
Sheffield	82	81	82
South Tees	270	153	426
Stoke	30	51	51
Surrey	24	43	56
Sussex	70	56	65
Westminster	64	67	113
Total	**1,552**	**1,586**	**2,567**

Since the baseline report, the proportion of participants reporting experience of the core forms of disadvantage has increased in many cases. For example, 92 per cent of participants say that they have experienced mental ill health, compared to 83 per cent as reported previously. This appears to be due to a notable reduction in missing data. In the baseline report, for example, we were missing data on experience of homelessness

† Plymouth is focusing on systems-level change, rather than a new client-facing service. As a result, they are not providing individual-participant-level data to the evaluation team.

for 30 per cent of participants. This has since decreased to 14 per cent (see Table 15 to Table 19).

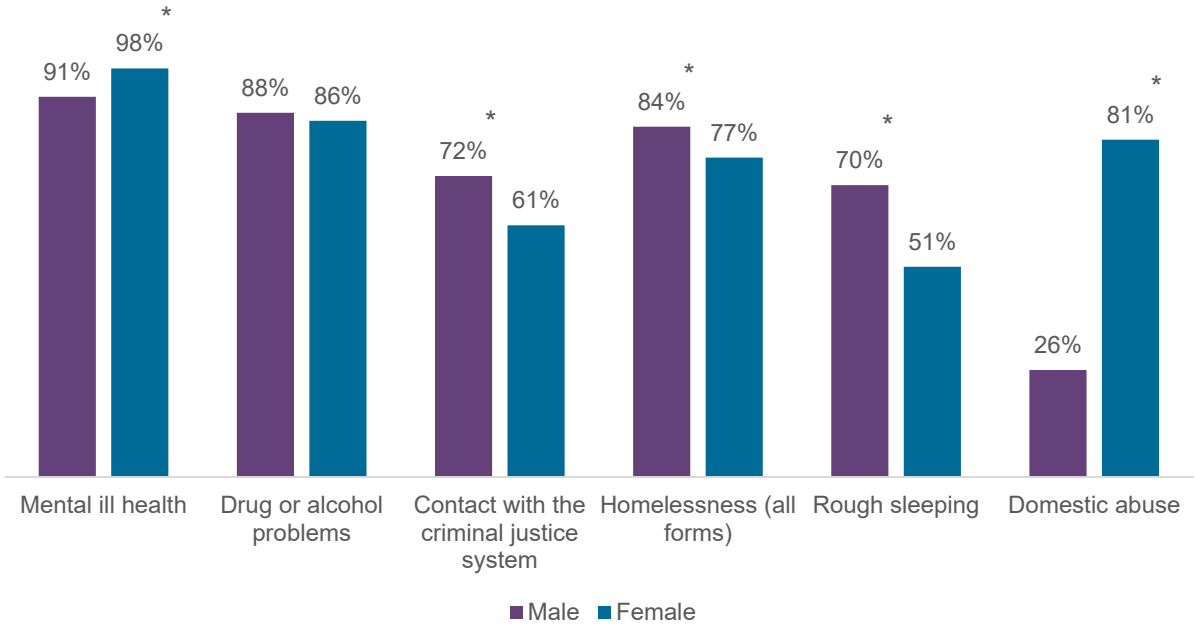
Table 4: Self-reported lifetime experience of different forms of disadvantage (base=1,250)

Type of disadvantage	Ever experienced – percentage
Mental ill health	92
Drug or alcohol problems	85
Contact with the criminal justice system (as offender or victim)	64
Homelessness (all forms)	77
Rough sleeping	55
Domestic abuse	40

As the volume of data has increased, some further gender differences in experience of disadvantage have emerged. Figure 1 shows male participants were significantly more likely to have had lifetime experience of homelessness than women were: 84 per cent of men (n=598) in comparison to 77 per cent of women (n=350) (see Table 21). Significantly more men (72 per cent, n=598) than women (61 per cent, n=350) had experienced contact with the criminal justice system (see 23). Women were more likely to report mental health problems (98 per cent of women (n=350) in comparison to 91 per cent of men (n=598) — see Table 24). However, this may be due to women being more willing to provide this information — men were also significantly more likely than women to have missing data on mental health.

These results point to some of the ways in which experience of multiple disadvantage is gendered. In future reports we plan to explore in further detail the specific barriers faced by women and how these can be addressed.

Figure 1: Experience of different forms of disadvantage by gender (base: male=598, female=350).



***i**ndicates a significant difference between men and women.

In our previous report we highlighted some of the challenges faced by neurodivergent people‡, particularly in terms of navigating the criminal justice system. Among the Changing Futures participants, neurodivergent people were more likely to have contact with the criminal justice system than were those who are neurotypical: 76 per cent of neurodivergent participants (n=285) had experience of the criminal justice system in comparison to 65 per cent of neurotypical participants (n=507) (Table 26). Neurodivergent people were also more likely to report mental health problems: 98 per cent of neurodivergent people (n=285) in comparison to 93 per cent of neurotypical people (n=507) (Table 27).

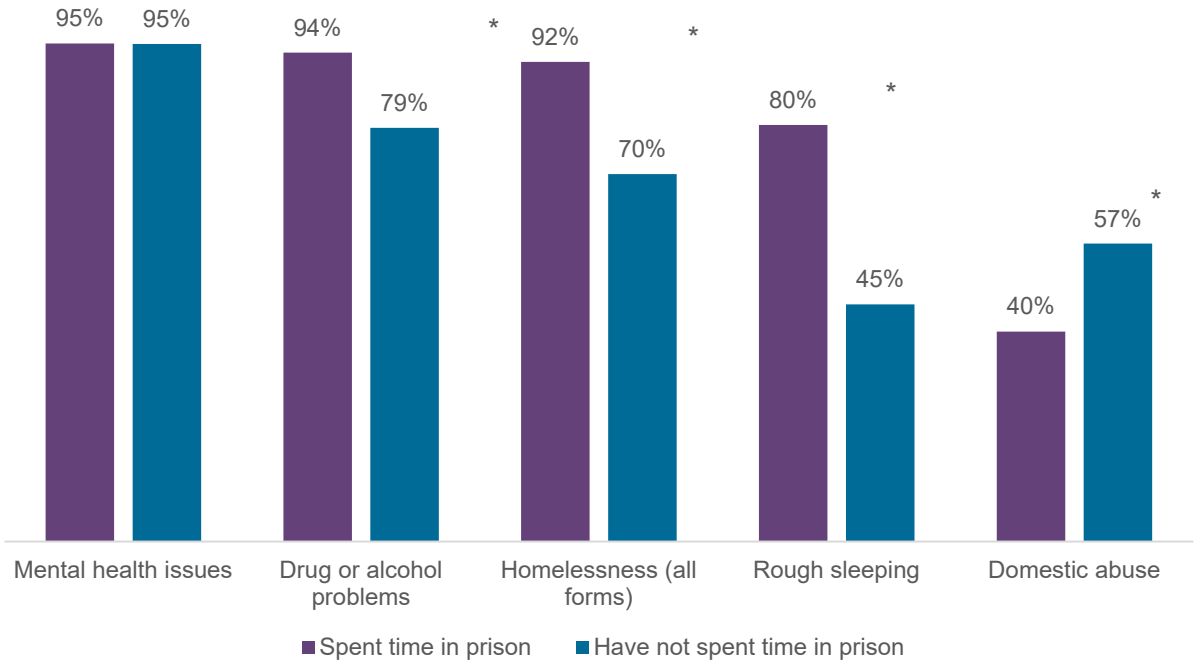
There were no significant differences between white and ethnic minority groups in terms of experience of the core forms of disadvantage, with the exception of alcohol and drug problems (see Table 30 to Table 34). Whereas 89 per cent of people from a white background reported problems with drugs and/or alcohol (n=822), only 72 per cent of people from an ethnic minority background did so (n=118).

There were **significant differences in experiences of those who had spent time in prison** — see Figure 2. People who had, at some point, spent time in prison were also more likely to have experienced homelessness (see Table 28). Ninety-two per cent of people with experience of prison (n=455) had also experienced homelessness in comparison to 70 per cent of those with no prison experience (n=361). Participants with prison experience were also more likely to have experienced drug or alcohol problems

‡ Neurodivergent people naturally process information in a different way from that of most 'neurotypical' people. Neurodivergent people may be diagnosed with conditions such as autism spectrum disorder or attention deficit hyperactivity disorder (ADHD).

— 94 per cent (n=455) in comparison to 79 per cent (n=361) of those without prison experience (Table 29). The Fulfilling Lives evaluation[8] found an association between spending time in prison and poorer outcomes, and highlighted in particular the negative impact of often reoccurring short sentences.

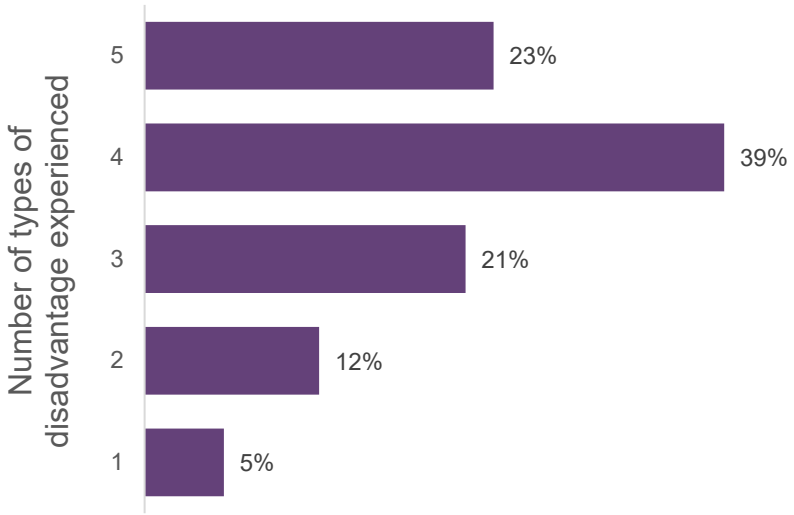
Figure 2: Experience of forms of multiple disadvantage by experience of prison (base: experience of prison=455, no experience of prison=361).



* indicates a significant difference between those who have and those who have not spent time in prison.

Figure 3 shows the proportion of participants reporting experience of multiple forms of disadvantage. **The majority of participants (62 per cent) have experienced four or five forms of disadvantage,** up from 50 per cent as reported in the baseline report. The programme aims to work with those experiencing three or more of the five types of disadvantage. Although 17 per cent of participants appear to have experienced two or fewer forms of disadvantage, this is a reduction in comparison to our last report (where this was 23 per cent). Again, this is likely to be affected by the reduction in missing data, but could also be due to local programmes becoming more established and being able to reach those most in need.

Figure 3: Experience ever of multiple forms of disadvantage (base=1,232)

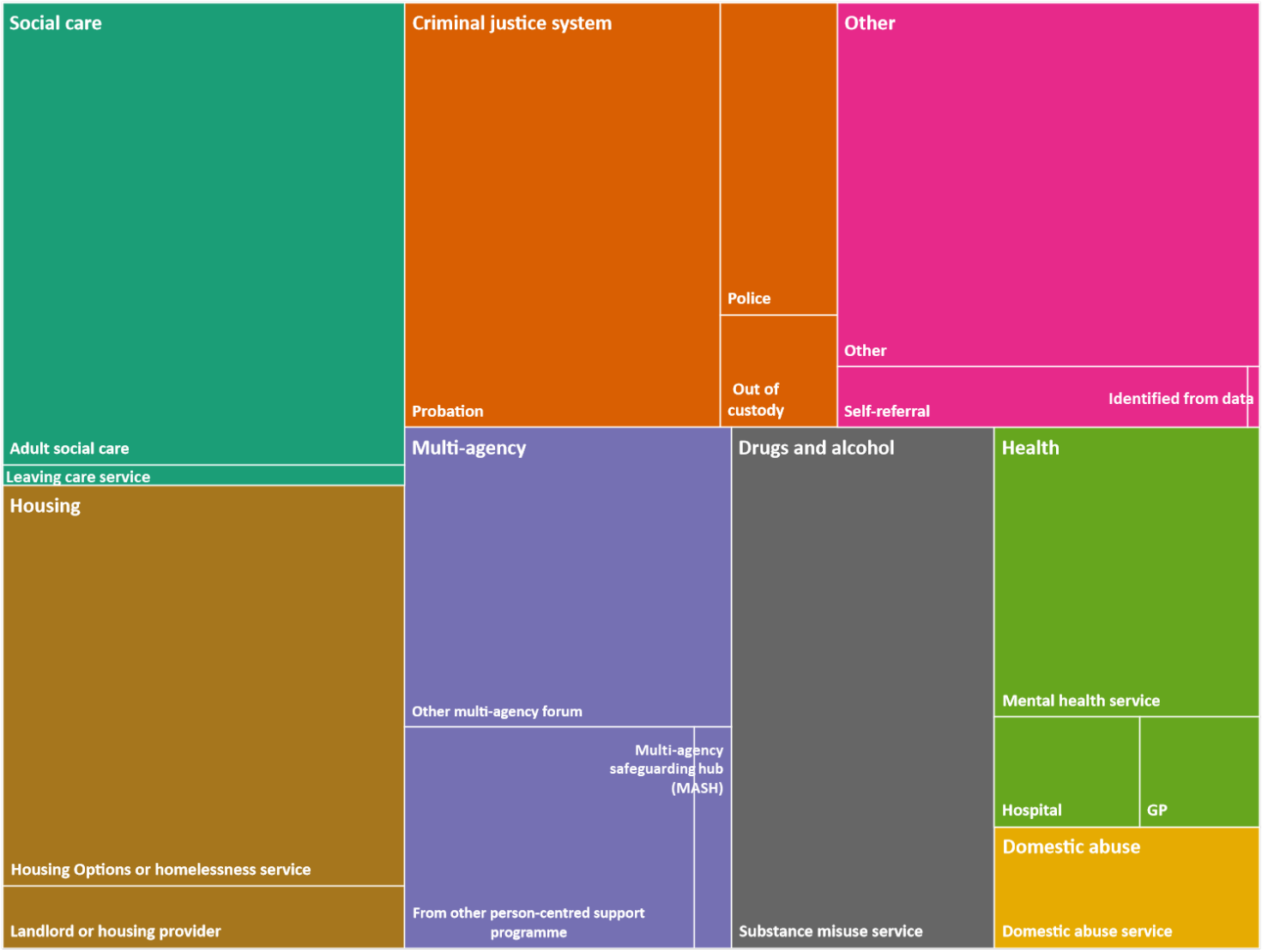


People aged 60 and above were less likely to experience the five forms of disadvantage than were people aged 30 to 59, although there are very few participants above 60 years of age (n=34) (Table 36). Female participants are more likely to experience all five forms of disadvantage than are men, who are more likely to experience three or four forms (Table 35); this is likely due to the fact that experience of domestic abuse is overwhelmingly a female experience.

People are accessing the Changing Futures programme through a variety of channels (see Figure 4 and Table 37). Figure 4 shows a diagram (tree map) depicting the most common sources of referral to the Changing Futures programme (see also table 37 in the appendix). No more than 16 per cent of referrals come from any one source — the most frequent being adult social care, followed by Housing Options[§] or homelessness services (14 per cent of referrals). The most common referral route mentioned by interviewees was referral from a service involved in delivering the programme locally, as well as other organisations that support people experiencing multiple disadvantage, such as substance misuse services, probation, and the local authority. Service delivery staff reported that some services are more likely to refer to Changing Futures than are others; in one area, for example, probation and police services have made a limited number of referrals.

[§] Housing Options services within local authorities provide help with housing-related problems including homelessness.

Figure 4: Sources of referral to the Changing Futures programme (n=1,629)



Another common route is to be referred through a multi-agency meeting attended by various professionals including Changing Futures delivery staff. Generally, these meetings existed before Changing Futures. In one area, for example, such meetings are attended by Changing Futures caseworkers, and individual cases are discussed to decide whether the programme is able to meet their needs.

A number of enablers of engaging with Changing Futures services were identified through interviews. In all areas but one a **caseworker/navigator model** has been introduced to support the cohort, and throughout interviews this role was highlighted as the **key enabler of engaging with the programme**. Caseworkers support people by coordinating access to different services, advocating for their clients, and providing a consistent source of support. The caseworker may be employed by a specialist service or organisation, but their role involves working independently across and between multiple services.

The caseworker/navigator model is not new and interviewees highlighted that they have existed in a number of forms across various sectors, including previous programmes to support people experiencing multiple disadvantage as part of the MEAM Approach and Fulfilling Lives.[9] A few interviewees expressed concern about the number of caseworker/navigator roles across the system and that in some areas "there are now lots of different navigators, which can create new confusion across the system".

We've won the argument around navigators; all the government departments and different bids are building in navigators. It's the new term […] you've got RSI navigators, you've got Housing First navigators, you've got Changing Futures navigators.

Stakeholder, multiple disadvantage

Nevertheless, throughout interviews with service delivery staff and participants, particular aspects of the navigator role were reported as enablers of effective engagement. These were smaller caseloads (average caseload for most funded areas is between seven and nine clients), strong and trusting relationships, more time with clients, flexibility of roles, caseworkers having lived experience of multiple disadvantage, and the adoption of a trauma-informed approach.

[My support worker] has been my rock. She's kept me going. She's been there for me when I've hit rock bottom mentally, and her and [name] have kept me on the straight and narrow.

Programme participant

We will explore the navigator role and the use of trauma-informed approaches in Changing Futures areas in further detail in our next interim report.

Barriers to engaging participants with the programme include previous negative experience of support. Several stakeholders reported that if people have negative experiences, they can become distrusting of services. A Changing Futures navigator gave an example of how a service user's trust was broken when a professional in another service failed to follow through with commitments that they made. It took several months for the navigator to build up trust with their client to show them that they would follow through and provide effective support. It can also be challenging for programme staff when participants disengage from support — this is explored further on page 32. Barriers to and enablers of engaging with services more generally are covered in more detail in section 2.2.

Reaching people from diverse backgrounds

The demographic profile of participants is little changed since the baseline report. The majority of participants are white (86 per cent, Table 39), male (62 per cent, Table 40), and aged between 30 and 49 (60 per cent, Table 38). The proportion of participants from minoritised groups varies greatly by funded area.

Three quarters (74.5 per cent) of participants are disabled — that is, they have a long-term physical or mental health condition or illness that affects their day-to-day activities (Table 41). This is less than reported in the baseline report because initial questionnaires only asked participants whether they had a long-term condition and not the extent to which it affected their daily lives. However, the proportion of disabled participants is still very high and much higher than the general population of England and Wales, which is 18 per cent according to the 2021 Census.[10]

People aged 16–19 are less likely to be disabled than are other age groups, but over three quarters of people in all other age groups are disabled (Table 42).

