



Ministry of Housing, Communities & Local Government

The role of Changing Futures caseworkers

A deep dive

February 2025



The
University
Of
Sheffield.

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Contents

Foreword	1
Executive Summary	2
Introduction	5
1.1 Background	5
1.2 Methodology	6
2 The role of caseworkers	7
2.1 Describing the role	7
2.2 Issues and challenges for caseworkers	11
3 What helps caseworkers to do their jobs?	14
3.1 Experience and expectations of the role	14
3.2 Employment and location	17
3.3 Connections with other organisations	18
4 Caseworkers and system change	20
4.1 Influence on other services and working practices	20
4.2 Translating learning from frontline casework into wider system change	22
5 Sustaining and growing the caseworker model	24
5.1 Overview	24
5.2 Ideas for continuing key elements of the model after Changing Futures	24
6 Conclusions	27
7 References	29

Foreword

The Changing Futures programme is a £91.8 million initiative between Government and The National Lottery Community Fund. It seeks to test innovative approaches to improving outcomes for people experiencing multiple disadvantage – including homelessness, substance misuse, mental ill health, domestic abuse and contact with the criminal justice system. The programme is running in fifteen areas across England, between them covering 34 top tier council areas, from 2021 to 2026.

The Ministry of Housing, Communities & Local Government (MHCLG) 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 was written by Cordis Bright with CFE in May 2024. Since then, the programme has been extended by a year to work in local areas until the end of March 2026. This report is part of a [series of reports](#) produced for the Changing Futures programme by the evaluation team.

This report presents the evidence and insights from research exploring the role and experiences of caseworkers within the Changing Futures programme. These caseworkers are responsible for providing person-centred, trauma-informed support, characterised by smaller caseloads (7-12 people). Earlier phases of the national evaluation have highlighted the beneficial effects which caseworkers have on participants' experiences of the programme.

The evidence presented in this report combines a review of existing evidence with insights from qualitative structured discussions. Five facilitated workshops were run with caseworkers and stakeholders. This research has enhanced understanding of the nature of the caseworker role in the Changing Futures programme, and how the caseworker model could be grown and sustained beyond the programme to support people with multiple disadvantage. Additionally, the report explores how caseworkers are able to contribute to systems change, by fostering new working practises and relationships as well as advocating for policy developments.

My gratitude goes to Cordis Bright and CFE for writing this report, and their continued hard work conducting research and synthesising evidence. The authors and I would like to thank the caseworkers and stakeholders from the Changing Futures areas for all their support with this evaluation report, including providing information, and organising and participating in workshops and group discussions. We would also like to thank colleagues from MHCLG, the Evaluation Advisory Group and the team of peer researchers for reviewing and commenting on drafts of this report.

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Executive Summary

Introduction and background

This report explores the role of caseworkers within the Changing Futures programme. Research was undertaken to explore how the role of a multiple disadvantage caseworker differs from caseworker roles in other contexts, for example housing or health and social care, as well as adjacent roles such as a rough sleeping or substance misuse caseworker. The report also explores the challenges workers face, the trade-offs and choices they make when supporting people experiencing multiple disadvantage, and their contribution to systems change.

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

Methodology

The methodology included a review of existing evidence, four in-person workshops with 37 caseworkers from 12 areas, and one virtual workshop with 14 stakeholders from nine areas. These workshops facilitated structured discussions on the role of caseworkers, what aids them in their jobs, and the systemic changes needed to support their work. Fieldwork was undertaken between December 2023 and January 2024. The key findings from the research are summarised below.

Role of caseworkers

Caseworkers in the Changing Futures programme are responsible for providing person-centred, trauma-informed support, characterised by smaller caseloads (7-12 people) compared to other services. Their roles are highly autonomous and flexible, enabling them to build trust with participants and coordinate access to various services. Key responsibilities include:

1. **Locating and engaging participants:** Caseworkers spend significant time identifying and engaging participants who may be disconnected from services.
2. **Coordinating support:** They ensure that support is well-coordinated among various services, often acting as a single point of contact.
3. **Liaising and advocating:** Caseworkers advocate on behalf of participants with other services, ensuring their needs are met despite systemic barriers.
4. **Providing direct support:** This includes practical and emotional support, often tailored to individual needs and circumstances.

Issues and challenges

Caseworkers face several challenges, including:

1. **Inflexible service practices:** Services often have rigid practices that do not align with participant needs, such as local connection rules for housing.
2. **Access to services:** There are significant barriers to accessing mental health services and other support due to high thresholds and long wait times.
3. **Management of responsibility and risk:** Caseworkers perceived that some services deflect responsibilities onto them and to be unwilling to work with people they deem to be high risk.
4. **Staff retention and turnover:** High turnover rates among caseworkers, driven by low pay and burnout, disrupt the continuity of support.
5. **Data sharing issues:** Limited data sharing agreements hinder efficient coordination and support.

What helps caseworkers

Key enablers for caseworkers include small caseloads, high autonomy, clinical supervision, and reflective practice. Additional supports are:

1. **Professional experience:** Previous experience in related fields helps caseworkers navigate complex systems and leverage existing contacts.
2. **Lived experience:** Team members with lived experience of multiple disadvantages can build trust quickly and provide valuable insights.
3. **Flexible risk management:** The ability to take a flexible approach to risk assessment and management is crucial for effective support.
4. **Supportive environment:** Access to personal budgets and a collaborative work environment with other services enhance caseworker effectiveness.

Caseworkers and system change

Caseworkers play a significant role in influencing systemic changes by fostering new relationships and working practices. Examples include:

1. **New service pathways:** Establishing clearer pathways for accessing services, such as support to find and maintain accommodation.
2. **Problem-solving groups:** Engaging in multi-agency groups to address systemic barriers and improve service coordination.
3. **Advocating for policy changes:** Highlighting the need for more flexible and inclusive service criteria to better meet participant needs.

Sustaining and growing the caseworker model

To sustain and expand the caseworker model beyond the Changing Futures programme, this study suggests:

1. **Embedding caseworkers in services:** Placing caseworkers within various services (e.g., accident and emergency (A&E), mental health teams) to improve access and support.

2. **Maintaining flexibility:** Ensuring that caseworker roles remain flexible and responsive to participant needs.
3. **Enhancing support and supervision:** Providing ongoing management and clinical supervision to support caseworkers in their emotionally demanding roles.

The Changing Futures caseworker model, characterised by its person-centred, flexible, and trauma-informed approach, is crucial for supporting individuals with multiple disadvantages. The report emphasises the need for continued investment in this model to ensure its sustainability and effectiveness, advocating for systemic changes that recognise and address the complexities of multiple disadvantage.

Introduction

1.1 Background

This report explores the role of caseworkers in the Changing Futures programme. Caseworkers are used in almost all local Changing Futures projects to provide a person-centred, trauma informed support service, taking a multi-agency approach and connecting people with a range of services where appropriate. Changing Futures caseworkers have smaller caseloads than most other services, which enables them to spend time getting to know participants individually, working with them to identify their own goals, and understanding how trauma can impact their presenting behaviours.

