Ministry of Housing, Communities & Local Government

Evaluation of the Changing Futures programme

Fourth interim report

February 2025

February 2025
Ministry of Housing, Communities and Local Government

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Ministry of Housing, Communities & Local Government
Fry Building
2 Marsham Street
London
SW1P 4DF
Telephone: 030 3444 0000

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February 2025

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Foreword

This is the fourth interim report from the Changing Futures evaluation, presenting the latest evidence and insights from the Changing Futures programme.

The Changing Futures programme is a £91.8 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 2026.

This report contains individual, service and system level outcomes achieved after the programme has been running for approximately two and a half years. It focuses in particular on the participant journey and how areas are working to reach and effectively support people from under-served or marginalised groups who are experiencing multiple disadvantage. It also considers how participants are supported to move on from the intensive support provided by Changing Futures. The report builds on the previously published baseline, second and third interim reports which explore other aspects of the programme in depth.

Evidence indicates that the support from Changing Futures has helped participants to access the services they need. The quantitative longitudinal evidence shows continued positive progress on most key outcome measures, which is generally supported by qualitative research. These outcomes include rough sleeping and wider homelessness, accident and emergency callouts, ambulance attendances, domestic abuse, and wellbeing.

The report explores strategies underway in areas for engaging under-represented groups, and evidence indicates that progress is being made to improve understanding of the needs and barriers facing people experiencing multiple disadvantage from marginalised or minority groups. However, fieldwork has shown that more can be done to reach people with protected characteristics and unless services specifically target particular groups, people are less likely to be engaged.

Qualitative research demonstrates that Changing Futures has enabled participants to engage with help by providing support when participants were ready for it, and at the individual participant's pace. Whilst ending support and exiting participants can be challenging, the report outlines approaches taken in areas to try and ensure a positive experience. However, the programme's timeframe, wider contextual demand for services and constrained resource are challenging for providing support on the participants' schedule.

Further qualitative fieldwork, statistical analysis of change in outcomes, and assessment of the programme's value for money will be included in future elements of the programme evaluation.

The Ministry of Housing, Communities and 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 CFE Research with Cordis Bright in June 2024. Since then, the programme has been extended by a year to work in local areas until the end of March 2026.

My gratitude once again goes to CFE Research and their partners for their hard work on this report, conducting research and synthesising evidence; the Evaluation Advisory Group who have provided their expertise; peer researchers for reviewing and commenting on drafts of this report; and colleagues at MHCLG for providing feedback on this report and helping steer the development of research materials.

The authors and I would like to thank the staff, stakeholders, and programme beneficiaries 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.

For more information on this report please contact cfp@communities.gov.uk

Stephen Aldridge
Director for Analysis and Data & Chief Economist
Ministry of Housing, Communities & Local Government

List of acronyms and abbreviations and specialist terms

ADHD: Attention Deficit Hyperactivity Disorder

A&E: Accident and emergency

MHCLG: Ministry of Housing, Communities and Local Government

EU: European Union

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

GP: Medical general practitioner

HMT: His Majesty's Treasury

LGBTQ: The lesbian, gay, bisexual, transgender, queer or questioning community

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.

Theory of change: The Changing Futures theory of change sets out how the different elements of the programme are expected to lead to the desired outcomes.

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.[1]

VAWG: Violence Against Women and Girls

[1] For further information see https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

Executive Summary

About Changing Futures

The Changing Futures programme is a £77 million initiative of the UK Government and The National Lottery Community Fund that tests innovative approaches to improving outcomes for people experiencing multiple disadvantage. The programme is running in 15 areas, which together cover 34 top-tier council areas across England.[2]

The programme seeks to achieve change at three levels:

- For individuals, improving health, safety, wellbeing, and access to services;
- For services, promoting greater integration and collaboration across local services, alongside increased use of person-centred, trauma-informed approaches, and in the long-term, reducing demand on services;
- For the wider system of services and support, promoting strong multi-agency partnerships, governance, and better use of data so that local strategy and commissioning better responds to and prevents multiple disadvantage.

This report is the fourth interim report from the Changing Futures evaluation. It focuses on how the programme has supported the participant journey, and in particular, how areas are working to reach and effectively support people from under-served or marginalised communities who are experiencing multiple disadvantage. It also considers how participants are supported to move on from the intensive support provided by Changing Futures. The report should be read alongside the previous interim reports that explore other aspects of the programme in depth.