Disabled people are also significantly more likely than non-disabled people to report problems with drugs and/or alcohol: 92 per cent of disabled people (n=434) in comparison to 80 per cent of non-disabled people (n=89) (Table 43).

The qualitative research supports the quantitative findings. Across the five areas that we engaged in the qualitative research, there was a **consensus that the programme continues to mainly reach white men**. Interviewees highlighted that the programme is aiming to 'cast a wide net' and support people experiencing multiple disadvantage generally, rather than targeting specific groups. In initial proposals for the programme, specific target groups were only reported by two of the sampled areas. Essex planned to target people in contact with the criminal justice system, and two localities within Greater Manchester had outlined target groups: women in Oldham and people with co-occurring mental health problems and problems with drugs and alcohol in Wigan.

> [Changing Futures is] not specifically targeted at [a particular] ethnic minority or any kind of ethnic group. There's a lot of new groups now we've got — refugees and different types of people that have come from a lot of different places […]. It feels to me like it's not excluding anyone — it's just inclusive in all of it.
>
> **Stakeholder, police**

Nevertheless, there is a recognition that some groups are underrepresented in local cohorts, and across areas, **challenges persist in reaching and engaging people from ethnic minority backgrounds**. This may suggest that there may be a limited demand for services targeted at specific groups, even though there is evidence that this can be an effective way of improving individual outcomes.[11]

Related to this, when underrepresented groups are reached by Changing Futures, there can be a lack of specific services to support them. Previous research into people experiencing multiple disadvantage has found that universal services are not always

equipped to support the needs and priorities of specific groups such as women and people from minoritised communities.[12] Commissioners often prioritise universal services that can deliver support to large numbers of people due to limited resources in the system. This means that people with a variety of different needs are sometimes grouped together and services are unable to tailor support to people. This can result in some people accessing services that do not meet their needs, or falling through the gaps altogether.

There is **a need for targeted support to help people to access and engage with services**. Interviewees reported that certain groups defined by protected characteristics, who may have had previous negative experiences of services, may need additional support to access services. To engage groups, sometimes described as 'hard to reach', interviewees reported the need for targeted community outreach and the involvement of people with lived experience to help remove potential barriers.

There has been **considerable activity in the five areas that we sampled to reach women and ethnic minorities in particular**. Sheffield is prioritising generating referrals of people from ethnic minority backgrounds as well as women. Greater Manchester is carrying out research and speaking with local community organisations to understand the barriers to engagement faced by ethnic minorities. The plan is then to work with organisations that support ethnic minorities to better communicate the support available through Changing Futures. Plymouth has created a cultural change programme to explore the systemic nature and the impact of racism in the criminal justice system. Initial work in this area has provided training and forums on organisational compliance with the Equality Act. Lancashire has hired a team member and navigator from an ethnic minority background to increase engagement.

In Greater Manchester a strategic forum, with cross-sector and lived experience representation, has been created to focus on women experiencing multiple disadvantage. The forum considers the challenges, areas for improvement, and actions needed for change. There are also plans to work with the National Alliance of Women and Girls as a learning partner. The findings from this partnership will result in three community events across the system to focus on ways in which to better support women experiencing multiple disadvantage. Another area highlighted the value of working with organisations that are already experienced and trusted in supporting women.

I think what Changing Futures have done really well is embed themselves within really well-known touchpoints in the [area ...]. Because they've got a lot of good staff on there who are experienced in their work, they have good contacts.

Stakeholder, police

2.2 Improving the participant journey

Key findings

This section draws on data from the outcomes and historical questionnaires, service-held outcomes data, and qualitative interviews.

- While there has been little change in the proportion of people merely in *contact* with core services in their first few months with Changing Futures, there has been an increase in people with drug and alcohol problems who say that they are receiving *treatment*.
- Caseworkers are playing a key role in supporting people to access services, including attending appointments with participants. There has been an increase in the proportion who say that they are getting this type of help.
- Gaining access to mental health services in particular remains challenging.
- Most participants (68 per cent) remain engaged with the Changing Futures programme. Eighteen per cent disengaged and 12 per cent moved on for more positive reasons. Those who disengaged stayed with the programme for a shorter time than did those who moved on.
- Participants are positive about their experience with Changing Futures, feeling involved in decision making and supported to work towards their own goals. This was contrasted with the approach of some other services not part of the Changing Futures programme that participants said continue to operate in a way that is not trauma-informed.
- Changing Futures resource is being used to connect and enhance lived experience activity that developed before the programme. However, the involvement of people with lived experience of multiple disadvantage is said to be patchy across the system.

Enabling access to services beyond Changing Futures

An important aim of Changing Futures is to assist participants to get the support that they need. Most participants continue to be in contact with at least some kind of support service. There has been little change in the proportion of participants who say that they have been in recent contact with mental health, substance misuse, homelessness, or domestic abuse services between baseline and the first follow-up — see Table 44. This is despite the fact that levels of interaction with services at baseline were much lower than reported levels of need in relation to mental health, drugs and alcohol, and homelessness. We do not know for certain why levels of contact with services are lower than might be expected. Participants may be getting support from other services including Changing Futures. Qualitative research with participants indicates poor experiences of some services outside of Changing Futures (see page 33).

There is a statistically significant reduction in the proportion of people in contact with probation — down from 36 per cent at baseline to 29 per cent (n=471). There is also a significant increase in the proportion of participants who say that they have been in contact with other services, up from nine per cent at the start to 18.5 per cent roughly three months later (see Table 44). We have no additional information on what these services might be. There is also a significant reduction in the proportion of people saying that they do not want to answer the question, which could indicate that participants are becoming more trusting of programme staff and willing to participate in data collection.

There are indications of more people getting treatment (rather than merely being in contact with services) after a few months of working with Changing Futures. **The proportion of people with drug or alcohol problems receiving treatment has increased** from 57 per cent at baseline to 65 per cent after roughly three months (n=341; see Table 45). This is a statistically significant, albeit small, change.

Referral outcomes

In addition to the self-reported use of services outlined above, funded areas provide data on participant referrals to services and the outcomes of those referrals. This provides a snapshot in time for all participants on the programme at a specific point in time that we will review at intervals, rather than a before and after assessment for a consistent group of people.

At the end of February 2023, 27 per cent of participants had been referred for a homelessness assessment, 26 per cent for drug and alcohol treatment, and 27 per cent for mental health. Eight per cent had been referred to a specialist domestic abuse service (see Table 46 to Table 49). These are almost exactly the same proportions as reported in the baseline report for the three months to August 2022. Reasons as to why referrals had not been made include people already having had a needs assessment, already being in touch with services or not requiring specialist support from a particular service. There are also substantial proportions of people for whom we do not know why no referral has been made.

Of those who had been referred for a homelessness assessment and where information was provided, 61.5 per cent resulted in people being found accommodation (mainly in hostels or other short-term accommodation — see Table 5 below). This is lower than in the previous report, where 75 per cent had been found accommodation of some form. In contrast, the proportion awaiting an outcome had increased from seven per cent to 15 per cent. This may be due to an increased volume of referrals being made as the programme progresses, but we also know that homelessness services are under pressure and there is often a lack of appropriate accommodation.[13] Of those referred for a homelessness assessment more than three months earlier, only eight per cent were still awaiting an outcome (n=255; see Table 50).

Table 5: Outcome of homelessness referral (base=415)

Outcome of homelessness referral	Percentage
Provided temporary accommodation	50
Outcome pending	15
Found accommodation in hostel/short-term accommodation	9
Rejection of referral/no duty owed	8
Receiving support/providing further information	8
Found accommodation in private rented sector	3
Received advice or guidance only	2
Don't know	5
Total	**100**

Just over half (53 per cent) of referrals to drug treatment had resulted in active engagement in treatment — see Table 6. Whereas 17 per cent had an outcome pending. As with homelessness referrals, there are proportionately fewer people in treatment and more awaiting an outcome than in August 2022. Of those who were referred more than three months earlier, 16 per cent (n=121) were still awaiting an outcome (Table 51).

Table 6: Outcome of drug/alcohol referral (base=232)

Outcome of drug/alcohol referral	Percentage
Active engagement in treatment	53
Outcome pending	17
Service offer made, no active engagement yet	17
Rejection of service offer or treatment not sustained	5
Placed on waiting list	2
Rejection of referral	1
Treatment completed	1
Don't know	3
Total	**99**

*Total does not add to 100% due to rounding

Relatively few referrals have been made to specialist domestic abuse services (77 per cent of participants did not require a referral because they were not affected by domestic abuse or were already getting support — see Table 49). Over half of referrals (59 per cent) had resulted in either active engagement or a service offer being made — see Table 7.

Table 7: Outcome of domestic abuse referral (base=95)

Outcome of domestic abuse referral	Percentage
Active engagement with the service	38
Service offer made, no active engagement yet	21
Outcome pending	16
Rejection of service offer or not sustained	7
Service no longer required	7
Rejection of referral	3
Placed on waiting list	2
Don't know	3
Not applicable	2
Total	**99**

*Total does not add to 100% due to rounding

Both the quantitative and qualitative data highlight challenges for participants in accessing mental health services (see page 29). Unlike other service areas, only **a minority of referrals to mental health services (28 per cent) resulted in the participant actively receiving treatment** — Table 8. Roughly a third (31 per cent) had an outcome pending and 15 per cent had been placed on a waiting list — similar results to those reported up to August 2022. Of those referred more than three months earlier, nearly one quarter (24 per cent, n=119) were still awaiting an outcome (Table 51).

Table 8: Outcome of mental health referral (base=264)

Outcome of mental health referral	Percentage
Outcome pending	31
Active engagement in treatment	28
Placed on waiting list	16
Service offer made, no active engagement yet	9
Rejection of service offer or treatment not sustained	6
Rejection of referral	4
Treatment completed	3
Don't know	3
Total	**100**

Across all service referrals, it is positive to note that few so far have resulted in a rejection. However, a fairly high proportion of participants referred to alcohol/drug treatment had been made a service offer but were not yet actively engaging. Having a

referral accepted and a service offer made is positive, but it is only meaningful if the person concerned is able to take up that offer. As described in the section below on improving the service offer, participants and stakeholders highlighted how some services outside of Changing Futures are not welcoming to people experiencing multiple disadvantage and do not work in a trauma-informed way.

How Changing Futures is supporting people to access services

Qualitative research with the sampled areas highlights a range of activities that they are using to support beneficiaries to access services beyond Changing Futures. These were the role of caseworkers, outreach, multi-agency meetings, and the colocation of services. Caseworkers act as care coordinators and provide a single point of contact, reducing the extent to which participants have to manage relationships with multiple professionals. Caseworkers are able to advocate on behalf of their client and communicate with professionals in a way that can expedite access to support.

Caseworkers work with their clients to understand their needs and circumstances, and are able to introduce, refer and support clients to engage with services across different sectors. Caseworkers have good knowledge of local services and how to access them, and can connect beneficiaries with support outside of the Changing Futures programme. Their knowledge of substance misuse treatment, housing, criminal justice, and/or welfare helps to guide people through the system. They also support participants to attend appointments and meetings. Programme participants said that this was particularly helpful when they felt anxious or uncomfortable about attending alone.

In Essex, Changing Futures staff will go out with the homelessness outreach team to find people on the streets if they do not attend appointments. The Changing Futures team are well placed to understand the reasons as to why an appointment was missed, maintain relationships with clients, and support people to continue to engage with services. Assertive outreach is a model that has been used widely across the UK, where it was developed as part of the Rough Sleepers Initiative (RSI) and is frequently mentioned across wider literature.[14]

Support from the programme to help people to access the most appropriate services could result in reductions in the demand for help elsewhere in the system.

[Changing Futures support provider] actually got me alongside a […] senior mental health worker, so they was able to get me to have weekly appointments with this mental health worker. It dramatically narrowed down me having to speak to my GP, or then going to see the mental health worker. It cut out that bit of communication and enabled me to just go direct to [the mental health worker], expressing my problems to [her].

Programme participant

The quantitative data support this, **showing a statistically significant increase in people who state that they are getting support with attending appointments**, up from 37 per cent at baseline to 47 per cent after three months with the programme (n=474; see Table 54). There is a larger increase over the first six months, from 39 per cent at baseline to 55 per cent (n=187; see Table 55).

As well as providing a channel for referral to the Changing Futures programme, **multi-agency meetings provide participants with routes through which to access other services, monitor their progress, and ensure that they get the right support**. Changing Futures staff have either set up or joined multidisciplinary team meetings in their areas, such as Multi-Agency Prevention and Support (MAPS) meetings in Greater Manchester and Team Around the Person (TAP) meetings in Sheffield. While some of these meetings were taking place before Changing Futures, service delivery staff reported that they attend joint meetings on a more regular basis and that new meetings have been organised as a result of the programme. Multi-agency meetings can help to improve communication on referrals and provide a mechanism for ensuring that all parties follow up on agreed actions to support people.

The problem with being a frontline worker is you do a referral and you just hear nothing […]. You're sat on that panel meeting and there's a person there who works for that [service] and they can chase it up for you […] Say if someone's being discussed and it's, "Oh, it'd be beneficial if [organisation] will do this", and that's an action for me to take away. Two weeks later, I've come back and those actions are run through.

Service delivery staff

In a number of areas, Changing Futures delivery staff are colocated with professionals from other services. Service delivery staff reported that these hubs make it easier for Changing Futures participants to access other services. In other areas, the premises in which the Changing Futures teams are located provide a base from which multi-agency working becomes easier — professionals can visit the office and meet with beneficiaries.

Nevertheless, a number of **barriers remain across the systems for people experiencing multiple disadvantage accessing services**. Service delivery staff and participants both reported that there are high eligibility thresholds for some services, **particularly mental health services**. Stakeholders stated that people cannot gain access to mental health services unless they are in a crisis situation, and multiple service delivery staff felt that they were unable to do anything to improve access to NHS

mental health services. It was also noted by one area that mental health professionals are often unable to attend multi-agency meetings which discuss client cases.

We do have a massive gap with mental health. We don't tend to have people who are core attendees, and if they do, it drops off after a couple of weeks. I just know they're struggling staffing-wise themselves, so it's a bit hard.

Stakeholder, voluntary and community sector

Across the types of services most needed by people experiencing multiple disadvantage, there are well-documented challenges with staff recruitment, retention and capacity, as well as funding constraints.[15] Generally, stakeholders across all areas reported that there are limited resources available for services that support people experiencing multiple disadvantage, which means that staff are often overstretched, carrying high caseloads and lacking the capacity for collaborative work. For example, Dame Carol Black's 2021 independent review of drug prevention[16], treatment and recovery reported that drug workers had caseloads of between 50 and 80, sometimes rising as high as 100 people. In contrast, the average Changing Futures worker caseload is between 5 and 17.

These capacity challenges are having a direct impact on participants in the Changing Futures programme who are unable to access services. Again, these challenges seem to be most common and acute in mental health services, but are also evident in other healthcare services. For example, participants also reported experiencing long waiting times when trying to access GP and other health services.

Across sampled areas, stakeholders also reported that there is limited housing stock and it was felt that this has resulted in 'rigid' eligibility criteria, which have made it challenging for some people to access support. In one area, for example, stakeholders reported that people are required to meet high social care and/or mental health thresholds to be considered for supported housing. Similarly, stakeholders in another area reported that their participants often have rent arrears that can be a large barrier to accessing accommodation.

They just get turned away. We had people who end up in hospital, obviously through drink and drugs or overdose. They'd be turned away [from mental health support], saying someone from the crisis team would be in contact with them, and usually no one would be in contact with them, so we'd be trying to chase that.

Service delivery staff

There are also **examples in which services have been resistant to supporting people experiencing particularly complex forms of multiple disadvantage** and have felt that responsibility falls elsewhere. This was most commonly mentioned in relation to statutory services, which were seen by some stakeholders as being risk averse – particularly housing teams. Service delivery staff reported that resistance to taking on some clients can be due to professionals having to justify their decisions and being held accountable in the event of something going wrong. This has resulted in

Changing Futures caseworkers having to deliver more direct support than they initially planned.

Staff and services outside of Changing Futures may also lack the capacity, skills, knowledge, and/or evidence base to effectively support people. They may fear placing someone whom they understand to be at high risk on their caseload, or believe that the person is better supported by other services. As a result, services may reject a referral or 'pass the client along' to other services, rather than accepting them onto their caseload or working collaboratively with other services to best support the person. The range of services and pathways that are accessible to people experiencing multiple disadvantage is therefore limited.

Services often deliver in specific geographical areas, which means that people may not be eligible for support based on where they live, even if there is not another similar service available. As one support worker reported:

> [The participant's] situation is quite complicated and, unfortunately, he's really struggling with the geographical boundaries and the barriers as a result of that. Just falling outside of the [city] boundary means he can't access the majority of [the city's] support, even though his child lives here. He works in [the city] as well. All his connections are in [the city], but his address is just outside of the boundary, so it's been really challenging.
>
> **Service delivery staff**

The system of support for people experiencing multiple disadvantage operates across different administrative areas, which often do not align with one another. These include multiple local authorities, which can be culturally, economically and politically diverse, as well as different types of organisations or partnerships of organisations such as Integrated Care Systems (ICSs), policing areas, and voluntary and community organisations that operate over different and overlapping footprints that do not correspond to local authority boundaries. Newly introduced ICSs have expanded responsibility at system, place and neighbourhood levels. Each ICS can differ in the model and funding of services too, meaning there may be greater scope for services to be commissioned differently by area and within areas. These complex geographies make the system more difficult to navigate for people seeking to access support, as well as for staff working in the services. It means that there are different policies, processes and services in place depending on the locality, which can make it difficult to know what support is available for someone and how they can access it.

Sustaining programme engagement

Of those participants for whom we have data, 68 per cent were actively engaged with the programme at the end of February 2023 (base=1,619). Since the baseline report, more have disengaged (18 per cent) or moved on (12 per cent), which is to be expected as the programme progresses (see Table 56).

Of those who have moved on from the programme, in most cases this is because they either no longer require support or are receiving appropriate support elsewhere (see

Table 9). This is based on quantitative data provided by funded services, as no qualitative or self-reported data are available from people who have left the programme.