Building and maintaining a trusting relationship is key to engaging people with Changing Futures and other services, when their previous experiences may have led them to lack trust in service providers. Caseworkers have the flexibility to provide various types of practical and emotional support, which is outside the remit of other services. This support is person-centred in that it is led by what participants themselves say they need to help them achieve self-identified goals. Caseworkers also act as 'navigators', in that they advocate for participants with other services; support them to access other services; and co-ordinate support around the person.

The research explores how the role of a multiple disadvantage caseworker differs from caseworker roles in other contexts, for example housing or health and social care, as well as adjacent roles such as rough sleeping or substance misuse caseworker. It also explores the challenges workers face, the trade-offs and choices they make when supporting people experiencing multiple disadvantage, and their contribution to systems change.

The research sought to answer the following questions:

- a. What are the key elements of a person-centred support role?
- b. What are the issues and challenges that workers face e.g. the choices and trade-offs they make, taking risks, managing accountability?
- c. Where should multiple disadvantage caseworkers sit in the system?
- d. What are the conditions that support the caseworker model? In particular, how is flexibility supported?
- e. How should other support be arranged around the caseworker model?
- f. How can the caseworker model be sustainable and/or scaled up outside of specific "multiple disadvantage" services/roles?

1.2 Methodology

The methodology comprised:

- A review of evidence previously collected by the Changing Futures evaluation (including a review of interim reports and rapid evidence assessments) and contained in other studies focusing on multiple disadvantage caseworkers.
- Four in-person workshops with caseworkers. In total 37 caseworkers attended; 12 areas were represented. Areas not represented were Plymouth (which does not employ caseworkers as part of Changing Futures), Surrey and Sussex.
- One virtual workshop with other stakeholders who work with caseworkers or have an interest in their work. Fourteen people attended, representing nine areas (Bristol, Essex, Greater Manchester, Lancashire, Northumbria, Plymouth, South Tees, Surrey and Westminster).

The workshops lasted between two and two and a half hours. Discussion followed a structured topic guide, with participants working in smaller groups to discuss each main topic (role of the caseworker; what helps a caseworker to do the job; caseworkers and system change; the future of casework) and feeding back to the wider group. Fieldwork was undertaken between December 2023 and January 2024.

2 The role of caseworkers

2.1 Describing the role

Overview

All but one of the Changing Futures areas (the exception is Plymouth) employ caseworkers, also known as ‘navigators’, ‘coordinators’, and ‘key workers’, to provide frontline support for participants of the programme.¹ On average, caseworkers in Changing Futures have a caseload of 7 to 12 people at any one time.

Caseworkers’ responsibilities vary by area; a high level of autonomy and flexibility is built into their role to enable them to reach and respond to the needs and preferences of their clients. Generally, caseworkers support people by providing a single point of contact, coordinating access to different services, advocating for their clients, and providing a consistent source of support. They focus on finding people who may need support (often “*people who others don’t know how to work with*”, as one caseworker put it), or receiving and assessing referrals from other agencies; building trusting relationships to enable engagement; and introducing people to services and supporting them to access them.

The amount of outreach caseworkers do varies from area to area, with some caseworkers only working with people referred by other agencies and others spending more time proactively finding people who are not already known to or engaging with services. Caseworkers fill gaps in service provision by providing direct support themselves when people need it. This might take the form of support with independent living skills, bespoke support at times of crisis, or other forms of practical support, such as educating and informing people about what services and entitlements might be available to them.

Context

The Changing Futures caseworker role builds on the learning from Fulfilling Lives partnerships, which employed multiple disadvantage navigators, staff who worked with people affected by multiple disadvantage across a range of services and supported them to secure and coordinate support as needed (CFE et al, 2021a).² The distinctive features of the Fulfilling Lives caseworker/navigator model are explored in, for example, CFE Research et al, (2021a) and Cordis Bright et al, (2020) and include:

- working with people over an extended period to develop trusting relationships;
- acting as a single point of contact for participants/beneficiaries and support services;
- navigating systems on behalf of participants/beneficiaries while remaining service neutral;

¹ Plymouth Changing Futures does not include direct service delivery, but focuses on system change, working with strategic bodies to change cultures and systems, facilitating co-production, and engaging with people with lived experience of multiple disadvantage.

² Fulfilling Lives was an eight-year programme funded by The National Lottery Community Fund to better support people experiencing multiple disadvantage. The programme ran in 12 areas of England, some of which have gone on to become or be incorporated into Changing Futures areas.

- supporting participants/beneficiaries to achieve their own goals;
- being tenacious and persistent;
- having small caseloads.

Qualitative evidence from the Changing Futures evaluation, as set out in interim reports, suggests that the contribution of caseworkers is linked to both positive outcomes for participants and shifts within the wider system of services and support for people experiencing multiple disadvantage.

The role of a multiple disadvantage caseworker is similar to that of a homelessness caseworker. A recent systematic review of the effectiveness and implementation of case management in homelessness (Weightman et al, 2023) found that case management interventions improve housing outcomes for people experiencing homelessness with one or more additional support needs, with more intense interventions leading to greater benefits. The review helpfully identifies five main models of case management for people experiencing homelessness ('broker', 'standard', and 'intensive' case management, 'assertive community treatment' and 'critical time intervention'), whose key features are present to some degree in the role of the Changing Futures caseworker. Like brokers, Changing Futures caseworkers do coordinate services but take a much more active role in providing a direct service to participants. The relationship between the caseworker and participant plays a much more prominent role than it does in standard homelessness case management, where average caseload is around 35.

The role of Changing Futures caseworkers is most similar to intensive case management, which provides ongoing comprehensive support to a small number of people with high support needs (average 15), and assertive community treatment. Rather than a single case manager, the assertive community treatment model, which is also found in mental health services, draws on a multidisciplinary team or network to support participants within a service. This is also aimed at people with high support needs (average caseload 15); for example, in mental health services criteria for receiving support from an assertive outreach team might include being sectioned three or more times. There are elements of this approach in the Changing Futures caseworker model, where caseworkers coordinate support around the participant.

Common features of Changing Futures caseworker roles

There was a strong degree of consistency in the descriptions that caseworkers who took part in the workshops gave of their roles. These findings resonate with earlier findings from this evaluation (CFE et al, 2024) and from the evaluations of Fulfilling Lives and Making Every Adult Matter (MEAM). Key responsibilities include:

Locating and engaging participants. There was consensus among workshop members that a lot of time is spent tracking down clients – either actively identifying people who are not engaged with any other services, or finding people who are already known to Changing Futures but find it hard to keep appointments or be in regular contact with their caseworker. Participants are sometimes street homeless or not where they might be expected to be. Caseworkers agreed that this can take up a lot of their time. In one area,

Rochdale (Greater Manchester), there are no referrals into the programme from other agencies, and instead caseworkers find their own clients.

Coordinating support around participants. This involves identifying suitable support and making referrals to other local services. It also includes working closely with other services and professions such as housing, adult social care, and probation, to ensure that support meets people's needs and that all agencies have up-to-date and relevant information. Caseworkers from a number of areas were responsible for setting up and maintaining a **multi-disciplinary team** of professionals, and for bringing together the different team members to discuss individual participants and agree a coordinated support plan, including arrangements for sharing information and phasing of different types of support.

Liaising with services and advocating on behalf of participants. Many programme participants find it challenging to engage directly with other services and professionals. There are many reasons for this, such as previous negative experiences, history of exclusion, incompatibility between the needs of the person and the set-up of the service, and the impact of stigma and discrimination. Caseworkers from across the areas agreed that they frequently have to challenge professionals, by "*being the loud voice in the room*" to ensure that participants get access to support. Caseworkers also agreed that they often have to advocate for services to adapt their approach to engage with clients. Sometimes caseworkers will not only refer someone to a service, but will accompany them to appointments because they are concerned that the person will not get the service they need unless they have someone to advocate on their behalf:

A lot of people are neurodiverse and... they go to an appointment and just agree and nod as they don't have the confidence to challenge, especially within statutory services such as probation and the GP, because they feel that they are looked down on. They are incredibly sensitive to atmosphere and tones of voice, so if they are talked to in a certain way they will disengage.

Caseworker

Providing direct support. Across multiple areas, caseworkers highlighted that they provide support for participants. For example, caseworkers in Westminster provide therapeutic support, and in another area, caseworkers are running a recovery group. Similarly, in South Tees a caseworker developed bespoke support for a participant who is a victim and perpetrator of abuse. Caseworkers in Rochdale provide a men's group and a Sunday breakfast for 80 people, inviting other services to come in and work with participants. In essence, caseworkers tend to do whatever they think is necessary to help people engage further and make progress in their lives, when there is no other appropriate support available to help them do that.

Related to providing support, many caseworkers shared that they are often the first call for their participants when something goes wrong: "*You get that phone call and someone is in crisis mode.*" Some caseworkers felt that they were called upon as a 'last resort' when other services had broken down or were not available at the right time. Sometimes this is intentional and by agreement with the participant and other services, but caseworkers noted that they were sometimes the only service that had the flexibility to respond at certain times.

Discussion about the support element of the role revealed that some caseworkers feel that they are filling a gap, for example in drug and alcohol or mental health support, where they would expect other services to be taking a more active role. Some also gave examples where they felt other professionals were using the Changing Futures caseworker team in an inappropriate way to relieve pressure on their own services:

Managing expectations. Although not necessarily seen as a key responsibility, some caseworkers said that part of their role is sometimes to manage participants' expectations. For example, some individuals, especially young people, come in with the expectation they will receive social housing because their parents did. When their expectations are not met, they may disappear from services and end up at the back of the queue for housing when they return. Managing expectations is a way to keep participants engaged and focusing on aspects of their lives they can most easily control.

Facilitating system change. Earlier phases of the evaluation have highlighted how introducing a caseworker model and/or specialist service is a change to the system in its own right, creating a direct and positive impact by ensuring suitable support is available for people experiencing multiple disadvantage. Many stakeholders consulted as part of the evaluation understood specialist services to be necessary for supporting people experiencing multiple disadvantage in a timely manner, because changing culture and practices for the wider system is incremental and takes time. However, the evaluation and this research also found that specialist services can hinder wider system change, by reducing the imperative for the rest of the system to change in order to meet the needs of people experiencing multiple disadvantage.

In terms of how caseworkers' roles are organised, in most areas they work independently as part of a wider team of caseworkers and programme staff. In some areas, such as Lancashire, South Tees and Northumbria, caseworkers work in pairs. The composition of the pairs varies. In one area, caseworkers (who may themselves have lived experience) work with peer support workers or volunteers with lived experience and they both provide support for participants simultaneously. In another there are 'navigators' and 'assistant navigators'; they hold the caseload jointly but the assistant usually has a lower level of qualifications and experience and the navigator needs to be able to drive, while this is not a requirement for an assistant navigator.

Generally, caseworkers were happy with the amount of time they are able to spend working directly with participants, which varied depending on where a participant was on their recovery journey. For example, participants who have only recently engaged with Changing Futures generally need more support, both practical and emotional, as they build a relationship with their caseworker and try to get to grips with fundamental life issues such as accommodation and benefits. Most participants will experience setbacks in their efforts to reduce their use of alcohol and drugs and will need more support when things aren't going well. As is the case for most people, participants will face unexpected challenges and may not yet have other support available to help deal with them. In all these situations, the caseworker will be there to spend more time with someone. At other times, they may 'check in' occasionally, but make it clear that they are there if needed.

There was general agreement that caseworkers' role is to provide "end-to-end" support: *"The idea is that we come in when somebody's at their most chaotic and at their most vulnerable, and we pull everything into one"*. Most workshop participants spent their time

either going out and finding people who might need support or working one-to-one with people and liaising with other agencies on their behalf:

We do it all, everything. A lot of our time is engaging with other services. So, we will build relationships with people, gain their trust, and then support them to engage with services that they need, that they may not have been engaging in the past, or they're already engaged with them, we'll take them through that, to hopefully get a positive outcome.

Caseworker

Caseworkers have the freedom to work with people in ways that other agencies might not. For example, spending time with them to find out about their interests and motivations, or going for a walk or shopping, for which some participants have a personal budget from Changing Futures. Caseworkers acknowledged that these types of activities might be regarded as less important or impactful than more formal interventions such as counselling sessions or health consultations, but they emphasised the value of simply spending time with people doing the things they enjoy:

We went to the cinema this week, with somebody, because she hadn't been to the cinema for a very long time. It was a film that she wanted to see, because she's got an interest in the Second World War. I think some people think, 'That's very fluffy' and it's not, because you're getting something out of it. You're still having conversations with that person and engaging that person.

Caseworker

There were some aspects of the role which caseworkers felt demanded too much of their time. The first was completing paperwork. In particular, caseworkers reported that the form filling for the programme evaluation is 'arduous' and eats into the time that they have. There was also a view that some agencies' referral forms were unnecessarily time-consuming to complete and that sharing information about participants could be done in a more streamlined way with better systems, freeing up the caseworkers to spend more time on face-to-face work with participants.

2.2 Issues and challenges for caseworkers

Caseworkers and wider system professionals identified a range of issues and challenges for caseworkers. These include:

Service policies and practices that do not align to participant needs. Caseworkers highlighted inflexible service policies and procedures and unapproachable services as the most common challenges they face. Workshop participants described some local services they had dealt with as having "a lack of empathy and an impersonal approach".