Table 9: Reason for moving on from the programme (base=191)

Reason for moving on	Percentage
Left the area	15
Support no longer required	40
Receiving appropriate support outside of the programme	40
Other	6
Total	**101**

*Total does not add to 100% due to rounding

Of those who have disengaged, most (61 per cent, n=292) simply cannot be reached and there is no response to engagement efforts. A further 20 per cent cannot be reached due to interaction with the criminal justice system, such as a long custodial sentence. Fourteen people have died (see Table 57).

People aged above 60 are significantly more likely to have moved on from the programme already in comparison to those aged 30–49 — 34 per cent of all those aged 60 and above have moved on, compared to 13 per cent of those aged 30–39 and 12 per cent of those aged 40–49 (see Table 58).

Women are significantly more likely to still be actively engaged with the programme than are men. Eighty per cent of women were still actively engaged with the programme in February 2023 in comparison to 69 per cent of men (Table 59).

People who are not disabled are more likely to have moved on from the programme than are people who are disabled. Just over a quarter of people who are not disabled (26 per cent, n=78) have moved on in comparison to only six per cent of disabled people (n=391). Conversely, disabled people are more likely to still be actively engaged with the programme (see Table 60).

There are significant differences in the length of time for which people stay with the programme between those who move on and those who disengage. In both cases, a handful of people spend only a matter of days with the programme; this appears to be due to some inappropriate referrals to the programme, as several are noted as not requiring support from Changing Futures. However, the average time in the programme among those who move on is about four-and-a-half months (144 days) in comparison to three-and-a-half months (107 days) for those who disengage (Table 61). Of those who move on, the longest that anyone has spent in the programme is about 16 months, compared to 10.5 months among those who have disengaged. This could indicate that remaining with the programme for a longer period of time leads to better outcomes. Certainly, the Fulfilling Lives programme highlighted the importance of maintaining support over a longer period of time — for example, those who experienced little improvement in their levels of rough sleeping or homelessness tended to leave the programme sooner than others.[17] Understanding more about reasons for leaving and

how the length of time affects outcomes should be priorities for future research, analysis and reporting.

The qualitative research sheds further light on reasons for disengagement and the impact of this on providing support. Stakeholders reported that a participant can disengage quite easily if something goes wrong with their support or there is a change in their life (such as the breakdown of a relationship). It is therefore important that professionals can adjust their approach and be available when the person is ready to re-engage.

Changing Futures caseworkers highlighted how when a client disengages, even for a short period of time, it can be very difficult for various aspects of their support to progress, such as housing applications. A few caseworkers indicated that once a person disengages it is common for them to do so with all services, greatly impacting the support that they receive. Stakeholders in one area reported that challenges with engagement are particularly acute when a participant is suddenly sent to prison, even if they are engaging well with the programme. This can also take an emotional toll on professionals.

Improving the participant experience and the suitability of the service offer

Caseworkers were one of the key mechanisms for improving the participant experience and journey mentioned by both stakeholders and participants. The approach adopted by caseworkers across areas was praised by participants. Caseworkers are working in a person-centred way (rather than focusing on external service-led targets). Participants feel involved in decision making and supported to work towards their own goals. There was a statistically significant increase in the proportion of participants who said that they had been getting support to think about their wellbeing or goals between baseline (37 per cent) and the first follow-up three months later (46 per cent, n=474; see Table 54).

However, despite positive experiences with Changing Futures, stigma and a lack of an understanding of multiple disadvantage remain issues. **Participants reported that they have experienced some services as unwelcoming and that it sometimes feels like staff are not interested in their problems.** Statutory health services (for example, GPs) and housing services were most commonly viewed by participants as being unwelcoming/dismissive. A number of stakeholders contrasted the approach adopted by Changing Futures caseworkers with other services, highlighting that many services continue to operate in ways that are not trauma-informed or relational (that is, prioritising establishing a longer-term, supportive relationship between the service and the participant). This can make beneficiaries feel like they are being judged or ignored. As part of the systems mapping exercise, stakeholders reported that person-centred and trauma-informed approaches are not adopted everywhere and are understood and applied differently. There are also varied levels of willingness and capacity to adopt these ways of working. This applies to referral processes as well as services and support. This results in services unwittingly excluding or re-traumatising people. For example, adopting a rigid or punitive approach to appointments and timekeeping or asking people to go into detail about their experiences of trauma before they can access a service is likely to create barriers to people receiving the support that they need.

> There's a hell of a lot of difference [between Changing Futures and other services]. The support that I get here […] I can speak to [my support worker]. I can ask him to come over and speak to me, and he'll sit there and he'll listen to what I've got to say. [With] other support that I've had in the past, they don't listen. But [my support worker], he comes out of his way and he'll listen. He'll sit there and I can tell him anything that I want.
>
> **Programme participant**

Changing Futures partnerships have funded organisations to provide training on a range of issues, such as anti-racism and trauma-informed practice, to services in their areas, as well as developing bespoke training. In some areas, this is happening in parallel with and/or supporting activity which started before the programme.

In several of the sampled areas, new services and support pathways have been created to provide additional support for people experiencing multiple disadvantage. For example, a Changing Futures Wellbeing team in one area supports participants with their mental health alongside other issues such as homelessness and problems with drugs and/or alcohol. Other areas have also introduced activities such as boxing and digital arts programmes.

Interviewees highlighted a number of issues that continue to be experienced across the system that negatively affect people's experience of and engagement with services. Across a number of services, it still appears to remain common for people to experience long delays or to stop receiving support altogether if they miss an appointment. When support stops, it can take several weeks before someone is able to re-engage with a service.

Services are often commissioned for a short period of time and/or receive small pots of grant funding. This can create instability in services because they are unable to offer staff longer-term contracts and cannot guarantee that the service will be available in the future. One commissioner stated that short-term contracts can be harmful for service users, as they set an expectation that services will be provided, even though they can be quickly discontinued. Service delivery staff and participants reported multiple occasions on which cases have been closed before the participant feels ready to end support. It is likely that this is due to the acute financial and demand pressures that these services are experiencing. Changing Futures has provided a platform for stakeholders across the system to come together to discuss and consider these challenges, and there are some local examples of joining up funding and pooling resources, as discussed further in section 3.4. However, much of this work is still in its infancy.

Coordination and collaboration between services

Caseworkers also have a role to play in improving coordination and collaboration between services. Caseworkers have been able to explore the service offer in their local

area and develop relationships and increase communication between different services. This is also helping participants to avoid having to retell their stories. In Greater Manchester, for example, caseworkers meet with other professionals across the system on a regular basis to 'bridge the gap'.

Multi-agency meetings were again identified by interviewees as positive examples of improving information sharing and partnership working. Across the sampled areas, stakeholders reported that multi-agency meetings are the main method of coordinating and joining up support in relation to people experiencing multiple disadvantage. Meetings have been used to help locate clients, discuss their needs, and consider suitable support options. In some areas, joint meetings have been a catalyst to improve partnership working, as professionals develop relationships and an understanding of other services.

> You build up relationships with people within [the multi-agency meetings …] you're bouncing ideas off each other. You can get to know what services do a lot more and build up everyone's knowledge base of what can be offered to people.
>
> **Stakeholder, substance misuse**

Most of the delivery staff whom we consulted said that relationships with other services overall had strengthened as a result of continuing operational-level work that they began prior to Changing Futures. Systems transformation work, such as the MEAM Approach and Fulfilling Lives, had created dedicated roles such as caseworkers, which have been able to lay the ground for Changing Futures. System stakeholders and services have been working to improve support for people experiencing multiple disadvantage.

Information sharing

Poor information sharing and communication between organisations can result in practitioners not knowing what other services are supporting a person, which prevents coordinated plans and referrals. Limited data and information sharing is a challenge that has been identified in the wider literature.[18]

In most of the sampled areas, there are existing data systems in place that have been used as part of Changing Futures. These include caseload management and referral systems that allow professionals to see information on clients. Although stakeholders identified some shortcomings in these systems and that not all relevant organisations have access, the systems provide a structure that people can use.

Furthermore, a number of organisations across areas had information sharing agreements (ISAs) in place before the programme. Again, these do not necessarily involve all relevant organisations, and stakeholders in one area identified challenges in engaging smaller charity organisations, particularly community and faith groups, in ISAs.

At least one area has made progress in developing new information sharing infrastructure. Local authorities have agreed to an ISA as part of the memorandum of

understanding at the start of the Changing Futures programme, and a customer relationship management (CRM) system has been introduced. The CRM was designed through a process of collaboration and coproduction.

Most participants found it difficult to talk about how their information is used and shared between services. Nevertheless, examples were given of information being shared between professionals, which has resulted in smoother transitions and less of a need for people to ‘retell their story’. Participants have been able to share key information with their caseworker, which is then shared with relevant organisations/professionals.

Nevertheless, some programme participants voiced concerns regarding their information being shared without their consent. Participants stated that agreeing to sharing information with one professional did not automatically mean that they had given permission for the information to be shared further. There was a consensus that they would like to know if and with whom information was going to be shared.

[Professionals] say that it's private and confidential, but most of the time they're passing it on to other people. And it's a bit shocking when they're saying, 'Well, what about this information that I've been given by such and such?', and it's like, 'Hang on a minute. I thought that was private and confidential. How did they get that information?' You see what I mean?

Programme participant

Involving people with lived experience of multiple disadvantage

Many of the Changing Futures areas have been involved in previous multiple disadvantage systems change programmes such as the MEAM Approach and Fulfilling Lives; as a result, there are numerous lived experience teams, specialist involvement organisations and related initiatives. These include opportunities for people with lived experience and services to come together and, for example, advise on trauma-informed working or coordinate involvement in recovery activities.

And while people with lived experience were involved in developing areas' proposals for Changing Futures, interviewees stated that there were varied levels of commitment to and use of lived experience across services prior to the programme. It was common for organisations to 'consult' with people with lived experience (for example, asking a lived experience group to comment on a bid that had already been produced), instead of meaningful involvement in coproduction, codesign and codelivery.

[Previously we would] develop a bid or we'll develop what we think is a good idea and, effectively, we're asking them to say they think that we're clever and we've done it right.

Stakeholder, police

All of the areas that we interviewed for this report have created or enhanced an existing lived experience team. However, areas are at differing stages, with some still working out the logistics and remit of the group. New lived experience roles have also been created as part of the programme in each of the areas, and lived experience is being used in the delivery and shaping of services in a variety of ways.

Because there are lived experience involvement and coproduction activities that predate Changing Futures, programme **resources are being used to connect lived experience groups to share learning, consider how organisations can work better together, and ensure that lived experience is consistently used**. In one area, for example, there are a number of well-established groups and the Changing Futures team is supporting them to work together better. Similarly, in another area, an existing recovery forum for people affected by problems with drugs and/or alcohol has been able to broaden its remit as a result of Changing Futures funding to include people with lived experience of other forms of disadvantage, including experience of the criminal justice system and domestic abuse.

Areas are working with lived experience groups to contribute to the delivery of the Changing Futures programme. In at least one area, for example, people with lived experience sit on the programme board and are able to advocate on behalf of programme participants. People with lived experience have been involved in delivering training for professionals across the system. For example, a training session on cuckooing[**] in Sheffield was co-facilitated by two people with lived experience. Stakeholders reported that people with lived experience are frequently involved in major strategy and decision-making meetings. In Greater Manchester, for example, people with lived experience attend a new strategic forum focusing on women experiencing multiple disadvantage to identify what needs to change.

People with lived experience have also been involved in conducting research, collecting data, and providing insight. In Essex, for example, there has been an exercise with service users from different sectors to understand their experiences, what barriers they have encountered, and potential solutions. The resulting data will be presented to commissioners. The Changing Futures team in one area has been engaging with local community groups to try to capture the voices of people who may not access services.

> We're diversifying what our ears are listening to. And I think that's really important.
>
> **Changing Futures staff member**

Overall, it was frequently reported that **lived experience involvement is happening in parts of the system** and there are examples of services across all areas working to involve people with lived experience, particularly within the third sector. Nevertheless, it remains the case that lived experience involvement is less of a priority in many services. In some areas, stakeholders expressed concerns that there are still professionals who neither value nor fully understand the potential contribution of people with lived experience.

Areas to which we spoke outlined plans to continue to embed the voice of people with lived experience throughout the course of the programme. Stakeholders reflected that these changes are part of a longer process. There is evidence that attitudes have started to shift and there has been a change in the way in which professionals value lived experience. However, there is still more work to be done to ensure that people with lived experience are involved consistently and meaningfully across sectors and services.

[**] When the home of a vulnerable person is taken over by others and used for criminal activities such as drug dealing.

Recruiting peer researchers in Plymouth

Twelve new peer researcher posts have been created and placed in various organisations and services, including substance misuse, housing/homelessness, and domestic abuse services. The role and responsibilities of the peers vary, depending on the organisation with which they are working, but include conducting research that will feed into a new community mental health framework, supporting the development of a health improvement pathway for people who are not accessing healthcare, and researching a release and resettlement programme for female prison leavers.

To recruit the peers the Changing Futures team worked in partnership with the Trauma Informed Network and coproduced the person specification with a local lived experience working group. The recruitment process was seen to be a positive example of trauma-informed practice. The posts were advertised at the grassroots level through a series of community events. Following this the project manager met with potential candidates informally to talk about the role; this included having a coffee and dog walks. There were no online applications nor CV submissions required, with creative applications such as poems and videos accepted instead. In total, 32 applicants were invited to an interview, all of whom attended. The recruitment process took place through five open days. These involved an informal group conversation with food and drink, and a 20-minute conversation in which interviewees answered questions that they had received in advance. The organiser perceived that the process had worked well:

People stayed for the whole session, until 3 o'clock. They were free to leave at 12 […] drinking coffee and sharing experiences and making connections. WhatsApp groups were set up, walking groups. They went off and made friends with the other candidates.

Once recruited, the peer researchers received a full induction focused on bringing them on board safely, covering financial implications of starting work, wellness plans, and an opportunity to meet the wider Changing Futures team, followed by four weeks of working alongside a professional. There are plans for peers to receive trauma awareness and anti-racism training.

Case study
Tom* found out about an opportunity to work with the Changing Futures programme after a leaflet was posted through the door of his housing block. He contacted one of the Changing Futures workers and has gradually become involved with the programme over a period of about one year as a paid worker.

Tom has taken part in many different activities. These include conferences at which he has spoken about his experience, as well as research and information gathering workshops on service problems and solutions.

Tom has received support in different ways. He has a line manager whom he sees once a month who checks in on him.

Some of [the questions that they ask me] are based around my mental health — how I'm feeling. Some of them will be about progression within Changing Futures and if there is anything they can do for me.

Tom received training, including how to be a board member, and a three-day course on psychologically informed environments with the staff that work on Changing Futures.

I was being invited to be part of the actual working team. And it was really useful.

* Name has been changed

2.3 Early outcomes for participants

Key findings

This section draws on data from the outcomes questionnaire, service-held outcomes data, and qualitative interviews.

- Programme participants overwhelmingly report positive experiences of the Changing Futures programme.
- Many participants report getting help with accommodation. There has been a small but statistically significant reduction in the proportion of people who are homeless, from 59 per cent at baseline to 52 per cent roughly three months later. There is also a significant reduction in people sleeping rough, from 33 per cent to 23 per cent, over a similar timeframe.
- There are some early positive indications of improvements to physical health. Furthermore, the proportion of participants receiving help to access a GP has increased from roughly one quarter at baseline to about one third three months later.
- There has been an increase in the proportion of people receiving help or advice with money problems, and a reduction in the proportion of people unable to manage debts or bills, from 37 per cent at baseline to 24 per cent about three months later.
- The programme has provided opportunities for participants to take part in social activities. Whereas 18 per cent of people at baseline said that they had nobody to talk to, this has reduced to nine per cent after three months.

Changes in health, safety and wellbeing

Both quantitative and qualitative data provide evidence on a number of emerging outcomes in relation to participant wellbeing and physical and mental health.

The qualitative research provides evidence that participants have a **positive experience of the programme**. Participants often spoke about the holistic impact of the support that they have received, as caseworkers have supported them in all areas of their lives. Several highlighted the positive effects of feeling that they have somebody who supports them, sometimes for the first time in their lives. In several of the interviews, participants mentioned how ‘it is nice to have someone to speak to’.

> Well, from [my support worker], the support I’ve received is, well, it’s just nice to have someone to talk to every now and again.
>
> **Programme participant**

> They’ve helped me with letters. They’ve helped me with going places, giving me confidence, foodbanks, everything. Got education course coming up, helped with Council Tax.

Programme participant

Participants said that Changing Futures has made **a positive difference in their life**. The positive support that they have received, particularly strong and trusting relationships between caseworkers and participants, has resulted in positive shifts in participants' confidence, self-belief, and outlook. The participants to whom we spoke were hopeful; they feel that they are making strong progress, overcoming problems and finding positive opportunities.

Programme support staff reported that they are able to spend time with participants to build up a relationship and develop participants' confidence, which helps to get people to a place in which they are ready for change. Some of the positive outcomes and improvements in participants' journeys have been attributed to taking the time with clients and working at their pace.

I've even started thinking about my future, because I'm only 21 and I should always be thinking about my future, what was ahead of me, and I never have done. I was always way too consumed with what was going on in life, and I guess I do owe my life a bit to [support organisation] in that kind of sense.

Programme participant

Recovering Quality of Life (ReQoL) is a patient-reported outcome measure developed to assess the quality of life of people with different mental health conditions, and is one of the key indicators of change used by the Changing Futures evaluation. It encompasses 10 different domains of mental health. Higher scores indicate a better quality of life. Figure 5 (positive statements) and Figure 6 (negative statements) depict the change in ReQoL scores between baseline and the first follow up. There is a small increase in the overall ReQoL score between when people join the Changing Futures programme (baseline) and the first follow-up questionnaire (undertaken roughly three months later), but this change is not sufficient to be a reliable indicator of improvement or clinically important. Among the 307 people with valid data at both timepoints, there was an increase in the mean average score from 13.3 to 16.7 (see Table 62). An increase of five points is the minimum important difference — the smallest change in score that is considered to be reliable and clinically or practically important. Research conducted by the University of Sheffield, the developer of ReQoL, has shown that a score of 24 or below indicates that someone has mental-health-related problems and may require help or intervention, whilst 25 or above is seen as falling within the range of the general population.[19]

A very similar result is observed if we compare baseline and second follow-up scores — so change over approximately six months rather than three months. Of the 129 people with valid data at both timepoints, the mean average ReQoL increases from 13.6 to 16.7 (see Table 63).

Most people's score either remained the same or improved on all of the component parts of ReQoL.