One particular challenge that several caseworkers noted (and which has been identified through previous qualitative work as part of this evaluation and in other studies) is being advised that someone must have a local connection in order to qualify for homeless help. This is often described as the legal position by homelessness services when in fact local authorities are required by law to accept a homelessness duty to anyone who is homeless (as defined in homelessness legislation) and can choose to refer them to another local authority if they do not have a local connection to their area. This practice means that

housing options are restricted for some, and for others, caseworkers spend considerable time helping them to prove a local connection or appeal a decision. As one stakeholder explained:

Housing officers have their hands tied – have to find who meets their criteria according to the law. But this doesn't help us in terms of who we're working with at all.

Wider stakeholder

Another example is the lack of choice of accommodation provided by local housing authorities. One caseworker described how clients are put into housing situations that may not be sustainable for them for various reasons, but there are no other options available and they will lose out on housing down the line if they reject or move from their provided housing option. Caseworkers then have to balance advocating for what they feel is best for the person against a need to work within the constraints of the system and available accommodation in order to achieve a positive outcome in the future.

Other services can also be difficult to access. Several caseworkers mentioned the often-cited challenge of helping participants to access mental health services, noting that Changing Futures workers are often unable to help people get support for their mental health “*until there's a crisis*”. Some caseworkers expressed frustration that they make referrals and “*nothing happens or someone goes on a waiting list*” or they arrange multi-agency meetings and find it difficult to get people to attend.

Caseworkers reported that a range of assessments for statutory services are time consuming and difficult for people experiencing multiple disadvantage to engage in, limiting caseworkers' ability to be able to help people access the support they need. Applications for disability benefits were mentioned as particularly difficult to complete.

Caseworkers say they spend a lot of time helping people use helplines provided by organisations such as the Department for Work and Pensions (DWP), mental health crisis teams and utility providers. These are often experienced as inaccessible because of long wait times and the risk of being cut off if participants are unable to answer the questions posed by call centre staff. This often happens as multiple disadvantage can mean people are more likely to feel confused, anxious or frustrated or not have relevant information to hand.

Other services were described as seeking to avoid their responsibilities or being unwilling to hold risk. Caseworkers experienced services such as adult social care and housing teams referring into Changing Futures as an alternative to providing support, even in situations where caseworkers believed those agencies have a statutory duty. Caseworkers also highlighted examples where local services have refused to support Changing Futures participants, or closed their cases, arguing their needs are being met by Changing Futures. As a result, some caseworkers said their role had broadened to include tasks that they expected to be within the remit of another service.

A caseworker from one area gave an example of their local Community Mental Health Team initially refusing to take responsibility for someone because they felt the person was ‘too risky’. The case was escalated to service managers and a collaborative approach was eventually agreed.

Staff retention and turnover. Caseworkers reported that turnover in the caseworker role is problematic in some areas and retention is a problem across services. When staff leave, new professionals need to rebuild trust with beneficiaries and this takes time. Some focus group participants cited low pay and stress or burnout as reasons for the high staff turnover, with one person suggesting that these factors mean the role of a multiple disadvantage caseworker is 'not a sustainable career'. There was much discussion in the workshops about how to improve working conditions for caseworkers, and how to retain people in their roles during and after the Changing Futures programme. Many of those who attended the workshops would like more educational opportunities to develop their skills. There was universal agreement that higher wages and longer-term contracts were the key to retaining staff, particularly given the expectations of the role. They felt that the investment would pay off in terms of reduced disruption to the service, other staff and participants arising from high turnover. One caseworker made the point that they are providing support similar to that provided by statutory services but not receiving the same rate of pay.

The wages are currently insufficient, and it's particularly difficult if you're renting. Staff are holding statutory services cases until their waiting list is sorted but they're not being paid the same rate as statutory service providers.

Caseworker

Increasing caseloads. As a result of staff turnover and as the programme team start to prepare for the end of the programme, teams are seeing people moving on from caseworker positions, causing disruptions to working patterns and relationships with participants. As caseloads increase, workers are less able to work intensively with people and spend the time they need to on building relationships and trust, as well as liaising with the range of services that might be involved. One person reported that other agencies see that Changing Futures have small caseloads and think that they have spare capacity, because they do not fully understand the nature of the role. This leads to pressure to accept more referrals to meet demand in the system.

Lack of data sharing infrastructure and reluctance to share information. The evaluators heard that there are still very few data sharing agreements between services in Changing Futures areas, resulting in caseworkers spending a lot of time trying to collect and share important information about participants. Information sharing between agencies still depends on relationships caseworkers have with people in other organisations, which is a problem when caseworker turnover is high. Caseworkers shared that strict confidentiality guidelines within services (sometimes even services within the same organisation), or an overly rigid interpretation of those guidelines, can be a barrier to receiving key information that could potentially prevent clients from falling into crisis.

3 What helps caseworkers to do their jobs?

3.1 Experience and expectations of the role

This research further confirms the enablers of the caseworker role identified in earlier phases of the national evaluation of the Changing Futures programme and in the wider literature. In particular, participants emphasised the importance of small caseloads, high levels of autonomy, group learning and reflective practice, clinical supervision, and training as key in helping them to be effective in their roles.

Caseworkers and wider system stakeholders identified a range of additional enablers for the caseworker role:

Previous professional experiences. Caseworkers who had previously worked in other services, e.g. housing, probation or social services, said they had not only used their professional training in their caseworker roles, but had been able to leverage their contacts and share these with other team members to support participants to get the help they need. Caseworkers who had previously worked in the statutory sector said it had been helpful to understand the rationale for some of the structures and procedures that participants needed to go through and felt that ‘insider knowledge’ had helped them as service brokers or navigators.

Working alongside specialists. Both caseworkers and wider stakeholders agreed that having a good understanding of how and why other agencies worked in the way they did was very helpful for caseworkers. Understanding the benefits system is a good example of this; the rules can be complex and attending appointments at the right time can be critical not only to getting benefits but also to housing and other aspects of people’s lives. Therefore, having a good understanding of how the DWP works is important for caseworkers. In some areas members of the local DWP team have been keen to assist Changing Futures caseworkers and help them to understand the system better. Caseworkers also identified a range of challenges with local housing teams, where professionals do not provide support if a prevention or relief duty is not owed, as well as an example of a housing team regarding an individual who has been recalled to prison as intentionally homeless.³ Sitting alongside housing options teams or having regular meetings with them has helped caseworkers to understand better how and why the rules are applied, and to resolve issues more quickly.

Lived experience. Most Changing Futures caseworker teams include people with lived experience of multiple disadvantage. In some areas, such as Northumbria and South Tees, half of the caseworker teams have lived experience. Some team members’ lived experience was some time ago and they have since undertaken professional training. Others have joined Changing Futures teams as peer support workers and gone on to become caseworkers, sometimes undertaking professional training as part of this journey. Caseworkers often work alongside peer mentors, a role that complements the work of the

³ Under the Homelessness Reduction Act 2017, local housing authorities are required to take reasonable steps to prevent eligible people becoming homeless (prevention duty) and to help secure housing for eligible people who are homeless (relief duty). For further information see: <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/overview-of-the-homelessness-legislation>

caseworker; the peer mentor is there to support the participant from the perspective of having had similar experiences and challenges and tends to focus on directly supporting people rather than liaising with other services.

Caseworkers who attended the workshops spoke in positive terms about the advantages of having people with lived experience as team members. The benefits and challenges are discussed in more detail in work produced as part of the evaluation of Fulfilling Lives (CFE et al, 2021b); for example, staff with lived experience are often able to build trust with participants quickly and can act as role models, while career progression can be limited if they are restricted to holding only roles specifically requiring lived experience.

On the whole, participants respond well to being supported by those with whom they have shared experience, and the voice of lived experience can be a powerful tool in advocating on behalf of participants. Tensions and dilemmas can sometimes arise when staff with lived experience know participants personally from earlier in their lives, making either the participant or the caseworker feel uncomfortable about working together. Where this is a problem for either party, it is usually possible to assign another caseworker.

I've been in safeguarding meetings where people have walked in clients' shoes and used that as a way in – they understand, they have lived that life – they understand why people are feeling or acting the way they do and can translate it to someone who doesn't have that lived experience, like how their drug use will affect things – it helps things make more sense.

Caseworker

Flexible approach to risk management. There was almost unanimous agreement amongst workshop participants that being able to take a flexible approach to risk assessment and management was key to being able to make a difference to people. As one person put it: *“You need to take account of the person, not what's written on paper”*.

One example of this is the approach many agencies take to housing someone who has been convicted of arson. For some services, knowing of a previous arson offence can present an unacceptable risk and be an automatic barrier to someone getting accommodation, whether the arson offence was a serious incident or setting light to a bin when they were a teenager 20 years ago. In Greater Manchester, the Changing Futures caseworker team has tackled this by working with the Fire Brigade to offer an education course for people. If they attend the course, they get a certificate they can present alongside a housing application to show that risk is being understood and managed. Another caseworker highlighted that because their organisation runs its own hostels, they have simply taken the decision to accept the risk of housing people who have arson offences on their record and to work with those people to manage the risk of this happening again. In this caseworker's view:

When we take a stepped approach, people demonstrate they can be trusted. That requires a clear change of mindset from organisations whose first reaction is to exclude people.

Caseworker

Stakeholders reported that many professionals view the caseworker as a way of minimising risk, as they know participants are receiving intensive support which helps keep them and others safe. For example, where there are safeguarding concerns or disclosure

of criminal activity that might affect a participant's housing options, having a caseworker has tipped the balance in favour of them being able to access housing.

Flexibility of the model. Caseworkers value the relative freedom they have to work in ways they think are appropriate, rather than always having to follow procedure to the letter. They can be proactive in seeking out beneficiaries and deciding to support them in different ways. Being able to make judgements based on the relationship with the person rather than organisational procedure is a valuable tool for caseworkers. Those who have lived experience are able to use this to judge how to approach people and situations in what they see as the right way, without being reprimanded if that approach doesn't conform to a set procedure. This is true, for example, in terms of where caseworkers are able to meet their clients, appointment times, reminding people to attend appointments and what happens if they fail to turn up:

Our caseload is small compared, for example, to leaving care workers who have higher caseloads and can't offer such intensive support. We can do assertive outreach. Because of lack of capacity in adult social care, people are struck off if they don't turn up three times. We don't have to do that. We also have freedom to work with the entire family – that is quite rare in adult social care.

Caseworker

Clinical supervision. Caseworkers emphasised that the role can be stressful and emotionally challenging. Some said that they had, or knew someone who had, experienced 'vicarious trauma', where they had been affected by what had happened to people they were working with to the extent that they had found it difficult to do their jobs. Having a clinical psychologist in or available to the team has helped caseworkers to be supported to manage the impact on themselves of working with Changing Futures participants, as well as to better understand participants' needs. In some areas a psychologist provided clinical supervision.

Reflective practice. Most Changing Futures areas have integrated reflective practice into their caseworker model, in line with principles of trauma informed working.⁴ This means there are regular opportunities for caseworkers to meet with each other, individually with supervisors, and with other team members to review learning from their work.

The whole team has gone through lots of training and uses compassion focused therapy. It's the therapeutic model – trauma informed practice. We have regular reflective practice and supervision. There's a workforce development stream of training within Changing Futures, and we have community of practice sessions – e.g. on housing, with local hostels, people working with a similar cohort, to share different perspectives.

Wider stakeholder

Use of frontline learning and reflection to improve practice. An important aspect of the caseworker model in Changing Futures areas is that it is used as a means of learning to improve service delivery. For example, in Westminster, the team does at least one yearly update of their service model, taking learnings from reflective team practices throughout the year and incorporating what worked well and what did not work so well over the past

⁴ Trauma-informed practice is an approach that is grounded in a recognition of trauma and how it can affect people and seeks to avoid re-traumatisation.

year. Three to six months later the team meets up again to see how the service model is working and being put into practice. Final changes are then made to further refine it. In Northumbria, caseworkers have regular debriefs with an evidence team to identify and act on systemic challenges. In Bristol, the Changing Futures team are holding 'lunch and learn' sessions for Changing Futures staff, where they engage in reflective practice.

Personal budgets/easy access to finance for participants. Some areas have specific budgets for clients, for example £500 per participant in Westminster. Others, such as Northumbria, have a pot of money they can access on a needs basis which has been used to cover, for example, travel, therapy and accommodation when it is judged that people need them. Access to money when needed was regarded as a great help at breaking down barriers with participants and providing the means to help people work towards their goals, although there was considerable discussion and a range of opinion in the workshops about the extent to which offering personal budgets risked creating dependence.

Some areas do not have access to personal budgets for participants, which they feel would be helpful in enabling people to achieve some of their goals. Caseworkers in these areas reported that senior leaders' argument against having such budgets is the risk of making participants dependent on this support and *"expect that Changing Futures will pay for everything"*. Advocates for personal budgets countered this with the argument that participants will initially be dependent then move to interdependency and finally independence as they move along their support journey. In Northumbria, for example, caseworkers have supported participants to maximise their benefits, then agreed to wind down the amount of personal budget they spend on them. The evaluators heard that there were some instances where caseworkers had seen a real change – for example participants had offered to pay for the refreshments purchased when meeting with their caseworkers. As Williams (2018) points out, stable environments and relationships create less rather than more dependency as autonomy can only grow from a stable base.

3.2 Employment and location

Changing Futures caseworkers are usually employed by a voluntary sector organisation, including homelessness charities and women's services, or the local council. Workshop participants identified advantages and disadvantages to the different employment arrangements and locations.

Caseworkers who worked for a council reported that the pay is slightly better than working for a voluntary sector organisation, and that being in the council or *"simply wearing the lanyard"* could open doors and improve access to other services, for example social work, health services and the police: *"The advantage of being in a council is if you say you work for the council, then people listen, so this can help you when dealing with services"*. There was also a sense that to change services, it was important to be embedded in them. The disadvantage, according to participants, could be that caseworkers become part of the established system themselves, stop challenging practices and become less-effective advocates for people experiencing multiple disadvantage.