Figure 5: ReQoL change between baseline and first follow-up – positive statements

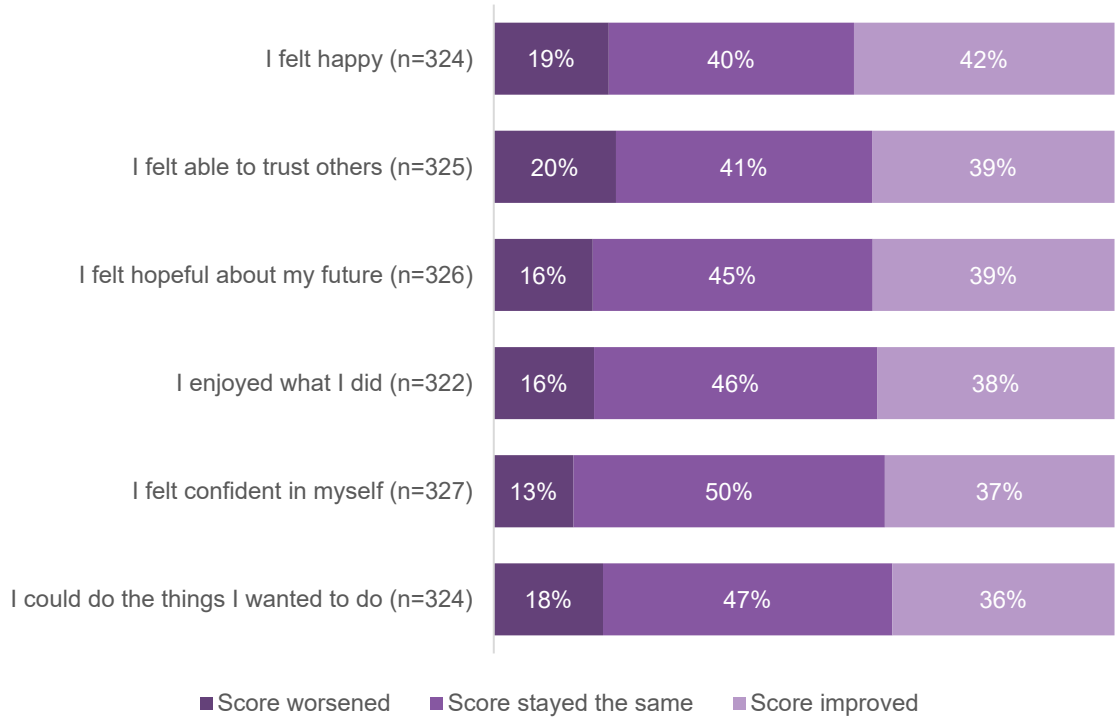
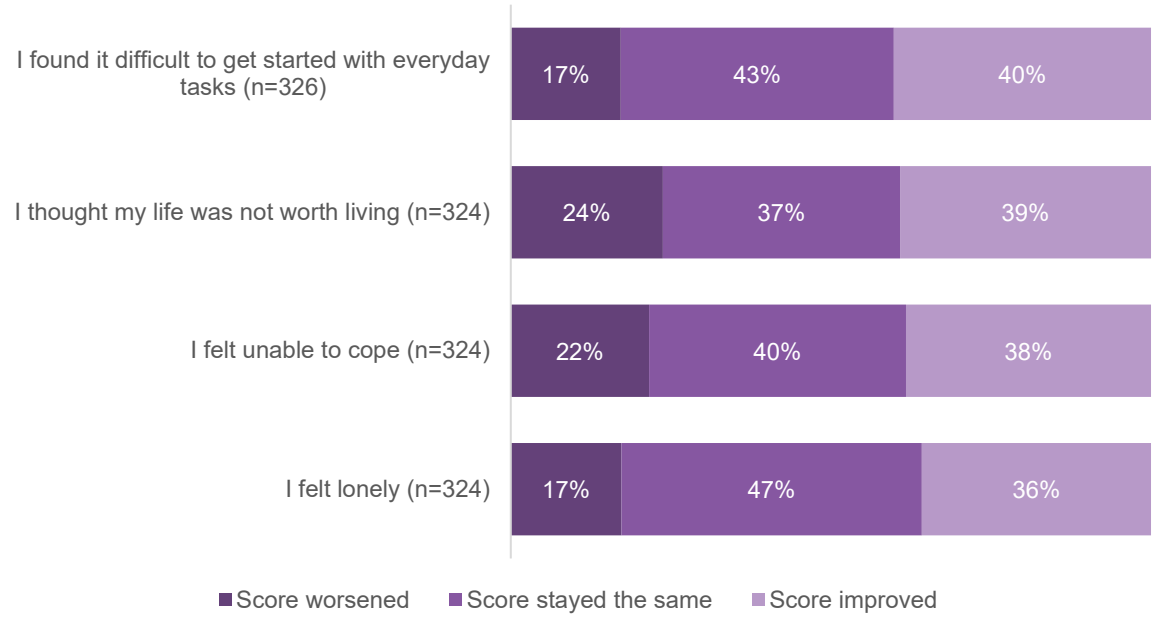


Figure 6: ReQoL change between baseline and first follow-up – negative statements



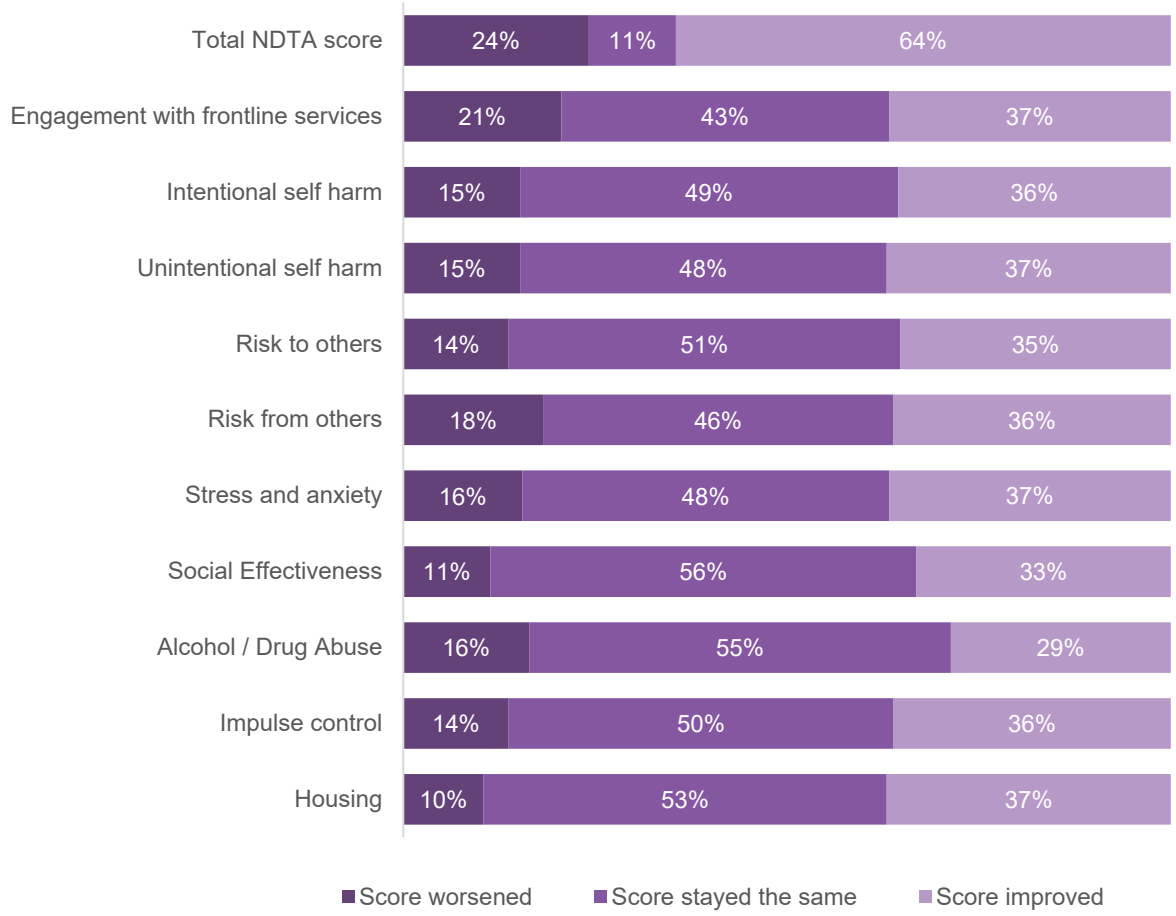
The New Directions Team Assessment[20] (or NDTA) assesses need and risk across 10 items and also provides a composite indication of progress on key outcomes. Each item is rated on a five-point scale, with 0 being a low score and 4 being the highest score, and with two items (risk to others and risk from others) that are double-weighted. Thus,

a reduction in the NDTA score can be seen as improvement. Figure 7 depicts the change in NDTA scores between baseline and the first follow-up. There is a small reduction in the NDTA score between baseline and the first follow-up. Based on 335 people with valid data at both timepoints, the mean average score reduced from 22.9 to 19 (Table 64). There were statistically significant but small reductions in all 10 elements of the NDTA. Unlike ReQoL, there is no guidance on what change in the NDTA score is practically meaningful.

As with ReQoL, very similar results are observed when we compare baseline and the second follow-up NDTA. The mean average score decreases from 22.6 to 19.1, although this is based on a relatively small sample of 81 people (Table 65).

As a comparison, the Fulfilling Lives evaluation reported that mean NDTA scores decreased from 32 at baseline to 26 after six months[21] — a larger change in the average score, albeit from a notably higher starting point.

Figure 7: NDTA change between baseline and first follow-up (base=335)



Qualitative data indicate progress towards outcomes more clearly. Participants reported that **the Changing Futures programme has helped with their confidence, mental health, and wellbeing**. The challenges faced by people experiencing multiple disadvantage are often interlinked. Multiple participants reported that the programme has supported them with issues such as accommodation and problems with drugs and/or alcohol, which in turn has improved their mental health and wellbeing.

I've had a lot of issues that have been resolved by [support organisation]. In comparison to beforehand, I would have bottled it all up […] just let it all slide, let it all happen. I wouldn't have dealt with it. My [substance] use would have probably just spiralled out and got even worse at that point in time. So, I guess, having [organisation] around in comparison to how it was, it's helped me grow into a different person. It's helped me change my perspective on how I see things and other services.

Programme participant

There is also some early positive indication of improvements to participants' physical health. The proportion of people reporting no or only slight problems with their health has increased from 47 per cent at baseline to 54 per cent roughly three months later — a statistically significant change (n=328; see Table 66). Examining change over participants' first six months in the programme, there appears to be a larger increase in people experiencing improved health over this slightly longer timescale, although participants in this smaller sample have worse health to begin with (see Table 67).

More participants also said that they were getting support to access a GP — one quarter (n=474) were receiving this kind of help at baseline and this had increased significantly to one third (32 per cent) after three months with the Changing Futures programme (Table 54).

There is some tentative quantitative evidence of reductions in offending. While there is little change in the proportions of participants reporting specific types of interactions with the criminal justice system (such as arrests and convictions), there is a small but statistically significant increase in the proportion of people saying that they have had no interactions with the criminal justice system in the previous three months, up from 54 per cent at baseline to 60 per cent after three months (n=421; see Table 68).

Stakeholders are hopeful that participants who are being supported through the Changing Futures programme will be less likely to commit a crime, and there is some emerging qualitative evidence to support this. For example, a navigator described how one of their clients with experience of the criminal justice system has since received a range of support and, as a result, is now sober, looking to enter a rehabilitation programme and planning to participate in a hiking challenge. Additionally, one service delivery staff member reported that the Changing Futures programme is recognised by local courts and that individuals involved in the programme are looked at favourably if they are engaging:

If we go to court, the minute that someone says they're working with [support organisation] and that person's a Changing Futures client, they're looked more favourably on because they're working with the service […] and they're trying to make changes, and they look at what work the service does. There's been improvements there in how that particular client's been perceived at court.

Service delivery staff

There are also indications of a reduction in people experiencing crime. The proportion of participants who said that they had been a victim of non-violent crime in the previous three months reduced from 31 per cent at baseline to 24 per cent in the first follow-up (n=475; see Table 69). The proportion of those experiencing violent crime also reduces from 35 per cent at baseline to 30 per cent in the first follow-up, although, unlike the change in experience of non-violent crime, this is not statistically significant (n=476; see Table 70).

Participants also appear to be feeling safer. Of those without experience of domestic abuse or where they do not feel at risk of further abuse, there is an increase in the proportion of people who say that they generally feel safe, from 37 per cent at baseline to 48 per cent three months later (n=200; see Table 71).

Among those who have experienced domestic abuse, there is also an increase in the proportion of people who say that they have ‘very much’ or ‘quite a lot’ of ways in which to stay safer, from 22 per cent at baseline to 34 per cent in the first follow-up, although this is based on a very small sample of only 41 people and is not a statistically significant change (see Table 72).

Changes in housing and financial stability, and social connectedness

Quantitative data indicate small **reductions in levels of homelessness** among participants, even at this early stage of the programme. Fifty-nine per cent of participants (n=399) reported experiencing homelessness in some form during the three months prior to completing their baseline questionnaire. This had reduced to 52 per cent by the first follow-up (see Table 73). Although only a small change, it is statistically significant.

There also appear to be reductions in rough sleeping. Thirty-three per cent of people (n=476) reported sleeping rough at some time in the previous three months at baseline. This reduces to 23 per cent in the first follow-up — again a small but statistically significant change (see Table 74).

Participants also appear to be **feeling more confident about their housing prospects**. Among those not in stable accommodation (n=120), 23 per cent were fairly or very confident about being in stable accommodation in six months’ time when asked at baseline. By the first follow-up questionnaire, this proportion had increased to 33 per cent (see Table 76). And among those already in stable accommodation (n=125), the proportion who were confident about still being in this accommodation in six months’ time had increased from 55 per cent at baseline to 70 per cent in the first follow-up (see Table 75).

These changes are reinforced by evidence from the qualitative research, where there are multiple examples of participants being supported with their housing. Changes to accommodation/housing status were identified by participants as one of the biggest impacts of the Changing Futures programme. Participants reported that their Changing Futures caseworker would often go above and beyond what other services offer to provide flexible support. This could include communicating with housing services on

their behalf and chasing missed appointments. Once housing is secured, this can enable a great deal of other support to be put in place.

> The housing, that's the main part [...]. Having the structure of having my own property in supported housing, being able to come and ask for advice and ask for help just from a door across, is probably the most helpful and most beneficial thing that I've received from this service so far.
>
> **Programme participant**

Qualitative interviews also demonstrated that the programme has connected participants to employment services (such as the Jobcentre) as well as educational courses (such as developing reading and writing skills). There has been a notable and statistically significant increase in the proportion of people getting help or advice with money problems, up from 20 per cent at baseline to 27 per cent in the first follow-up (n=474; see Table 49). Areas reported that 75 per cent of participants (n=1,535) were receiving the benefits to which they were entitled in February 2023 (see Table 77) in comparison to 69 per cent in August 2022. Related to this, there has also been a **reduction in the proportion of people who say that they are unable to manage paying off debts or bills**, from 37 per cent at baseline to 24 per cent after about three months with Changing Futures (n=327; see Table 78).

Changing Futures support staff reported that participants have taken part in various social inclusion activities which have helped people to feel more connected and confident. For example, Futures In Mind in Essex offers an inclusive approach to recovery as well as opportunities for participants to develop skills and meet like-minded people. Participants also reported that their caseworkers have acted as a 'buddy', for example, as a first step towards reintegrating into the community after leaving prison. In a small number of interviews, participants said that their navigator has been able to support them to improve their relationship with family members.

> They've got me rehomed and helped me with my family, got my family back with me — helped my family and got my mum back speaking to me. He got my brother speaking back to me […] he got them all back.
>
> **Programme participant**

These kinds of positive changes in social connectedness can also be observed in the quantitative data. There are statistically significant increases in the proportion of participants who say that they have been receiving help with connecting or reconnecting with family members — up from three per cent at baseline to seven per cent three months later (n=474). There is a similar small but statistically significant increase in the proportion who say that they have been introduced to people or groups in the local community — up from 12 per cent to 17 per cent over the same period (n=474; see Table 54). Eighteen per cent of participants (n=328) said that they had nobody to talk to other than their support worker. After approximately three months in the programme, this has reduced significantly to nine per cent (see Table 79). Notably, more people now

say that they would turn to peer support first if they needed someone to talk to (10 per cent in the first follow-up in comparison to six per cent at baseline).

3 Systems-level change

This chapter sets out progress with local systems change in Changing Futures areas. At the systems level, the Changing Futures programme aims to create change in partnership working, governance, and the use of data, which in turn should lead to improved commissioning. In each interim report, we explore a particular topic in depth — in this report we focus on commissioning. Commissioning is the process of assessing needs and of planning, prioritising, procuring or otherwise organising and monitoring local services.

The commissioning environment is critical to tackling multiple disadvantage, as it facilitates or constrains what services can be delivered and in what ways, and to what extent services are able to work together and coordinate support. As a result, changing commissioning forms a central part of local systems change efforts.

In qualitative interviews, stakeholders in strategic commissioning roles tended to express a vision of commissioning which positions it as systems transformation, using resources creatively, rather than purely as the procurement of services. They also recognised that translating this vision into reality is an ongoing process which requires sustained relationship building, communication, and capitalising on opportunities to work differently.

> We know commissioning isn't just about reinvestment of money; it's about redesigning services and looking at changing things, and the delivery model, and not necessarily new investment, to get better outcomes for people.
>
> **Service delivery staff**

> [Commissioner] has a very clear idea about what commissioning should be in terms of system transformation, rather than doing things to people, and just literally buying services.
>
> **Area lead**

3.1 Setting the context

Key findings

This section draws on data from the baseline systems mapping and qualitative interviews with five Changing Futures areas.

- Changing Futures areas aim to address common challenges in how service commissioning responds to multiple disadvantage. These include siloed funding, prescribed metrics and outcomes, short-term funding and commissioning cycles, and the dominance of larger providers.
- Areas have a range of locally specific priorities for improving commissioning. These include integrating commissioning, pooling budgets, increasing service capacity, improving data and information use to inform commissioning, and involving people with lived experience in commissioning.
- Changing Futures areas are working from varying starting points in terms of existing partnerships, the efficacy of commissioning structures and approaches, and the availability of specialist services for people experiencing multiple disadvantage.