Caseworkers see the main advantage of being employed by a voluntary sector organisation as having greater flexibility - *"I can do a review because a young person needs it rather than because a red flag on the system tells me one is due"*. They also

thought that participants were often more trusting of voluntary sector organisations, and more willing to accept support from them and to be open about their circumstances (one person who worked for a council said: “I take off the lanyard before I see people”):

Clients are not as open at probation appointments. We will often attend and then say the probation officer can leave as clients will talk to us. And they are more open – they don't have to work with us, they don't have to engage.

Caseworker

3.3 Connections with other organisations

The workshop discussion about location was less centred on whether caseworkers should be employed by a specific organisation, and more on which organisations and services they could easily connect to, whether through formal arrangements or through the relationships they have built. Some said that having a ‘little black book’ of contacts across the system makes the caseworker’s job easier. All highlighted the need to **build relationships with staff in other agencies** to help progress things for participants.

This is particularly the case in areas where there are fewer service options. In some areas, such as Westminster, there are a large number of different services available for caseworkers to signpost and refer into, which is seen as a key enabler. However, caseworkers in other areas, including Essex and Leicester, shared that they have limited options, which means if one service refuses to work with a participant there may be no alternatives. One caseworker said constantly trying to get a service to better support their client can become frustrating and ‘feel fruitless’ at times.

Most caseworkers **work in close partnership with a range of services**, as is now increasingly the case more widely across health, social care and criminal justice services. For example, in Essex there is a Changing Futures mental health wellbeing team for clients to be referred into, which is run by the council. They have regular meetings with Changing Futures caseworkers and share clients with them.

A Westminster caseworker noted that Camden Council has done well in creating effective **‘team around the person’** meetings and Westminster has adopted something similar, which has helped services think more creatively and flexibly. It has also helped develop new relationships, which have resulted in benefits for participants; for example, services have been able to fast-track people through to substance misuse services or accommodation rather than keeping them on waiting lists. Workers described the distinction between the ‘team around the person’ approach and multi-disciplinary teams; multi-disciplinary teams meet to discuss a range of people and decide what will happen next and which agencies will be involved, while the ‘team around the person’ consists of agencies already involved in working with someone, and meets regularly to share information and progress, bringing in new services where a need is identified.

Some areas have created **multi-disciplinary teams that include caseworkers**, and this is seen as an effective way to work with people experiencing multiple disadvantage.⁵ Leicester, for example, has developed its multi-disciplinary team under the auspices of

⁵ Multi-disciplinary teams are teams comprising staff with different specialisms. In this context, this can include people with expertise in mental health, housing/homelessness, substance misuse and domestic abuse.

Changing Futures, while in Essex there was already a multi-disciplinary team for multiple disadvantage, so Changing Futures built on that and added more team members funded by the programme. Another locality has an alcohol and drug service worker and mental health home treatment team on the Changing Futures team: *“they’re our first point of contact – it massively helps”*. Other areas have similar set ups. In Middlesbrough there is a daily ‘huddle’ which includes police, the anti-social behaviour team, housing, and mental health services. This now includes a Changing Futures caseworker who is part of all conversations about vulnerable adults.

In some areas **caseworkers are co-located with other key professionals**. For example, in Colchester, Essex, caseworkers are co-located with probation and an alcohol service shares the same building. This makes it easier for participants to attend multiple appointments and enables caseworkers to find them more easily. Caseworkers in Leicester are physically located in a police station, although they are employed by the city council. The team felt it was important to have a physical base that participants could access easily and the police station is in the city centre. Members of the council housing team are also located there. In Middlesbrough a Changing Futures key worker is co-located with adult social care, and this works well in terms of being able to share information and liaise with statutory services. Some caseworkers felt that the host organisation is less important than the physical location; having a central base that is easy to access by public transport makes it easier for participants to reach the team and keep appointments.

Secondment has also been used as a means of ensuring that caseworkers are connected to other services. This is the case in Bristol, where caseworkers are seconded from a range of organisations, and in Leicester, where the Changing Futures team includes people seconded from other teams including drugs services, social care and health. This helps workers form relationships with services quickly and gives them the opportunity to see their roles from a different perspective.

4 Caseworkers and system change

4.1 Influence on other services and working practices

The third interim Changing Futures evaluation report (CFE et al, 2024) highlights that the Changing Futures programme is making progress both in providing better and more appropriate support directly to people and in improving the way other services respond to programme participants and to people experiencing multiple disadvantage more widely. These findings have been further confirmed by this deep dive research.

Caseworkers gave a range of examples of new relationships they had formed across services and improved working practices as a result, such as new multi-disciplinary working and 'My Team Around Me' (for example in Bristol and Greater Manchester), and improved participant access to services. They described the caseworker acting as a facilitator or 'glue' for these changes, with relationships between individual caseworkers and other professionals key to enabling the sort of bespoke, person-centred support people need.

One of the central findings from the system mapping exercise undertaken at the start of the programme evaluation was that person-centred and trauma-informed approaches were not adopted everywhere and were understood and applied differently. There were also varying levels of willingness and capacity to adopt these ways of working, often due to negative stereotypes about people who have experienced multiple disadvantage. This research found that other services in the local system have been influenced by the programme. Professionals working closely with caseworkers are said to have started to *"see the person behind the issue and try harder to meet their needs by being more flexible"*. For example, a substance misuse service in Hull has changed its process to allow people to 'drop in' to access support instead of having to schedule an appointment, after seeing how the Changing Futures team works.

Caseworkers were able to give further specific examples of ways in which caseworkers have been able to contribute to changing policy and practice.

Use of working groups and case study workshops

In addition to regular multi-agency and multi-disciplinary team meetings, some areas have set up problem solving groups as a place where anyone can bring systemic issues. In Westminster, for example, the 'Artemis 1' group, set up by the Changing Futures partnership and including both senior managers and caseworkers, discussed how the system was not working for people leaving prison. They recognised that, for someone experiencing multiple disadvantage, having to go to housing, probation and a drug service all on the day of release was not feasible. The group put in place a new system whereby caseworkers began working with clients while they were still in prison to support them with housing and other needs and link them into services before their release.

In Leicester, multi-agency case study workshops provide an opportunity to discuss the barriers encountered in the system and to identify what is not working and what could work better. In South Tyneside (Northumbria) the Changing Futures team leads a partnership

meeting with other agencies where, according to one stakeholder, “caseworkers are getting them to think outside the box”.

However, although system barriers and ways to overcome them are discussed in multi-agency meetings, caseworkers often do not know what happens after those meetings and are not part of the follow through that might be occurring in relation to making system-wide changes.

New services and service pathways

Through casework, Changing Futures teams have forged new links between services to better serve participants. For example, in Westminster the caseworker team works with a housing support agency. Caseworkers complete the initial needs assessment and housing application, which they then pass along to the agency, who assign clients to a housing worker. As a result, there is a clearer and smoother pathway for people to receive consistent support with their housing needs.

Caseworkers gave examples of new types of support that have been developed as a result of the work they are doing.