Issues in commissioning for multiple disadvantage

Changing Futures areas are seeking to address a range of challenges in how commissioning responds to multiple disadvantage. These were recognised both locally and nationally prior to the commencement of the programme and helped to inform the programme's theory of change. These challenges were also identified as part of a local systems mapping exercise (see Baseline report[22]). The main barriers that areas reported that they continue to face are summarised below.

Funding streams and the commissioning process are often siloed. When services are commissioned to focus on single issues, it can be more likely that people will 'fall between the gaps' in services and that different services will be less joined up or coordinated, with different referral processes or pathways.

Prescribed performance indicators. Related to siloed commissioning, it is common for commissioned services to have prescribed performance indicators, such as specified numbers of people in treatment. These indicators are not always aligned to people's own goals, and can discourage the use of innovative approaches or services with community-based (rather than individual) outcomes that can be more difficult to measure. In addition, a small number of stakeholders reported that it can be a challenge to meet various reporting requirements. This can include completing monitoring forms, which professionals reported can take a lot of their time. To address these issues, some areas, for example Plymouth and Northumbria, are adopting different approaches to commissioning, drawing on a human learning systems approach.[23] The evaluation will explore how areas take forward these approaches and their impact.

Limited, short-term funding. Participants in the systems mapping exercise reported limited and insufficient resources available to support people experiencing multiple disadvantage. Interviewees said that in a difficult funding climate, commissioners have

reduced room for trialling new approaches, and new funding is sometimes used to plug gaps (rather than to encourage innovation).

Commissioning cycles are also short. Programmes are often funded on an annual to three-year basis, which means that they need to be recommissioned frequently. This means that there is less of an impetus for the longer-term thinking and planning by commissioners that are necessary to improve commissioning processes. Short-term funding and the uncertainty surrounding which bids will be successful disincentivise cross-system, strategic planning, as well as hindering recruitment and staff retention in commissioned services.

Organisational structures and cultures do not always support responsive commissioning practices. Some interviewees reported a culture within health and mental health services of prioritising the voices of people with a clinical background and not listening to professionals from other services such as criminal justice and substance misuse. This is a challenge experienced more broadly with changing commissioning practices and has been mentioned in the literature.[24]

Competitive procurement can lead to the dominance of larger providers. Stakeholders reported a history of providing contracts to large providers, rather than local, community-based and voluntary, community and social enterprise (VCSE) organisations. Competitive commissioning processes can favour larger organisations with more developed systems and processes, scale, and the ability to take on financial risk.[25] In contrast, grants to small organisations are often small, limiting the level of delivery that can be achieved. Traditional procurement processes put VCSE organisations in competition with one another, discouraging the collaboration required to ensure that support is coordinated and joined up. A stakeholder from one area argued that more funding and larger grants are needed for small, community-based organisations.

> The road to social justice is not paved with small, asset-based community development £5,000 grants, is it? So, actually, you need to really fund and value that ecosystem, rather than giving money to your big, monolithic providers, because they're the folk that are [providing support] day in, day out.
>
> **Stakeholder, voluntary and community sector**

Local priorities for systems change

Changing Futures areas have a range of locally specific priorities for improving their commissioning response to multiple disadvantage. The five areas included in the qualitative research have set a range of different outcomes and impacts related to commissioning that they hope to achieve throughout the lifetime of the programme. These outcomes can be grouped into the following themes:

- **Achieving collaboration between services and integrated commissioning strategies.** Areas are aiming for systems to be less siloed, with commissioning decisions being made collaboratively and across sectors.

- **Achieving aligned finances and pooled budgets.** A number of areas aim to redistribute funds and pool budgets to support collaborative commissioning.
- **Improving the support offer.** Areas aim to increase the level of support for people in specific areas, such as mental health support, and improve support offers by prioritising personalisation and choice and achieving earlier identification of people at risk.
- **Increasing capacity within services.** Areas aim to reduce the pressure on services and increase their capacity to positively engage with people experiencing multiple disadvantage.
- **Improving data and information sharing to support commissioning processes.** Areas aim for services to share data on the need for and availability of support. For example, one area aims for information sharing mechanisms to be used by most services within their support system; another area is focusing on sharing data securely.
- **Ensuring that people with lived experience are involved in the design and production of services.** One area is working towards a network of people with lived experience who are trained to engage in coproduction, and for people to be able to feed their experiences back into the system to coproduce improvements.

Some areas had already made progress in improving commissioning prior to Changing Futures, though the extent of this varied across areas. For example, a number of local areas had already participated in the Fulfilling Lives programme, were part of the MEAM Approach network, or had commissioning boards in place whose remit included multiple disadvantage. Such areas had already focused resource or activity on building partnerships to promote more effective commissioning. Conversely, some areas reported delays in recruiting staff for Changing Futures programme teams, leading to their experiencing delays in launching activities aimed at improving commissioning.

The Plymouth Alliance

The Plymouth Alliance is an example of a more advanced commissioning approach in place prior to Changing Futures. This was set up in 2017 with the aim of overcoming the siloed and disconnected working of traditional commissioning arrangements. An integrated co-commissioning team administer pooled funding from Plymouth City Council and NHS Devon ICB, with a focus on support for people experiencing multiple disadvantage. This has resulted in a single service contract with seven core service providers in the voluntary and community and independent sectors. The contract is expected to run for 10 years. There is an emphasis on values and principles, rather than specific targets, with collective decision making on resource allocation.

3.2 Making better use of data, research and learning to improve commissioning

Key findings

This section draws on data from the qualitative interviews with five Changing Futures areas.

- Changing Futures areas have begun to use participant data to inform the development of the programme. Dedicated roles to support data collection and quality are vital in supporting this work.
- Formal and informal channels are being used to feed the views and experiences of frontline staff and participants up to strategic staff, including commissioners, to help inform decision making.
- Areas are undertaking or commissioning research to better understand people's experiences of multiple disadvantage and related services in their area and to respond accordingly.

Sampled Changing Futures areas reported a range of ways in which data are currently used to help inform service delivery and, to some extent, service commissioning. At the same time, barriers to achieving wider change in data access and use across the system are being identified.

Using case management system data to inform service delivery and strategy

As discussed in section 2.2, Changing Futures areas have implemented or developed case management systems to manage participant data and support partner organisations to share data with the programme. Some areas have also **begun to use these data to inform the development of the programme**. In Lancashire, for example, data captured on sources of referrals in their CRM case management system were used to identify a need to raise awareness of Changing Futures and referral routes among the local police force. Changing Futures Lancashire also used CRM data to analyse the demographics of people referred to the programme in comparison to demographics for the local area. This helped them to identify that referrals from South Asian communities were low, and prompted them to engage voluntary organisations working with these communities in a targeted attempt to increase referrals.

Changing Futures areas have plans to broaden access to such systems to partner organisations. This may support them to use the data to feed into their own strategies and commissioning activity. However, organisations have their own IT systems and processes for collecting data and want to avoid duplication. It is necessary to convince

both operational and strategic staff of the value of adopting new systems, which is both time- and resource-intensive.

Specific posts to improve data collection

As part of the Changing Futures programme, areas have created specific posts to implement improvements to data collection and information sharing. These have been **vital in aiding effective use of data** captured in CMSs to inform service delivery. These staff have also worked to improve data quality, as service delivery staff inputting data are not always experienced in this. Interviewees highlighted the importance of having a post dedicated to ensuring that professionals and organisations are collecting data within required timeframes and complying with data sharing agreements. There is also a need to ensure capacity within the system to keep data a priority and continue making progress.

Feedback pathways from frontline staff to commissioners

Interviewees described relationships between delivery staff, including those with lived experience, and operational and strategic staff as being positive and open, with operational staff actively seeking feedback from those on the frontline. As a result, **delivery staff feel comfortable about informally sharing with managers their views and those of participants on problems with the system and how services could be improved**. In some cases, this feedback is collected formally, for example in Essex, where feedback from delivery staff is fed into quarterly strategic meetings. This insight is then shared with commissioners to help inform planning and strategy.

> It's just figuring out a way to put the opinion of that person [using services], how they felt at that time, to the people that are able to enact change on a longer term, as opposed to just doing it on a short term.
>
> **Changing Futures caseworker**

Stakeholders in operational roles have also fed learning from delivery into forums for strategic decision making so that decisions can be better informed by an understanding of good practice as well as challenges at the service delivery level.

In some areas, staff are also engaging with new partners to generate a more comprehensive understanding of the system. In Sheffield, for example, Changing Futures staff have been engaging with voluntary and community sector organisations that work directly with women. The programme team are using the networks that they have created with women's support agencies to identify gaps in services for women and better understand the challenges for women experiencing multiple disadvantage.

Shelter's Community of Practice in Sheffield

Shelter's Community of Practice is a forum for sharing learning between people from a range of organisations working to support people experiencing multiple disadvantage. Through their involvement in the Community, Changing Futures staff have been able to feed back perspectives from frontline staff and lived experience representatives to strategic-level decision makers such as the leadership team in Sheffield City Council.

Bespoke research into key areas of interest

Changing Futures funding has enabled some areas to undertake their own research into areas of interest for their programmes. This has included using external data sources and commissioning new pieces of research to better understand issues affecting people experiencing multiple disadvantage in their areas and responding accordingly.

> What's been most powerful of Changing Futures programme […] is the fact that there's been a lot of research that people have had time to do and present differently to senior managers.
>
> **Stakeholder, local authority**

Changing Futures Plymouth held a series of workshops with frontline workers and the Alliance Leadership Team to map out the challenges within their services and the system as a whole. These found that staff were experiencing high caseloads, felt depleted, and were frustrated about aspects of the system. This led to training for managers in leadership and management skills to create a more supportive work environment for frontline workers.

In Essex, Changing Futures staff conducted a mapping exercise with 100 people experiencing multiple disadvantage to better understand their experiences of using services, the barriers that they are encountering, and potential solutions to these. This is being presented to commissioners as another way of feeding lived experience views to those with decision making power.

3.3 Improvements in how commissioning responds to multiple disadvantage

Key findings

This section draws on data from the qualitative interviews with five Changing Futures areas.

- Changing Futures has provided impetus and resource to raise awareness of the programme and of multiple disadvantage more generally, laying the foundations for better commissioning.
- Interest and commitment from senior-level partners with regard to the programme appear to be high. In some cases, these have built on relationships and work predating Changing Futures.
- Programme funding has enabled newly commissioned services or the expansion of existing service models for specialist multiple disadvantage services such as navigator services.
- There is reported progress towards more outcomes-driven commissioning, but this appears to be confined to specific sectors or localities.
- There is a significant focus on lived experience involvement, with people being involved in different stages of the commissioning process. Stakeholders agreed that furthering involvement in commissioning has been one of Changing Futures' biggest impacts so far.

Raising awareness of multiple disadvantage

Changing Futures has provided the impetus and resource to raise awareness of multiple disadvantage and how systemic responses could improve. An important first step in improving commissioning is alerting commissioners to the difficulties that the current system creates for people experiencing multiple disadvantage, and convincing them of the need for change. There is evidence that awareness raising is happening in all five areas included in the qualitative research. Examples of activities that Changing Futures areas have undertaken to build awareness include events and the use of digital platforms to share information on the programme and ways of working, as well as creating and sharing individual case studies on people receiving support from the programme with current and potential partners.

Digital awareness raising in Lancashire

Changing Futures Lancashire have developed a strong online presence using methods such as a podcast and YouTube videos, one of which has been viewed more than 1,000 times. These digital platforms have been used to communicate what the Changing Futures programme is doing, the needs of people experiencing multiple disadvantage and their experiences in accessing services, how to make referrals to the programme, and how professionals can become involved in systems change work.

Storytelling in Greater Manchester

The storytelling project in Greater Manchester has captured stories on film from people with lived experience of multiple disadvantage. These have been presented at an exhibition by people with lived experience. As well as helping to raise awareness, this has also supported Greater Manchester's approach to coproduction (see page 62).

Interviewees reported that these awareness raising activities and events have helped local system stakeholders to reflect on ways of working and how these could be improved. These have included training and group discussions on different elements of practice for frontline professionals, as well as new meetings to bring together strategic stakeholders. In Essex, for instance, the public health sector has a regularly scheduled meeting which provides an opportunity to share information related to commissioning, and where members of the Changing Futures programme team as well as caseworkers are able to provide feedback.

> It really helped to project the work, the model, the ambition […] it made people think, 'I need to think about how we're working' — that was our aim.
>
> **Area lead**

Stakeholders also highlighted that events provide informal networking opportunities, enabling people to build connections for future work to improve systemic responses to multiple disadvantage.

> It's linked me up more with people who are working with vulnerable women [... and enabled me] to have those contacts and to try and work out how to change the situations vulnerable women are in.
>
> **Commissioner**

Securing senior-level buy-in

Interest and commitment from senior-level partners with regard to Changing Futures appear to be relatively high in the areas included in the qualitative research. At this stage, it is not clear as to whether this commitment relates only to the activity generated and resourced by the programme or whether it will extend to a longer-term

and wider commitment to improving systemic responses to multiple disadvantage. Interviewees identified five factors supporting senior-level buy-in, of which three were directly attributable to the Changing Futures programme:

- **Previous systems change work:** recognising progress achieved by previous systems transformation work, and respect for key staff involved in this work, has supported positive perceptions of, and openness to, the Changing Futures approach.
- **Early engagement:** involving partners in the Changing Futures bidding process, securing ownership of the bid from senior strategic staff and then delivery of the Changing Futures programme across local partnerships. The programme bidding process was designed in a way that would encourage local partners to take ownership.
- **DLUHC's commitment:** Changing Futures represents recognition of and funding for the multiple disadvantage agenda by central government. This has reportedly encouraged engagement from other statutory organisations.
- **Capitalising on the influence of senior Changing Futures staff:** harnessing the influence of people in senior strategic roles within the organisations leading on Changing Futures to promote the Changing Futures approach in meetings with senior colleagues.
- **Highlighting cost-effectiveness:** emphasising to potential partners that engaging with Changing Futures and its approach may ultimately lead to cost savings, helping to overcome fears that involvement might incur a cost to organisations' overstretched services.

> [Stakeholder] is linked into the alliances and is having those conversations at a much higher level […] every time [stakeholder] comes back from a meeting, there's somebody else who's interest[ed] in trialling the approach.
>
> **Area lead**

> When you see the value something's bringing, you're prepared to continue to commit your investment because you see it's making a difference in terms of the caseload you're working with.
>
> **Changing Futures team member**

Emerging shifts towards outcomes-focused commissioning

Interviews suggest that there has been some shift towards outcomes-driven commissioning (that is, commissioning that focuses on results for people experiencing multiple disadvantage). For example, recognition of the positive outcomes experienced by people supported by the vulnerable adults pilot funded by adult social care in Essex has led to the pilot being extended across the county.

Stakeholders contrasted outcomes-focused commissioning with the way many services which support people experiencing multiple disadvantage continue to be commissioned.

Stakeholders reported that commissioning officers often have limited resources to undertake the planning and coproduction required for more collaborative and innovative commissioning. As a result, many services are commissioned and managed on a transactional basis and prioritise outputs, such as the number of people supported by a drug and alcohol service, instead of focusing on the impact of the support on a person's life.

> We've shown that it works and now we're using the history that we've built through [named service] and Changing Futures to apply it to other cohorts.
>
> **Stakeholder, voluntary and community sector**

However, this appears to be confined to specific sectors or sub-localities, which vary by local area depending on prior change and/or the priority areas of focus with Changing Futures. Although stakeholders reported that outcomes are increasingly driving commissioning in adult social care in Essex, they also reported continuing challenges in mental health commissioning, such as the split in commissioning responsibilities between local and national bodies.

Whilst moves towards outcomes-focused commissioning preceded the introduction of Changing Futures, in some cases the emphasis on this has increased since then. In Lancashire, for example, increased communication on new ways of working resulting from Changing Futures has started to lead to a step change in how services are thought about. This has resulted in increased consideration of what will have the best impact for the client; however, it is not yet clear as to how this will translate into different commissioning.

Whether Changing Futures has led to increased emphasis or momentum on this across all areas is difficult to determine based on the qualitative interviews. At the same time, some stakeholders reported that the data collection and monitoring required for the Changing Futures programme do not align with local priorities and activities. Work was undertaken to design and develop research tools and outcomes with a trauma-informed lens using feedback from sectoral experts and people with lived experience. However, stakeholders in one area stated that programme-level outcomes included in the evaluation framework do not align with aspects of their original bid, and some were felt to be inappropriate and not trauma-informed. These included language in relation to domestic abuse, which was felt by some stakeholders to be victim-blaming.

Newly commissioned or expanded specialist services

Changing Futures has provided funding to introduce newly commissioned specialist services for people experiencing multiple disadvantage **or to expand the scale of delivery** of existing service models. In the local areas involved in the qualitative research, this was most commonly in the form of commissioned support provided by navigator/key worker roles.

Long-term sustainability for Essex's multiple disadvantage support offer

A navigator model for people experiencing multiple disadvantage was already in place in Essex prior to Changing Futures, delivered by Phoenix Futures. This had developed from a basis in substance misuse support and included navigator roles and locality-based multi-agency operational meetings to bring together partners to plan and deliver support for clients.

Changing Futures funding and activity have enabled the scale of delivery to be expanded, alongside an increased focus on engaging key partner organisations in each locality to increase the efficacy of the multi-agency aspects. With support from partners, the public health commissioning team in Essex County Council have secured agreement to procure a long-term, nine-year contract to continue an expanded multiple disadvantage offer with sustainable local funding of an estimated initial value of £1.9m per year.

In addition, the model is being extended to other groups of people who are known or likely to be experiencing multiple disadvantage, with flexibility for the new service to expand with additional partner funding in future. It has been piloted with high-intensity alcohol users in one district and there are provisional plans to pilot it with people presenting to A&E on a frequent basis.

Introduction of positive activities fund in Sheffield

A positive activities fund is being created in Sheffield, which will provide money for new activities for people experiencing multiple disadvantage. This has been co-commissioned with the local substance misuse commissioner, bringing the Changing Futures programme into closer partnership with mainstream services to bring about a more sustainable impact. At the point of the qualitative research, stakeholders were in the tender process and deciding which activities to take forward. Positive activities are regular events, groups or clubs which offer a supportive environment for adults in recovery. Community engagement, positive social networks, and identities are important aspects of the recovery journey.[26]

Stakeholders indicated that the Changing Futures resource and momentum have enabled areas to expand support offers and fill known gaps in provision, either for specific groups of people experiencing multiple disadvantage or in different parts of the geographical area or system.

> It's almost like plugging a few of the, 'It'd be really good if we could do that, but we just don't have the resources to do it,' and that's where Changing Futures has been really helpful.
>
> **Stakeholder, local authority**

As well as commissioning specialist support to help people to navigate the system, there are also some examples of Changing Futures resource being used to commission support hosted within mainstream services to help facilitate access to this provision for people experiencing multiple disadvantage.

Peer researchers hosted across the system in Plymouth

Changing Futures Plymouth have recruited peer researchers to capture the voices of those accessing services. Organisations working with people experiencing multiple disadvantage are hosting peer researchers. Stakeholders reported that this has already helped to improve communication with these organisations and overcome siloed working.

There was an element of working in silos […] but already I feel that's really quickly changing because we are interacting with each other. A number of the communities are hosting a peer researcher, so it's driven a better level of connection.

Operational stakeholder

Ultimately, Changing Futures in Plymouth are hoping that these roles become sufficiently embedded within host organisations that they start to influence ways of working from within.

The Trojan Horse analogy […] sending in people to be embedded within organisations, to get right into the heart of how organisations are structured.

Operational stakeholder

Wellbeing team in adult social care in Essex

Changing Futures in Essex have funded a mental health and wellbeing team consisting of social workers and mental health support workers, which sits within adult social care in Essex County Council. The team aims to facilitate access to wellbeing support for people experiencing multiple disadvantage, who might not be eligible for or well engaged by either adult social care or mental health services.

As well as providing a direct support offer, stakeholders reported that the team have been able to broker information exchange between adult social care, mental health services, and Phoenix Futures and have garnered support within adult social care for Changing Futures and the wellbeing team support model.

To work effectively, embedded teams or roles require support from their host organisation to properly align with and influence the wider service. **Where Changing Futures roles have been 'bolted on' (rather than fully integrated into existing services with appropriate support), they have experienced less success and impact.** In one Changing Futures area, for example, a worker was commissioned in partnership with an external organisation as an addition to the Changing Futures contract. The role was not appropriately supported and was ultimately abandoned due to underuse of their services.

These types of new or enhanced services and support represent improvements in commissioned responses to multiple disadvantage by changing the nature of what is being procured and where it is located in the system.

Involving people with lived experience in commissioning processes

As described in section 2.2, areas are undertaking a range of activities to involve people with lived experience, using pre-existing lived experience groups and new ones created as part of the programme. **People with lived experience are being involved in different stages of the commissioning process.**

There are a number of examples across the areas of lived experience and coproduction groups contributing to strategic documents. In Sheffield, for example, a coproduction group was involved in the development of the homelessness prevention strategy review.

Stakeholders reported that the voice of people with lived experience is increasingly being considered and listened to in the design of services. For example, a community rehabilitation and relapse support service is being relaunched in Essex, and people with lived experience have been involved in each of the design sessions for the service. Similarly, people with lived experience have been involved in the codesign of a new domestic abuse service in Plymouth.

Interviewees reported that people with lived experience have been involved in the early stages of commissioning, helping to develop invitations to tender, as well as sitting on

assessment panels. For example, coproduction associates in Sheffield were involved in the commissioning of a new substance misuse service, working with the Drug & Alcohol Commissioning Team. They designed questions to be addressed in proposals and were on the panel marking tenders. However, it was noted that there were challenges in ensuring that there was sufficient time to meaningfully involve the associates.

In addition, Changing Futures areas have begun planning new ways of involving people with lived experience in commissioning processes. For example, there is an ambition to develop a lived experience commissioning group in Greater Manchester and there is ongoing work to see how such a group could support the commissioner's academy and challenge current commissioning practices.

Overall, **stakeholders across areas agreed that one of Changing Futures' biggest impacts has been that of further embedding and advocating for lived experience involvement in commissioning**. There is increasing recognition of the importance of having lived experience involvement in commissioning. Changing Futures has built on previous work in this area. Programme stakeholders have been able to start new conversations on coproduction, get people talking about lived experience involvement, and provide support and learning for organisations with less experience. Throughout interviews, stakeholders have emphasised that programme resources are being used to champion and practise 'true' coproduction in which team members with lived experience are not just consulted, but rather are involved in multiple stages of service development.

> [There has been a] step change in thinking and understanding around coproduction, voice of lived experience, how we do that safely and non-exploitatively.
>
> **Commissioner**

3.4 Joining up strategies and commissioning

Key findings

This section draws on data from the social network analysis (SNA) and qualitative interviews with five Changing Futures areas.

- The social network analysis shows that there are interagency linkages across multiple sectors in all areas taking part in the exercise. However, these are more extensive in some areas than in others and there are clusters of siloed organisations, with some organisations appearing to be linked into the wider system through a single organisation.
- Most organisations in the areas participating in the social network analysis are working together strategically on an ongoing basis. A high proportion of relationships are collaborative and most are perceived to be effective.
- Changing Futures has generated momentum and, in some cases, provided additional resource to tap into pre-existing local forums for partnership working or to generate new forums. Areas reported that dedicated roles were needed to sustain progress.
- There are some examples of ways in which strategic work or commissioning approaches are becoming more closely aligned, including the pooling of budgets.
- Interviewees expressed aspirations for integrated commissioning and identified issues that needed to be addressed to achieve this. At this stage, however, there is limited evidence of progress towards more formal strategic alignment across sectors and organisations.

The extent of interagency working – results from the social network analysis

Social network analysis (SNA) was used with four of the Changing Futures areas to measure the extent and nature of collaborative working between organisations to address multiple disadvantage. The analysis is based on self-reported data and not all partners working in the four Changing Futures areas provided information. Feedback from the areas suggests that the organisations participating in the exercise and providing comprehensive responses were more likely to be those signed up to the objectives of the Changing Futures programme and eager to demonstrate the role that they play in the network of organisations addressing multiple disadvantage. A key purpose of the social network analysis at this stage is to provide a baseline picture which can be revisited later in the programme to assess change.

The findings from areas that took part indicate that **organisations from a wide range of sectors are already working together to some extent** (different sectors are represented by different colours in Figure 7 and Figure 8 overleaf). In particular, housing and homelessness services were well represented in three of the four areas that participated in the social network analysis. Conversely, education, skills and training

and physical health and wellbeing organisations constituted less than five per cent of organisations recorded in at least three of the four areas.

The social network analysis shows that Changing Futures is not starting from scratch in terms of building networks and partnership working. Across all four of the Changing Futures areas, the majority of the relationships between organisations predate the programme start. Figure 7 shows how in some areas many organisations from different sectors already have extensive links with one another. However, there are also clusters of organisations that are less well connected and appear to be linked into the wider system through a single organisation. This is more evident in some areas than in others — see Figure 8, for example, where there are much fewer interorganisational connections. This suggests more siloed working in this area.

Figure 8: Changing Futures area network level of inter-connections between organisations

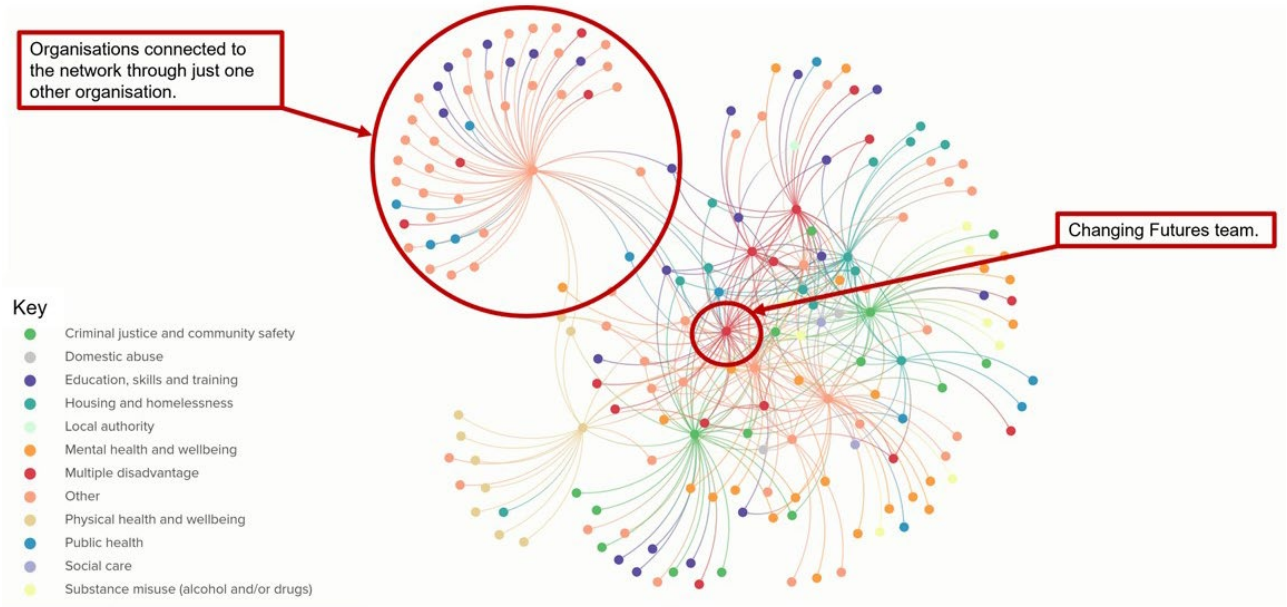
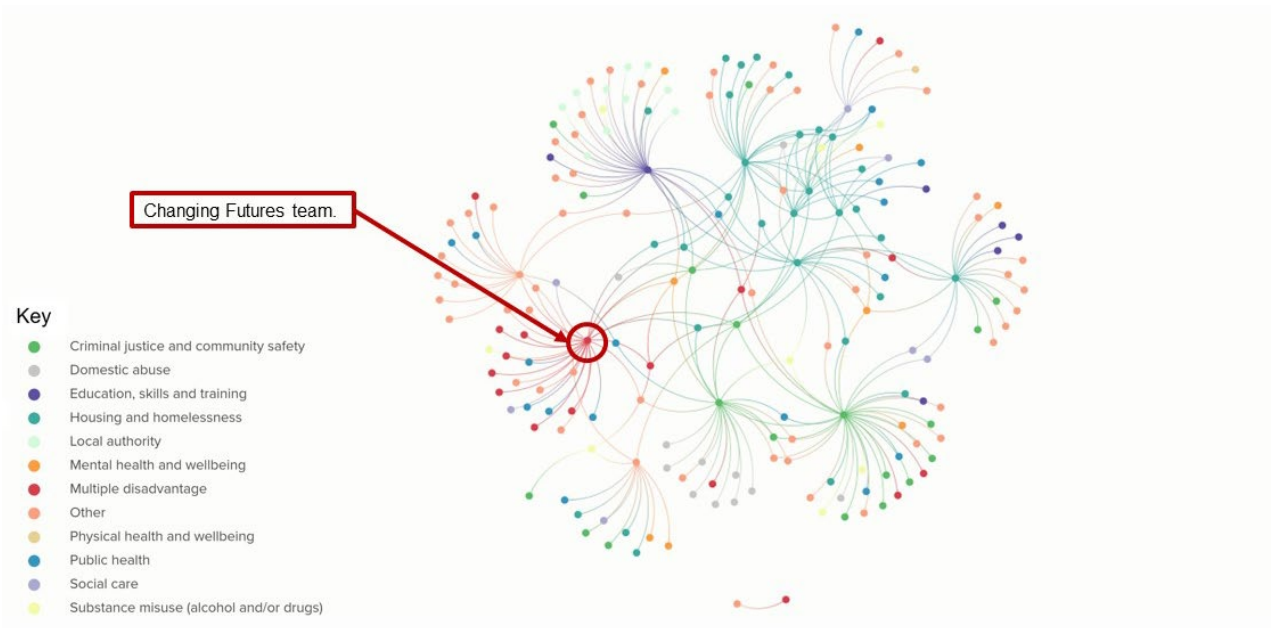


Figure 9: Changing Futures area network with less well-connected organisations



Interestingly, the Changing Futures programme teams were only explicitly recorded as a partner by organisations in one of the four areas that participated in the social network analysis. Feedback from one of the areas indicates that the Changing Futures team have purposefully tried to limit their role in the local system, recognising that the programme has a finite lifespan. Instead, they encourage other organisations to collaborate with one another, and see their role as being that of a facilitator of relationship building. As Changing Futures teams are embedded within other organisations, such as local authorities or housing associations, it may be that respondents recorded this host organisation in their response without explicitly identifying that they work with the Changing Futures team. But it is not possible for us to confirm whether this is the case.

Positively, the majority of organisations named in all four participating areas are regularly working together strategically (between 58 per cent and 71 per cent said that they were collaborating on an ongoing basis). In all areas, **a high proportion of both operational and strategic relationships were considered to be collaborative, rather than merely transactional** (ranging from 48 to 64 per cent and 46 to 64 per cent respectively). Moreover, **at least two thirds (more in some areas) of the relationships in the networks are perceived to be effective** at meeting the organisations' objectives.

The quality of social network analysis is largely reliant on the willingness of organisations to provide the necessary data. As set out in the introduction (see pages 11-12), this was sometimes challenging, and the resulting maps are not necessarily reflective of the full network in Changing Futures areas. However, differing levels of engagement and response from different organisations could also be seen as an indication of differing levels of engagement with the Changing Futures programme and evaluation.

Individual social network maps and data analysis have been shared with participating areas. The social network analysis exercise will be repeated towards the end of the evaluation to identify whether the extent, nature and quality of the relationships have changed.

Forums for strategic partnership working

The Social network analysis reported here is essentially the baseline position, although when the exercise was carried out the programme had been running for some time and some of the progress made is likely to be reflected in the resulting maps. The qualitative research indicates that **Changing Futures has generated momentum and, in some cases, provided additional resource to tap into pre-existing local forums for partnership working or to generate new forums**. As these forums involve stakeholders with responsibility for commissioning and strategy, they are an important mechanism for generating interagency discussion on opportunities for systemic improvements, including changes to commissioning responses to multiple disadvantage.

Strategic forum on women experiencing multiple disadvantage in Greater Manchester

The Changing Futures team in Greater Manchester are working in partnership with the Agenda Alliance to create a strategic forum bringing together organisations supporting women as well as women with lived experience of multiple disadvantage to consider and plan for improved support and systemic responses.

Inclusion of domestic abuse sector in Plymouth

Changing Futures Plymouth is exploring the expansion of its Alliance commissioning and delivery model (see page 52) to include the domestic abuse sector. Building on local research, a steering group has been established to bring together a group of individuals from different agencies that have an understanding of domestic abuse to collaborate and make decisions on how the service will be designed and what will be in scope. People with lived experience are also involved in this process. At the time of the qualitative research, procurement work was just starting.

Stakeholders generally described these forums as being important in generating and sustaining the right relationships and conditions to identify and implement changes to commissioning. They provide an important opportunity to make contacts and better understand both the issues and the constraints faced by system partners.

> I think there's positives, and one which is always underestimated is the fact that it brings us together as professionals. Just having names and faces of who to contact and the ability to get an insight into the challenges and problems that other agencies and organisations face is massively undervalued.
>
> **Stakeholder, public health**

Forums also provide opportunities for those who have already bought into a vision for change in commissioning to advocate for this with wider partners.

While Changing Futures has provided the impetus for change, there is a risk that this might be lost once the programme ends. Changing Futures areas reported that dedicated roles are needed to advance strategic partnership working and maintain enthusiasm and momentum at a systems level. Partnership leads recruited by Changing Futures are playing an important role and there is scepticism as to whether progress will last when these roles are no longer funded. Similarly, strong partnerships between organisations are sometimes reliant on relationships between key individuals, raising concerns as to whether these partnerships will remain should there be a change in staff.

We will explore the issue of sustainability of frontline delivery services in the next interim report.

Early progress towards strategic alignment

Some stakeholders to whom we spoke provided **examples of Changing Futures helping other agencies to develop their strategies to improve support for people experiencing multiple disadvantage**. However, the level and range of demand that organisations are experiencing can mean that whilst they recognise the needs of people experiencing multiple disadvantage, they are one of many competing priorities.

> [People experiencing multiple disadvantage] are more of our core client, whereas some of the other organisations have got multiple demand on their services, of which this is only part.
>
> **Stakeholder, probation**

Given these competing priorities, and with some organisations placing greater emphasis on multiple disadvantage than others, the alignment of organisational strategies to support people experiencing multiple disadvantage is not yet evident.

In some areas there is evidence that Changing Futures is contributing to other systems change initiatives in the local area. In this sense, Changing Futures activity is aligned with wider strategic aims and systems change priorities.

One way in which some areas have made progress is through **joining up funding and pooling resources** to better support people experiencing multiple disadvantage.

> We probably need to talk about commissioning more, but at the moment we're just influencing how money can be joined up in better ways so that we can have more of an impact for people experiencing multiple disadvantage.
>
> **Stakeholder, multiple disadvantage**

Specific local examples include:

- Mental health treatment programmes in Essex, which have been funded by organisations across health and criminal justice.
- A new substance misuse service in Lancashire, which is funded by probation and Blackburn Council.
- A Reform Board in Greater Manchester, which is working towards pooling resources from Greater Manchester Combined Authority, Rough Sleepers Initiative, Housing First, and Changing Futures.

Integrating commissioning: barriers and aspirations

Stakeholders were positive about the potential for more integrated commissioning to improve systems-wide responses to multiple disadvantage. They envisioned this as integration at all stages including understanding need, demand and supply; service development; pooled funding and flexible use of resource across the system; and common monitoring and outcomes measurement.

This has not yet become the established approach to commissioning services for people experiencing multiple disadvantage across Changing Futures areas. Those areas which have made most progress in integrating commissioning are those building on efforts that predate the Changing Futures programme. However, there is evidence that areas are working towards greater integration and that Changing Futures is contributing impetus and resource towards this activity.

Commitment to more integrated commissioning in Greater Manchester

There is a commitment to exploring a Greater Manchester-wide programme on multiple disadvantage that will involve pooling budgets. It is likely that this will start by joining up programmes such as Housing First, RSI, and organisations working in domestic abuse. There is also ongoing work with Lankelly Chase to bring together a group of funders, including the health and social care system, the joint commissioning board, and the VCSE sector. Stakeholders described their aim that in 2–3 years' time, there will be multiple funders around the table pooling their funds and commissioning community groups and grassroots organisations. They described how Changing Futures is enabling a test-and-learn approach by allowing the expansion of contracts and action learning for system stakeholders.

A barrier to more integrated commissioning highlighted by interviewees is the nature of central government funding, with different departments responsible for different services as well as difficulties in integrating funding pots. One commissioner reported that if they wanted to commission an integrated housing and substance misuse service, they would have to gain agreement from two different governmental departments while managing their responsibilities for the services separately.