1. Blackpool caseworkers now meet people when they are released from prison and accompany them to appointments.
2. Westminster caseworkers noticed that young people living in supported housing were not getting an opportunity to develop all the independent living skills they might need. The team talked to hostel staff about maintaining the spaces and created a mini project whereby a peer mentor team goes to supported housing projects and delivers sessions on basic home maintenance and DIY, teaching young people independent living skills.
3. In Rochdale, the Changing Futures team has brought together partners to create systems change action plans, which aim to resolve issues and barriers that caseworkers have encountered and brought to the attention of the programme board. One example of this is the issue of having to pay rent in advance creating a barrier to access to housing. The programme was able to create a fund to help participants with this. Other examples include working with people leaving prison to put in place better support and working with people who want to move to other areas.

4.2 Translating learning from frontline casework into wider system change

Caseworkers and wider system stakeholders discussed the role caseworkers play, and could play, in creating change in the system. As one caseworker explained:

Making change involved buy-in from the big statutory beast. We're not expecting to solve all of these issues in the programme lifespan, but we want to show what we have tried to change and evidence why we need to go further. When you give people autonomy and the buy-in they need to engage people, they have been making a difference.

Caseworker

Most saw this is a work in progress, with the potential for more involvement and impact from caseworkers. There was some interesting discussion around whether caseworkers could be expected to create systems change. Some attendees argued that systems change could only be brought about by commissioners and politicians, as they have the power to transform key structures and the way services operate. However, caseworkers are often the ones who understand where the problems in the system lie.

Commissioners should come with us to see how broken the system is. The people with the power are very detached. This programme is geared to learning, but it needs to capture the right eyes.

Caseworker

Both caseworkers and system stakeholders were concerned that caseworker learning should also inform policy making at a national level.

As a team we talk about lots of things that need changing, but the problem is often at a national level and only government can do anything.

Wider system stakeholder

Workshop participants put forward some suggestions for using the caseworker role and learning from it to create change in the system. These include:

1. **Having a learning lead.** In some areas, learning leads are responsible for collecting and sharing insights from the work caseworkers and others are doing. Changing Futures provides a structure for that learning to be discussed by a programme board and taken up by people who can influence local policy. Workshop participants felt that this had been a valuable means of taking forward issues raised by caseworkers. However, for change to happen, there needs to be **senior leadership buy-in** to oversee the implementation of learning from practice.
2. **Continuing to embed lived experience.** Workshop participants felt that it was valuable and important to have people with lived experience employed as caseworkers or working alongside them in other roles. People with lived experience have been able to challenge systemic barriers in a constructive way and to provide a voice for people who have not had the chance to be heard before. Many have local knowledge and local connections that are useful in finding the right support for people. Workshop participants felt that if the aim was to *"take the services out to where they are needed"*,

people with lived experience would play a key role in that. They suggested that lived experience involvement ought to go further than caseworker or peer mentor roles, and that staff and volunteers with lived experience should sit on more strategic boards and funding panels.

Workshop participants also highlighted the following changes they would like to see:

1. **Wider acknowledgement of multiple disadvantage as a need.** Caseworkers reported that many agencies still do not recognise and understand either the needs of people experiencing multiple disadvantage or the likely impact of trauma on their lives. If professionals had a greater understanding of multiple disadvantage and an ability to spot the signs, people might be picked up and referred to the right services at an earlier stage, rather than presenting in crisis later on.
2. **Lower or less stringent thresholds for access to services.** Caseworkers felt that a major barrier to people getting the right services could be removed if services changed their criteria for access, particularly in relation to people whose needs might be met by more than one service. For example, it is still the case that someone with a co-occurring mental health need and an issue with substance misuse may not meet the criteria for either service. Workshop participants agreed that there is a shortage of 'dual diagnosis' workers and that keeping thresholds for access high might be the only way to manage demand. However, they felt that more flexibility here would benefit the people they are working with. Earlier phases of this evaluation and the evaluation of Fulfilling Lives and the Making Every Adult Matter (MEAM) approach have highlighted that people whose mental health needs are too severe to be met in primary care but do not fit the criteria for secondary care, are often left with no service at all.
3. **Removing time limits.** Caseworkers suggested that services might need to move away from specific, time-bound targets that do not consider the person; instead there needs to be an acknowledgment that every person may have a different recovery journey.

5 Sustaining and growing the caseworker model

5.1 Overview

Discussion about the future of the casework model ranged from caseworkers expressing concerns about their future employment to people contributing ideas about how the work developed through Changing Futures might be sustained and supported after programme funding comes to an end. At the time fieldwork was carried out (December 2023 to January 2024) there had already been some efforts to relocate caseworkers as areas started preparing for the end of Changing Futures. In one area, this involved moving caseworkers from a multidisciplinary team situated in the city council to having individual multiple disadvantage caseworkers working in probation, substance misuse teams, women's services and primary care.

Both caseworkers and other stakeholders voiced their concern about the programme timescales, which many felt did not allow sufficient time to demonstrate effectiveness in a way that might be acceptable to local commissioners, despite the national evaluation indicating that it is making a meaningful difference on some important indicators.

It is cost effective as a programme through reductions in use of health services, criminal justice etc. – but this should be judged over long the term.

Our local commissioners want hard data which takes time to get and needs resource to do the analysis. Journey mapping takes resources. We need time, like another year to get the evidence local commissioners want.

Wider stakeholder

Some workshop participants also expressed a fear that when Changing Futures ends, services might not continue to work around the person. They felt it would be hard to sustain this as people left their roles and new people came in. Caseworkers recommended that person-centred multi-agency working be written prominently into job descriptions. In one area, service managers have come together to consider this.

5.2 Ideas for continuing key elements of the model after Changing Futures

There was general agreement that the need for caseworkers to work with people experiencing multiple disadvantage would continue after the end of Changing Futures. There was debate about where such a role might sit in the system and how elements of the role might be sustained.

Location of caseworkers in the system

Placing specialist caseworkers within each service that comes into contact with people experiencing multiple disadvantage. Opinion was divided on the benefits of this approach, with workshop participants reflecting on the advantages and disadvantages. Several people suggested that having multiple disadvantage caseworkers embedded in A&E services would *“make a massive difference to the people we often see there”*. There was general agreement that if a caseworker could engage with someone in A&E, they could refer them on to other services and help alleviate some of the pressure on staff in A&E, who are sometimes trying to refer to several services at the same time as trying to deal with medical emergencies.

People also thought that other services, for example mental health teams, probation, substance misuse and adult social care, would all benefit from having someone who could take on the caseworker role. One person noted that embedding roles in different services would make it possible to reach people who might currently be under-served, for example an embedded role in a women’s service to reach more women. One person suggested that, if this model were implemented, caseworkers and their host services would need to take time to become familiar with the model before taking on a full caseload. While there was support for embedding caseworkers in other services, some participants felt strongly that caseworkers would be able to work more effectively, and hold other services to account, as a core group working together, rather than being isolated in other services. It was suggested that if multiple disadvantage caseworkers were to be situated in other services, a small team of specialist caseworkers rather than a lone worker would be needed in each service.