> I think you have lots of practitioners who want to work together in a certain way, but for services to be commissioned to make it easier for them to do that, you need DLUHC, health, probation to be prepared to jointly commission at that level.
>
> **Commissioner**

Stakeholders from one area indicated that they have been able to use Changing Futures as an example of the need for pooled funding and to present a case for this to central government.

We've used Changing Futures as a bit of an example to say, 'We don't want to just ask you for money. We want it to free us up to pool some of the funding. Can we have a negotiation about pooling, for example, homelessness funding, […], some of the mental health funding, and so on?'

Stakeholder

4 Conclusions and recommendations

4.1 Individual participant experiences and outcomes

Since our baseline report, all Changing Futures areas have launched their direct support offer, and **the programme has reached increased numbers of participants** — 2,567 by April 2023. Just over four fifths (83 per cent) have experienced three or more of the target forms of disadvantage, and 62 have experience of four or five forms. This is an increase on the baseline report, probably as a result of less missing data, and provides additional reassurance that the programme is generally reaching those whom it is targeting.

The additional data further highlight **gender differences in experience of multiple disadvantage**. For example, men are more likely to report experience of rough sleeping and the criminal justice system, whereas women are more likely to report domestic abuse and mental health problems. We will explore women's differential experience of multiple disadvantage as well as gender-specific and appropriate interventions in future reports.

The demographic profile of participants is little changed since the baseline report, and **the programme continues to face challenges in engaging participants from ethnic minority backgrounds**. It is unclear as to whether this is due to a lower prevalence of experience of multiple disadvantage in these communities, poor accessibility of services, and/or a reduced likelihood of seeking support. The quantitative data on programme participants indicate that experience of drug and alcohol problems is reported less frequently by people from ethnic minority backgrounds. However, as with women and rough sleeping, this could be a case of underreporting due to stigma (rather than lower levels of experience).

The **participants to whom we spoke overwhelmingly reported positive experiences of Changing Futures** and felt that the programme is having a beneficial impact on their lives. There are early indicators of progress towards outcomes, with small but statistically significant reductions in homelessness, rough sleeping, and being a victim of non-violent crime in the first few months in the programme. There are also encouraging signs from qualitative and quantitative data that people feel safer, more connected and more hopeful about their future prospects. These changes may provide a foundation for other positive outcomes in due course. It is, however, important to note that assessing change in a complex system can be challenging, and we are unable to directly attribute outcomes to specific activities and interventions within the programme.

In this report we have focused on the outcomes we most expect to see change in the early months of engagement. In the Fulfilling Lives programme, early stages of engagement focused on addressing immediate presenting issues, such as accommodation, benefits, and urgent health issues, and these were reflected in early outcomes.[27] We can see changes in similar areas in the Changing Futures programme.

However, making progress over the longer term with more entrenched issues, such as underlying trauma, can be slower and we can expect people to face setbacks and relapses along the way.

Keeping people engaged with the programme and not closing cases when people relapsed was an important feature of the success of the approach taken by Fulfilling Lives.[28] It is positive to see that **the majority of those who joined the Changing Futures programme remain engaged**. More people have disengaged than have left for positive reasons, but we would hope to see this change as the programme progresses and those who disengage may re-engage at some point in the future. Those who leave with a positive destination stay longer with the programme than do those who disengage.

Caseworkers play a key role in the programme in terms of engaging participants, providing practical and emotional support, assisting them to access services, enabling better coordination between services, and improving the participant experience. In our next report, we will focus on understanding in greater detail how the navigator role is having an impact, as well as exploring how the programme is helping to improve connections and transitions between services.

Participants are increasingly getting help to access services. Positively, more people are receiving treatment for drug and alcohol problems. There is little change after three months in the proportion of people who have had recent contact with core services: homelessness, mental health, drug and alcohol, or domestic abuse services, but more people are using other services. In terms of referrals, there has been no real increase in levels of referrals made to the different services, although in some cases this is because people do not require a referral, for example, because they are already receiving help. A greater proportion of participants, however, are awaiting an outcome from their referral.

There are particular challenges in accessing mental health services. These are perceived by programme staff and stakeholders to be due to high demand coupled with limited capacity in services resulting in high eligibility thresholds and ‘gatekeeping’.

As highlighted in the baseline report, the system of support for multiple forms of disadvantage is complex. Participants said that before they were allocated a Changing Futures caseworker it was difficult to know where they should go for support. **Individual experiences of the system have improved as a result of the support provided.** However, we have no evidence that the system is less complex to navigate more generally.

Finally, although participants report a positive experience of Changing Futures, and individual-level outcomes are improving, **participants perceive some services within the wider system not to be trauma-informed**, relational or welcoming for people experiencing multiple disadvantage.

4.2 Systems-level outcomes

The initial round of **social network analysis (SNA) illustrates the strong foundations on which Changing Futures areas are building** — a wide range of cross-sector contacts and established relationships. But it also highlights areas of weaker connections and siloed working that the programme is seeking to address. Housing and homelessness services (including local authority services and voluntary sector organisations) were generally well represented in the exercise, whereas education, skills and training providers, and physical health and wellbeing organisations were less likely to be included in the results. Challenges in securing widespread participation in the exercise itself could also be indicative of differing priorities across local systems.

Changing Futures areas described undertaking activities to improve commissioning throughout the commissioning cycle: these included activities aimed at improving the local area's access to intelligence and data on needs, increasing the prioritisation of multiple disadvantage, enhancing the design of services, and securing greater coordination and strategic alignment of activity within the local area.

There are formal and informal opportunities for frontline staff and people with lived experience to feed their insights to strategic decision makers**. Data and research are being used to support service improvement** and, to a lesser extent, commissioning activity. This activity is supported by new data-focused staff roles and tools including case management systems. However, whilst some areas have made significant progress with data systems, there is some distance to travel from these activities to common information resources: interviewees reported limited adoption of new data resources beyond Changing Futures.

There are some indications of raised awareness and increased buy-in amongst commissioners and other stakeholders, including awareness of the importance of engaging people with lived experience. There are multiple examples of the involvement of people with lived experience in the commissioning process and there is evidence of specialist services being established or extended.

In terms of progress in coordinating and aligning commissioning activity, evidence gathered so far is mixed. **There are some examples of progress towards shared priorities and joined-up commissioning, but the extent to which increased awareness and joint working are leading to more formal strategic alignment appears to be limited at this stage.**

In some instances, interviewees provided accounts of how Changing Futures has contributed to changes in commissioning; at the same time, not all reported change can be attributed to the programme, as there are also other preceding or concurrent efforts to improve commissioning.

The impetus and resource provided by Changing Futures are catalysing or accelerating existing systems change work, buy-in, forums, relationships, and the

identification of opportunities to improve commissioning. The fact that Changing Futures is a central government initiative adds weight to local systems change efforts and is reported to have helped to encourage buy-in from statutory agencies in particular. At this point in the programme, there is evidence that it is also contributing to some emerging improvements in commissioned services for multiple disadvantage.

In the main, these types of **improvements represent changes to the types of services being commissioned and their location in the system, rather than fundamental changes to area-wide commissioning approaches**. The challenges that were recognised at the start of the programme, such as siloed and short-term commissioning, persist, and these need to be addressed before aspirations of more integrated commissioning can be realised. However, there is some evidence that Changing Futures could be said to be laying the foundations for better commissioning by raising awareness of multiple disadvantage and supporting the development of partnerships.

4.3 Recommendations for future programme delivery

Changing Futures areas should continue to focus activity on reaching and engaging a broad range of people including those with protected characteristics who may engage less with services, particularly women and people from ethnic minority backgrounds. An analysis of secondary data and primary research, including through peer researchers, should be used to better understand the needs and experiences of these groups, the barriers that they face in accessing services, and how best they can be overcome. Areas should consider how their support offer can be tailored to ensure that it is culturally and gender-appropriate. Initiatives to target and engage underrepresented groups should be evaluated to identify effective approaches and evidence-based good practice shared.

There is a need to ensure that services in the system are trauma-informed and welcoming to people experiencing multiple disadvantage. The programme should continue to prioritise providing training, resources, and other support to enable this. It may be useful to understand more about the barriers, including context- or sector-specific issues, to organisations adopting and working in a more trauma-informed way. This could include exploring why some organisations are better at this than are others.

Good progress appears to have been made in involving people with lived experience, both in the delivery of the programme and in the commissioning process. However, **overall lived experience involvement is inconsistent across areas** with some services in which involvement is seen to be less of a priority. The programme should continue to work to ensure that the benefits from this involvement are realised and evaluated, and that learning and good practice are effectively shared to promote lived experience involvement.

There is still some way to go to address the barriers to achieving integrated commissioning. Areas need to be supported to continue conversations and develop

partnerships to enable further alignment. However**, there also needs to be recognition and understanding of the systemic factors outside of the funded areas' control that affect commissioning decisions and processes**. Consideration should be given to identifying specific and discrete changes, for example to funding mechanisms, that could unlock barriers.

Challenges identified with the way in which services are commissioned include prescribed performance indicators that are not always aligned to people's goals and can stifle innovation. Many services are said to be commissioned and managed on a transactional basis and prioritise outputs, such as the number of people supported, instead of focusing on the impact on people's lives. There is evidence that some areas are moving towards more outcomes-focused commissioning. But some areas, for example Plymouth and Northumbria, are adopting different approaches to commissioning, drawing on human learning systems[29], which advocate a move away from prescribed outcomes. It will be useful for the evaluation to explore the results of this work.

The programme has provided resource to enable more effective use of data and enhanced partnership working. However, **areas highlighted a risk that progress and momentum could be lost once the programme ends**. Both the areas and the programme funders should identify how these risks could be mitigated as well as opportunities to secure a more sustainable legacy.

Appendix 1: Data tables

Results that are significant at the five per cent level are highlighted. Totals may not add to 100 per cent due to rounding.

Table 10: How was this questionnaire completed? (Baseline outcomes questionnaire)

How was the questionnaire completed?	Count	Percentage
Entirely with the beneficiary	405	39
Partially with the beneficiary, partially using existing staff knowledge	406	39
No response available from the beneficiary	239	23
Total	**1,050**	**101**

Table 11: How was this questionnaire completed? (Historical questionnaire)

How was the questionnaire completed?	Count	Percentage
Entirely with the beneficiary	369	38
Partially with the beneficiary, partially using existing staff knowledge	365	38
No response available from the beneficiary	224	23
Total	**958**	**99**

Table 12: How was this questionnaire (baseline outcomes) completed? (By gender).

How was the questionnaire completed?	Males (%)	Females (%)
Entirely with the beneficiary	35	46*
Partially with the beneficiary, partially using existing staff knowledge	38	37
No response available from the beneficiary	26*	17
Base	938	564

* indicates a significant difference between males and females.

Table 13: How was this questionnaire (baseline outcomes) completed? (By number of forms of disadvantage experienced).

How was the questionnaire completed?	Number of forms of disadvantage				
	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)
Entirely with the beneficiary	38	38	40	32	48*
Partially with the beneficiary, partially using existing staff knowledge	25	37	36	42	39
No response available from the beneficiary	38*	25*	24*	25*	13
Total	106	252	428	778	512

* indicates a significant difference between those with experience of five forms of disadvantage and those with one to four forms.

Table 14: Participants represented in outcomes questionnaire data by Changing Futures area in comparison to overall participant numbers

Area	Participants represented in outcomes questionnaire data (%)	Participants reported to DLUHC – January 2023 (%)
Bristol	3	3
Essex	8	3
Greater Manchester	19	17
Hull	3	4
Lancashire	29	31
Leicester	3	1
Northumbria	1	1
Nottingham	3	4
Sheffield	7	5
South Tees	13	10
Stoke	3	3
Surrey	3	3
Sussex	0	4
Westminster	4	4
Total	**1,155**	**1,586**

Table 15: Ever experienced homelessness?

Homelessness	Baseline report		This report	
	Count	Percentage	Count	Percentage
Yes	369	60	958	77
No	39	6	87	7
Don't know/Don't want to say	20	3	31	2
Missing information	185	30	174	14
Total	**613**	**99**	**1,250**	**100**

Table 16: Ever experienced domestic abuse?

Domestic abuse	Baseline report		This report	
	Count	Percentage	Count	Percentage
Yes	195	32	505	40
No	14	2	179	14
Don't know/Don't want to say	0	0	74	6
Missing information	404	66	492	39
Total	**613**	**100**	**1,250**	**99**

Table 17: Ever experienced contact with the criminal justice system?

Contact with criminal justice system	Baseline report		This report	
	Count	Percentage	Count	Percentage
Yes	407	66	803	64
No	40	7	92	7
Don't know/Don't want to say	37	6	90	7
Missing information	129	21	265	21
Total	**613**	**100**	**1,250**	**99**

Table 18: Ever experienced mental health issues?

Mental health issues	Baseline report		This report	
	Count	Percentage	Count	Percentage
Yes	510	83	1,146	92
No	0	0	7	1
Don't know/Don't want to say	0	0	24	2
Missing information	103	17	73	6
Total	**613**	**100**	**1,250**	**101**

Table 19: Ever experienced drug or alcohol problems?

Drug or alcohol problems	Baseline report		This report	
	Count	Percentage	Count	Percentage
Yes	484	79	1,058	85
No	30	5	56	4.5
Don't know/Don't want to say	19	3	44	3.5
Missing information	80	13	92	7
Total	**613**	**100**	**1,250**	**100**

Table 20: Experience ever of multiple forms of disadvantage

Number of forms of disadvantage	Baseline report		This report	
	Count	Percentage	Count	Percentage
1	35	6	65	5
2	100	17	143	12
3	154	27	263	21
4	192	33	475	39
5	100	17	286	23
Total	**581**	**100**	**1,232**	**100**

Table 21: Homelessness experienced by gender

Homelessness	Males (%)	Females (%)
Yes	84*	77*
No	7*	13*
Don't know/Don't want to say	3	4
Missing information	6	6
Total	**100**	**100**
Base	**598**	**350**

* indicates a significant difference between males and females.

Table 22: Rough sleeping experienced by gender

Rough sleeping	Males (%)	Females (%)
Yes	70*	51*
No	13*	27*
Don't know/Don't want to say	9	13
Missing information	8	9
Total	**100**	**100**
Base	**598**	**350**

* indicates a significant difference between males and females.

Table 23: Contact with the criminal justice system by gender

Contact with criminal justice system	Males (%)	Females (%)
Yes	72*	61*
No	8*	13*
Don't know/Don't want to say	8	11
Missing information	12	15
Total	**100**	**100**
Base	**598**	**350**

* indicates a significant difference between males and females.

Table 24: Mental health issues experienced by gender

Mental health issues	Males (%)	Females (%)
Yes	91*	98*
No	1	0
Don't know/Don't want to say	3*	1*
Missing information	4*	1*
Total	**99**	**100**
Base	**598**	**350**

* indicates a significant difference between males and females.

Table 25: Domestic abuse experienced by gender

Domestic abuse	Males (%)	Females (%)
Yes	26*	81*
No	26*	5*
Don't know/Don't want to say	11*	2*
Missing information	37*	11*
Total	**100**	**99**
Base	**598**	**350**

* indicates a significant difference between males and females.

Table 26: Contact with criminal justice system by neurodiversity

Contact with criminal justice system	Neurodivergent	
	Yes (%)	No (%)
Yes	76*	65*
No	10	11
Total	**86**	**76**
Base	**285**	**507**

Excludes don't knows and missing therefore totals do not add up to 100. * indicates a significant difference in experience of contact with the CJS between those who are neurodivergent and those who are neurotypical.

Table 27: Mental health issues by neurodiversity

Mental health issues	Neurodivergent	
	Yes (%)	No (%)
Yes	98*	93*
No	0	1
Total	**98**	**94**
Base	**285**	**507**

Excludes don't knows and missing therefore totals do not add up to 100. * indicates a significant difference in mental health issues between those who are neurodivergent and those who are neurotypical.

Table 28: Homelessness by experience of prison

Homelessness	Experience of prison	
	Yes (%)	No (%)
Yes	92*	70*
No	3*	21*
Total	**95**	**91**
Base	**455**	**361**

Excludes don't knows and missing therefore totals do not add up to 100. * indicates a significant difference in experience of homelessness between those who have and those who have not spent time in prison.

Table 29: Drug and alcohol problems by experience of prison

Drug or alcohol problems	Experience of prison	
	Yes (%)	No (%)
Yes	94*	79*
No	1*	13*
Total	**95**	**92**
Base	**455**	**361**

Excludes don't knows and missing therefore totals do not add up to 100. * indicates a significant difference in experience of drug or alcohol problems between those who have and those who have not spent time in prison.

Table 30: Homelessness experienced by ethnicity

Homelessness	White (%)	Ethnic minorities (%)
Yes	82	85
No	10	5
Don't know/Don't want to say	3	3
Missing information	5	8
Total	**100**	**101**
Base	**822**	**118**

Table 31: Mental health issues experienced by ethnicity

Mental health issues	White (%)	Ethnic minorities (%)
Yes	95	92
No	1	0
Don't know/Don't want to say	2	3
Missing information	2	5
Total	**100**	**100**
Base	**822**	**118**

Table 32: Domestic abuse experienced by ethnicity

Domestic abuse	White (%)	Ethnic minorities (%)
Yes	46	46
No	19	16
Don't know/Don't want to say	8	9
Missing information	27	29
Total	**100**	**100**
Base	**822**	**118**

Table 33: Drug or alcohol problems experienced by ethnicity.

Drug or alcohol problems	White (%)	Ethnic minorities (%)
Yes	89*	72*
No	5*	16*
Don't know/Don't want to say	4	5
Missing information	2*	7*
Total	**100**	**100**
Base	**822**	**118**

* indicates a significant difference in drug or alcohol problems between those who are white and those who are from an ethnic minority background.

Table 34: Contact with criminal justice system by ethnicity

Contact with the criminal justice system	White (%)	Ethnic minorities (%)
Yes	68	68
No	9	14
Don't know/Don't want to say	9	9
Missing information	14	8
Total	**100**	**99**
Base	**822**	**118**

Table 35: Number of forms of disadvantage by gender

Number of forms of disadvantage	Males (%)	Females (%)
1	4	4
2	9	8
3	22*	13*
4	47*	32*
5	18*	43*
Total	**100**	**100**
Base	**591**	**349**

* indicates significant differences in the number of forms of disadvantage experienced between males and females.

Table 36: Number of forms of disadvantage by age group.