In terms of who would employ the caseworkers and how accountability would work, opinion was again divided. Some workshop participants said that, while being embedded in the system could be helpful and individual services would need to fund caseworker roles, specialist caseworkers needed to be independent of other services. That might mean being employed by an independent organisation and seconded into another service, with management and supervision happening outside of that service. Others thought being employed by the host service would not be a problem and would bring *“links and greater clout than being in the voluntary sector...the service works because of the personality of the worker not where they work”*.

Although evaluations of caseworkers in other services highlight the benefits for service users (see for example Weightman et al, 2023; Lloyd-Evans et al, 2020), there is no conclusive evidence either way to suggest that being embedded in a service is preferable to being employed as an independent team. As the national evaluation of Fulfilling Lives (CFE et al, 2021a) concluded, merely employing caseworkers/navigators will not resolve all the challenges of an often-fragmented system of support. In order to be successful, caseworkers/navigators need the support of a system where individual services collaborate and are effectively coordinated.

Other ideas

Greater clarity over the provision of direct support by caseworkers. There was discussion and disagreement around the extent to which caseworkers provide direct support to participants, and the extent to which they should do so. As noted earlier, the

balance between direct support and navigation varies between areas. They do provide practical and emotional support but this is difficult to define because in practice caseworkers will say 'yes' to most things that help people, for example helping them open a bank account, taking them shopping, going with them to an art group, showing them how to cook, and so on. The boundaries of what this support includes are probably slightly different in each area, but this willingness to be guided by what participants want and need sets Changing Futures caseworkers apart from most other services that participants might access.

Some caseworkers see their main role as connecting people to other services so they are getting the support they need for the longer term. It is possible that those who took part in the research emphasised this element of the role because they know that Changing Futures is a time-limited programme and they will have to think about ending support for participants. Caseworkers were also clear that the support they provide should not replace input from other services where that is needed or duplicate what other services are doing. They may be reluctant to emphasise the 'practical and emotional support' element of their jobs to avoid being seen as a service that will be all things to all people.

In taking forward the model it will be important for role descriptions to be clear that person-centred practical and emotional support, within a flexible framework, is a key element of the caseworker's role, alongside advocacy and navigation. It will also be important to ensure that caseworkers who are working with people experiencing multiple disadvantage post-Changing Futures continue to have access to good quality management and clinical supervision, wherever the roles are located.

Use the Changing Futures team to provide advice and support for other services.

Caseworkers and members of the programme team have a wealth of knowledge about providing trauma-informed, person-centred support. Workshop participants suggested that this is a resource that other services could learn from to improve their own practice, and that Changing Futures caseworkers might continue in an advisory role after the programme ends.

6 Conclusions

Earlier phases of the national programme evaluation have highlighted that participants typically have a positive experience of the Changing Futures programme. This is mostly attributed to participants' positive relationships with their caseworkers. Many participants have also highlighted the beneficial effects of feeling that they have someone who supports them, sometimes for the first time in their lives.

The help provided by caseworkers differs based on the flexibility and capacity of their role in different areas, but generally there is an aim for caseworkers to have freedom to work in innovative ways (as long as it is legal and does not cause harm). Caseworkers working flexibly has a profound impact on the journey of participants, as the tailored support provided improves both their immediate situation and their access to services.

This research has thrown further light on the nature of the caseworker role, which includes elements of intensive case management and assertive community treatment. Its distinctive features are:

1. Building a trusting relationship with people who have had previous negative experiences with services.
2. Providing bespoke person-centred practical and emotional support, with a good deal of flexibility over the 'what' and the 'how'.
3. Advocating for people with other services and helping them to access the services and support they might need ('navigation').
4. Playing a co-ordinating role with other services, acting as the 'glue' in the system.

This research and earlier phases of the evaluation have revealed that the caseworker role can be emotionally demanding and stressful, and caseworkers risk vicarious trauma and burnout. They must balance supporting people to make their own choices and decisions against managing the risks that doing so might entail. To do this effectively a multi-agency approach is key: caseworkers can only be truly effective when they are part of a system which brings in people with different specialisms and expertise to provide wraparound support. High quality management support, clinical supervision and reflective practice are also features of the Changing Futures model that are relatively new for some caseworkers who have been in similar roles for longer and before the advent of Changing Futures. These are critical enablers of the multiple disadvantage caseworker model.

There are different views on where caseworker roles might be located in the system post-Changing Futures, with the debate being focused on credibility and easier access to other agencies in the statutory sector versus greater flexibility and ability to put people at their ease in the voluntary sector. Wherever multiple disadvantage caseworkers are employed, they will need to be able to make relationships with other organisations and draw in support around the person; have the capacity and the training to work in a trauma-informed way and have access to clinical supervision.

It is clear that people who experience multiple disadvantage will continue to need the type of support that caseworkers provide once the Changing Futures programme has ended, and that the roles will be needed not only in Changing Futures areas but in other areas

too. Even if the work of Changing Futures manages to reduce negative attitudes, stereotyping and inflexible ways of working, people will continue to need the practical and emotional support that most services do not have the capacity to provide. Moreover, from a system perspective, this support is not only beneficial for people but potentially cost-effective, if it helps people to avoid crises and use of high-cost services.

7 References

CFE Research and The University of Sheffield, with the Systems Change Action Network (2021a) *What makes an effective multiple disadvantage navigator? Workforce development and multiple disadvantage*. The National Lottery Community Fund.

CFE Research and The University of Sheffield, with the Systems Change Action Network (2021b) *Involving people with lived experience in the workforce: workforce development and multiple disadvantage*. The National Lottery Community Fund.

CFE Research and Cordis Bright (2024) *Evaluation of the Changing Futures programme: interim report* MHCLG

Cordis Bright, Homeless Link and Expert Link (2020) *Blackpool Fulfilling Lives: Report on the year five evaluation 2020*. London: Cordis Bright.

Lloyd-Evans B, Frerichs J, Stefanidou T, Bone J, Pinfold V, et al. (2020) *The Community Navigator Study: Results from a feasibility randomised controlled trial of a programme to reduce loneliness for people with complex anxiety or depression*. PLOS ONE 15(5): e0233535. <https://doi.org/10.1371/journal.pone.0233535>

Weightman, A.L., Kelson, M.J., Thomas, I., Mann, M.K., Searchfield, L., Willis, S., Hannigan, B., Smith, R. J., & Cordiner, R. (2023). *Exploring the effect of case management in homelessness per components: A systematic review of effectiveness and implementation, with meta-analysis and thematic synthesis*. Campbell Systematic Reviews, 19, e1329. <https://doi.org/10.1002/cl2.1329>

Williams, E. (2018) 'The Dependency Paradox' in P. Cockersell (ed.) *Social Exclusion, Compound Trauma and Recovery* London: Jessica Kingsley Publishers p242