Number of forms of disadvantage	16–19 (%)	20–29 (%)	30–39 (%)	40–49 (%)	50–59 (%)	60 or above (%)
1	8	7*	2*	4	3	12*
2	21*	10	7*	7*	8	24*
3	26	17	16	17	23	29
4	33	42	42	43	44	29
5	13	24	33*	30*	22	6*
Total	**101**	**100**	**100**	**101**	**100**	**100**
Base	**39**	**161**	**291**	**283**	**144**	**34**

* indicates significant differences in the number of forms of disadvantage experienced between age groups.

Table 37: Source of referral to Changing Futures (base=1,629)

Source of referral	Count	Percentage
Adult social care	255	16
Housing Options or homelessness service	221	14
Substance misuse service	188	12
Probation	184	11
Other multi-agency forum	134	8
Mental health service	105	6
From other person-centred support programme	88	5
Police	50	3
Domestic abuse service	44	3
Landlord or housing provider	34	2
Self-referral	34	2
Hospital	22	1
Out of custody	18	1
GP	18	1
Multi-Agency Safeguarding Hub (MASH)	11	1
Leaving Care service	11	1
Other (including identified via data analysis)	212	14
Total	**1,629**	**100**

Table 38: Participant age group

Age group	Count	Percentage
16–19	41	4
20–2	163	17
30–39	295	31
40–49	283	29
50–59	144	15
60 or above	36	4
Total	**962**	**100**

Table 39: Participant ethnicity

Ethnicity	Count	Percentage
White	822	86
Mixed/Multiple ethnic groups	44	5
Black British/African/Caribbean	30	3
Asian British (including Chinese)	14	1
Gypsy, Roma and traveller	8	1
Any other ethnic group	22	2
Prefer not to say	18	2
Total	**958**	**100**

Table 40: Participant gender

Gender	Count	Percentage
Male	598	62
Female	350	37
Non-binary	^	^
Other	^	^
Prefer not to say	6	1
Total	**-**	**-**

^ indicates where values have been suppressed due to counts of <5

Table 41: Disability

Disability	Count	Percentage
Disabled	473	74.5
Not disabled	89	14
Don’t know/Don’t want to say	73	11.5
Total	**635**	**100**

Table 42: Disability by age group

Disabled	16–19 (%)	20–29 (%)	30–39 (%)	40–49 (%)	50–59 (%)	60 or above (%)
Yes	41*	70	75	77	86	83
No	47	18*	14*	9*	9*	8*
Base	**32**	**119**	**199**	**180**	**81**	**24**

* indicates a significant difference in the proportion of those who are and are not disabled between 16–19-year-olds and all other age groups.

Table 43: Experience of drug or alcohol problems by disability

Drug or alcohol problems	Disabled (%)	Not disabled (%)
Yes	92	80
No	4	10
Don’t know/Don’t want to say	2	1
Missing information	2	9
Total	**100**	**100**
Base	**473**	**89**

Table 44: In the past three months, have you been in contact with any of the following services? (Base=471)

Services	Baseline (%)	First follow-up (%)
Substance misuse services	47	44
Mental health services	42	40
Probation service*	36	29
Homelessness services	32	36
Domestic abuse services	12	11
Other services*	9	18.5
None	6	5
Don't know*	1	3
Don't want to say*	22	4

* indicates a significant difference between baseline and first follow-up.

Table 45: Are you currently receiving treatment for drug or alcohol problems? (Base=341).

Receiving treatment	Baseline (%)	First follow-up (%)
Yes, drug problems	30	38
Yes, alcohol problems	11	13
Yes, both	15	15
No	40	32
Don't know	1	2
Don't want to say	1	1
Total	**98**	**101**

* When grouped together, there is a statistically significant increase in the proportion who say 'Yes' to receiving treatment for drug problems, alcohol problems or both.

Table 46: Has the beneficiary been referred to a local housing authority for a homelessness assessment?

Referral to local housing authority for homelessness assessment	Count	Percentage
Yes	414	27
No, have already had a homelessness assessment, no referral needed	210	14
No, awaiting the outcome of a referral made in a previous quarter	19	1
No, in contact with other housing services already	150	10
Not applicable, not homeless	597	39
Don't know	150	10
Total	**1,540**	**101**

Table 47: Has the beneficiary been referred to a specialist service for drug and alcohol treatment?

Referral to specialist service for drug and alcohol treatment	Count	Percentage
Yes	404	26
No, awaiting the outcome of a referral made in a previous quarter	9	1
No, in contact with specialist drug treatment service	530	35
No, sufficient programme support	43	3
No	322	21
Not applicable, no drug/alcohol need	102	7
Don't know	124	8
Total	**1534**	**101**

Table 48: Has the beneficiary been referred to a specialist service for mental health treatment?

Referral to specialist service for mental health treatment	Count	Percentage
Yes	412	27
No, awaiting the outcome of a referral made in a previous quarter	42	3
No, in contact with specialist mental health service already	313	20
No, programme support being provided (judged as sufficient)	322	21
Not applicable, no mental health need	136	9
Don't know	307	20
Total	**1532**	**100**

Table 49: Has the beneficiary been referred to a specialist service due to domestic abuse?

Referral to specialist domestic abuse service	Count	Percentage
Yes	126	8
No, awaiting the outcome of a referral made in a previous quarter	13	1
No, in contact with specialist domestic abuse already	58	4
No, programme support already being provided	142	9
Not applicable, no domestic abuse	967	64
Don't know	215	14
Total	**1521**	**100**

Table 50: Outcome of homelessness referrals for referrals made three months ago or more

Outcome of homelessness referral	Count	Percentage
Outcome pending	21	8
Receiving support/providing further information	17	7
Received advice or guidance only	6	2
Temporary accommodation provided	160	63
Found accommodation in hostel/short-term accommodation	19	7
Found accommodation in private rented sector	8	3
Rejection of referral/no duty owed	18	7
Don't know	5	2
Not applicable	1	0
Total	**255**	**99**

Table 51: Outcome of drug/alcohol referral (referral three months ago or more)

Outcome of drug/alcohol referral	Count	Percentage
Outcome pending	19	16
Rejection of referral	1	1
Service offer made, no active engagement yet	17	14
Active engagement in treatment	73	60
Rejection of service offer or treatment not sustained	6	5
Treatment completed	^	^
Don't know	^	^
Not applicable	^	^
Total	**121**	**101**

^ indicates where values have been suppressed due to counts of <5

Table 52: Outcome of mental health referral (referral three months ago or more)

Outcome of mental health referral	Count	Percentage
Outcome pending	29	24
Rejection of referral	8	7
Placed on a waiting list	12	10
Service offer made, no active engagement yet	9	8
Active engagement in treatment	43	36
Rejection of service offer or treatment not sustained	11	9
Treatment completed	^	^
Don't know	^	^
Not applicable	^	^
Total	**119**	**100**

^ indicates where values have been suppressed due to counts of <5

Table 53: Outcome of domestic abuse referral (referral three months ago or more)

Outcome of domestic abuse referral	Count	Percentage
Outcome pending	^	^
Rejection of referral	^	^
Placed on a waiting list	^	^
Service offer made, no active engagement yet	13	27
Active engagement in treatment	26	53
Rejection of service offer or treatment not sustained	^	^
Service no longer required	^	^
Not applicable	^	^
Total	**49**	**100**

^ indicates where values have been suppressed due to counts of <5

Table 54: In the past three months, what have you been getting support with? (Base=474).

Type of support	Baseline (%)	First follow-up (%)
Addressing housing problems	47	50
Being supported to find or move into accommodation	41	40
Thinking about your wellbeing and/or goals*	37	46
Attending appointments*	37	47
Accessing a GP*	25	32
Helping make your accommodation safer	23	25
Introducing/telling you about services in the area	22	24
Benefits applications	21	24
Help or advice with money problems*	20	27
Budgeting	16	18
Accessing adult social care	13	11
Introducing you to people or groups in the local community*	12	17
Understanding your rights and helping you to take action	12	15
Cleaning/maintaining your accommodation*	12	16
Helping you to keep to any probation requirements	9	12
Support from the police with violence or abuse from a partner or family member	8	7
Accessing a dentist	5	7
Setting up a bank account	5	8
Obtaining ID	5	5
Other (including connecting with family and accessing employment or legal aid)	12	22
None of these*	13	4
Don’t know or Don’t want to say	9	6

* indicates a significant difference between baseline and first follow-up.

Table 55: In the past three months, what have you been getting support with? (Base=187).

Type of support	Baseline (%)	Second follow-up (%)
Addressing housing problems	53	51
Being supported to find or move into accommodation	45	38
Thinking about your wellbeing and/or goals	40	39
Attending appointments, including transport to appointments*	39	55
Helping make your accommodation safer	27	26
Accessing a GP*	25	34
Introducing/telling you about services in the area	22	22
Benefits applications	21	26
Budgeting	17	23
Understanding your rights and helping you to take action	16	11
Help or advice with money problems*	15	27
Introducing you to people or groups in the local community	15	14
Cleaning/maintaining your accommodation	13	18
Accessing adult social care	11	10
Helping you to keep to any probation requirements*	9	19
Accessing a dentist	9	5
Support from the police with violence or abuse from a partner or family member	7	9
Setting up a bank account	5	7
Obtaining ID	4	7
Other (including obtaining ID, accessing employment or legal aid)	11	16
None of these*	9	3
Don’t know or Don’t want to say	11	4

* indicates a significant difference between baseline and second follow-up.

Table 56: Current engagement status

Engagement status	Count	Percentage
Actively engaged on the programme	1,101	67
Disengaged from the programme	298	18
Moved on from the programme	195	12
Not known	25	1.5
Total	**1619**	**98.5**

Table 57: Primary reason for disengagement

Reason for disengagement	Count	Percentage
Cannot be reached/No response to engagement efforts	179	61
Cannot be reached due to interaction with the criminal justice system	57	20
Deceased	14	5
Consent to be part of the programme withdrawn	15	5
Cannot be reached due to interaction with the mental health system, poor health or hospitalisation	7	2
Other	14	5
Not applicable	6	2
Total	**292**	**100**

Table 58: Engagement status by age group.

Engagement status	16–19 (%)	20–29 (%)	30–39 (%)	40–49 (%)	50–59 (%)	60 or above (%)
Actively engaged on the programme	76	63	76	74	76	55
Disengaged from the programme	15	17	11	14	11	7
Moved on from the programme	9	19	13*	12*	12	34*
Not known	0	0	0	0	1	3
Total	**100**	**99**	**100**	**100**	**100**	**100**
Base	**33**	**134**	**241**	**224**	**116**	**29**

* indicates significant differences between 30–39/40–49 and those 60 or above.

Table 59: Engagement status by gender.

Engagement status	Males (%)	Females (%)
Actively engaged on the programme	69*	80*
Disengaged from the programme	15	9
Moved on from the programme	16	11
Not known	1	0
Total	**101**	**100**
Base	**489**	**276**

* indicates a significant difference between males and females.

Table 60: Engagement status by disability.

Engagement status	Disabled (%)	Not disabled (%)
Actively engaged on the programme	85*	63*
Disengaged from the programme	8	12
Moved on from the programme	6	26
Not known	1	0
Total	**100**	**101**
Base	**391**	**78**

* indicates significant differences in engagement between those who are and those who are not disabled.

Table 61: Duration on the programme by reason for leaving (base: disengaged=119, moved on=160)

Reason for leaving	Min. (days)	Max. (days)	Mean (days)	Standard deviation (days)
Disengaged from the programme	0	328	107	77
Moved on from the programme	0	495	144	93
Total	0	495	128	88

Table 62: ReQoL score at baseline and first follow-up (base=307)

ReQoL	Baseline (mean score)	First follow-up (mean score)	Significance (two-tailed)
Total ReQoL score	13.33	16.7	$p < 0.01$

Table 63: ReQoL score at baseline and second follow-up (base=129)

ReQoL	Baseline (mean score)	Second follow-up (mean score)	Significance (two-tailed)
Total ReQoL score	13.62	16.69	$p < 0.01$

Table 64: NDTA score at baseline and first follow-up (base=335)

NDTA	Baseline (mean score)	First follow-up (mean score)	Significance (two-tailed)
Total NDTA score	22.99	19.05	$p < 0.01$

Table 65: NDTA score at baseline and second follow-up (base=81)

NDTA	Baseline (mean score)	Second follow-up (mean score)	Significance (two-tailed)
Total NDTA score	22.58	19.11	$p < 0.01$

Table 66: Physical health at baseline and first follow-up.

Physical health	Baseline (%)	First follow-up (%)
No or slight problems*	47	54
Moderate, severe or very severe problems*	53	46
Total	**100**	**100**
Base	**328**	**328**

* indicates a significant difference between baseline and first follow-up.

Table 67: Physical health at baseline and second follow-up.

Physical health	Baseline (%)	Second follow-up (%)
No or slight problems*	37	47
Moderate, severe or very severe problems*	63	53
Total	**100**	**100**
Base	**139**	**139**

* indicates a significant difference between baseline and second follow-up.

Table 68: Contact with criminal justice system at baseline and first follow-up.

Contact with criminal justice system	Baseline (%)	First follow-up (%)
Received a caution	6	5
Received an injunction or criminal behaviour order	6	5
Been arrested	20	19
Been convicted of a crime	8	9
Spent time in prison	9	11
None of these*	54	60
Don’t know	10	7
Don’t want to say	5	5
Base	**421**	**421**

* indicates a significant difference between baseline and first follow-up.

Table 69: In the past three months, have you been a victim of other crime? (Baseline and first follow-up).

Victim of other crime	Baseline (%)	First follow-up (%)
Yes*	31	24
No	48	60
Don't know	16	11
Don't want to say	6	5
Total	**101**	**100**
Base	**475**	**475**

* indicates a significant difference between baseline and first follow-up.

Table 70: In the past three months, have you been a victim of violent crime? (Baseline and first follow-up)

Victim of violent crime	Baseline (%)	First follow-up (%)
Yes	35	30
No	43	53
Don't know	14	10
Don't want to say	8	7
Total	**100**	**100**
Base	**476**	**476**

Table 71: How much do you agree or disagree with the statement 'I feel safe where I am living'? (Baseline and first follow-up)

Agreement	Baseline (%)	First follow-up (%)
Strongly agree (score 5)	7	10
Agree (score 4)	30	38
Neither agree nor disagree (score 3)	18	27
Disagree (score 2)	25	18
Strongly disagree (score 1)	16	6
Don't know	5	2
Don't want to say	0	1
Total	**101**	**102**
Base	**200**	**200**

* indicates a significant difference in score between baseline and first follow-up.

Mean score on scale of 1–5, where 1 is strongly disagree and 5 is strongly agree (base=186)*	Baseline	Second follow-up
	2.88	3.29

Table 72: Thinking about your current situation, to what extent would you say that you have ways to help you stay safer? (Baseline and first follow-up)

Ways to help stay safer	Baseline (%)	First follow-up (%)
Very much	2	2
Quite a lot	20	32
A little	59	54
Not at all	17	10
Don't know/Can't remember	2	2
Total	**100**	**100**
Base	**41**	**41**

Table 73: Experience of homelessness in the last three months – baseline and first follow-up.

Homelessness	Baseline (%)	First follow-up (%)
Experienced homelessness*	59	52
Not experienced homelessness	35	40
Don't know/Prefer not to say	1	1
Total	**95**	**93**
Base	**399**	**399**

* indicates a significant difference between baseline and second follow-up.

Table 74: Experience of rough sleeping in the last three months – baseline and first follow-up.

Rough sleeping	Baseline (%)	First follow-up (%)
Experienced rough sleeping*	33	23
Not experienced rough sleeping	60	70
Don't know/Prefer not to say	6	7
Total	**99**	**100**
Base	**476**	**476**

* indicates a significant difference between baseline and second follow-up.

Table 75: On a scale from very confident to not at all confident, how confident do you feel that you will be in this accommodation or other stable accommodation in six months' time? (Baseline and first follow-up)

Confidence	Baseline (%)	First follow-up (%)
Very confident (score 4)	30	28
Fairly confident (score 3)	25	42
Not very confident (score 2)	25	22
Not at all confident (score 1)	14	3
Don't know	6	6
Don't want to say	1	0
Total	**101**	**101**
Base	**125**	**125**

* indicates a significant difference in score between baseline and first follow-up.

	Baseline	Second follow-up
Mean score on scale of 1–4, where 1 is not at all confident and 4 is very confident (base=114)*	2.78	3.00

Table 76: On a scale from very confident to not at all confident, how confident do you feel that you will be in stable accommodation in six months' time? (Baseline and first follow-up)

Confidence	Baseline (%)	First follow-up (%)
Very confident (score 4)	3	8
Fairly confident (score 3)	20	25
Not very confident (score 2)	33	34
Not at all confident (score 1)	32	23
Don't know	13	11
Total	**101**	**101**
Base	**120**	**120**

* indicates a significant difference in score between baseline and first follow-up.

	Baseline	Second follow-up
Mean score on scale of 1–4, where 1 is not at all confident and 4 is very confident (base=99)*	1.91	2.17

Table 77: Is the beneficiary receiving the benefits that they are entitled to?

Receiving benefits entitled to	Baseline report		This report	
	Count	Percentage	Count	Percentage
Yes	511	69	1,155	75
No, in the benefits system and working to address issues	50	7	106	7
No, not in the benefits system but working to address this	7	1	7	0
No	38	5	37	2
Don't know	125	17	206	13
Not applicable	14	2	24	2
Total	**745**	**101**	**1535**	**99**

Table 78: If you are currently in debt or behind on your bills, how much do you agree or disagree that you are able to manage paying these off? (Baseline and first follow-up)

Agreement	Baseline (%)	First follow-up (%)
Strongly agree (score 5)	2	4
Agree (score 4)	11	14
Neither agree nor disagree (score 3)	13	19
Disagree (score 2)	16	14
Strongly disagree (score 1)	21	10
Don’t know	15	13
Don’t want to say	2	2
Does not apply	21	22
Total	**101**	**98**
Base	**327**	**327**

* indicates a significant difference in score between baseline and first follow-up.

	Baseline	Second follow-up
Mean score on scale of 1–5, where 1 is strongly disagree and 5 is strongly agree (base=162)*	2.25	2.72

Table 79: If you needed someone to talk to, whom would you turn to first? (Baseline and first follow-up).

Whom would you talk to when needed?	Baseline (%)	First follow-up (%)
Family	32	34
Friends	28	30
Community group	2	2
A faith organisation	2	2
Peer support*	6	10
Other	6	7
No-one*	18	9
Don’t know	6	4
Don’t want to say	0	0
Total	**100**	**100**
Base	**328**	**328**

* indicates a significant difference between baseline and first follow-up.

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