The report draws on quantitative data from participant questionnaires, a survey of local stakeholders in funded areas, and qualitative research with staff, stakeholders and participants from six selected areas. 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 present evaluation challenges, including establishing causality. The evaluation overall 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 systems interact and to identify key mechanisms of change. Despite this, it is difficult to establish the extent to which factors external to the programme are also influencing outcomes.

[2] See https://www.gov.uk/government/collections/changing-futures for further information about the programme including a full list of areas.

Identifying and engaging participants

Up to January 2024, 4,034 people had received direct support from the Changing Futures programme. The programme has largely reached its target audience; 93 per cent of participants had experienced at least three or more of the main types of disadvantage: homelessness, drug or alcohol problems, mental health issues, domestic abuse and contact with the criminal justice system. However, despite successfully reaching these participants, there is also learning that a narrow and inflexible definition of multiple disadvantage can create a further barrier to people with other forms of disadvantage (such as physical ill-health, neurodivergence and experience of child removal) who could benefit from intensive support.

The majority of participants are white and aged between 30 and 49 years of age. This is in line with other data on multiple disadvantage. However, there are notable differences between areas and some have been more successful at reaching people from ethnic minority groups than others. People from ethnic minority backgrounds often face additional disadvantage and barriers to accessing support. For example, services are not always designed to meet their needs. Previous negative experiences of services can lead to people being distrustful and less likely to seek help. Greater stigma around mental ill health and drug or alcohol use in some communities and religious groups can also prevent people from seeking help. Programme staff and stakeholders generally agreed that more needs to be done to reach people from ethnic minority backgrounds.

Just over a third of participants are female. Given the way multiple disadvantage is defined by Changing Futures, wider evidence would suggest women are under-represented on the programme. Women are more likely than men to experience domestic abuse and exploitation and engage in sex work. Women experiencing multiple disadvantage may be less visible to services and therefore more likely to be missed by them. Providing spaces where women feel comfortable and confidentiality is assured, and single-sex accommodation are particularly important. Stakeholders say more specialist services for women are needed.

Just under a third of participants report having a cognitive disability or some form of neurodivergence, such as Autism or ADHD (attention deficit hyperactivity disorder). Neurodivergence can create additional challenges for people, with behaviours sometimes misinterpreted by services. Neurodivergent participants may have additional needs or prefer a different approach, but limited awareness and understanding of neurodiversity also means that services may not be sufficiently set up to cater for differing needs.

Approaches that areas have found helpful in reaching under-represented groups include:

- building connections in the community;
- employing specialist workers, such as women’s workers;
- collaboration and/or co-location with specialist service providers who have established relationships with target groups;
- providing and/or making use of safe spaces where people can get non-judgemental and practical support.

In addition, people can be more likely to trust messages shared by peers; word of mouth has been an important way in which people find out about the support on offer.

Participant outcomes

The longitudinal quantitative data generally shows continued positive progress on most key outcome measures. And although a few of those interviewed indicated that they had not made substantial improvements with the support of Changing Futures, examples of outcomes achieved by participants across the different areas included successfully engaging with services, securing permanent/stable housing, improving financial stability, and improving family relationships.

There is evidence that programme caseworkers are supporting people to access and engage with services. There were significant reductions in overall levels of need and risk as measured by the NDTA (New Directions Team Assessment, a tool for assessing need and risk across 10 areas, including engagement with services, self-harm, and social effectiveness) between baseline and first, second and third follow-up.

Securing housing is a key goal for many participants without a stable home and is seen as a necessary step that will enable them to address other challenges in their life. There were significant reductions in both rough sleeping and wider homelessness over participants' first year or so with Changing Futures. The proportion of people with recent experience of rough sleeping reduced from 31 per cent at baseline to 16 per cent at the third follow-up point.

Qualitative research indicates Changing Futures support to access housing and other resources may be helping some participants to reduce contact with the criminal justice system. The quantitative data shows that, overall, there were no significant changes in recent contact with the criminal justice system over people's first year on the programme, but that there were significant reductions in victimisation. The proportion of people with recent experience of violent crime reduced from 48 per cent at baseline to 33 per cent at third follow-up.

Participant interviewees said the programme is helping to improve their wellbeing. Between baseline and third follow-up, 44 per cent of people reported improved quality of life.

There were significant reductions in both average attendances at accident and emergency (A&E) and ambulance call outs. Between baseline and second follow-up, the maximum number of attendances at A&E reported by any one person in the previous three months reduced from 45 to 20. The proportion reporting no attendances at A&E increased from 66 per cent to 75 per cent.

Participants also reported improvements in the extent to which they were able to cope with problems without misusing drugs or alcohol. Between baseline and third follow-up, approximately a third of participants reported an improvement.

Responding to the needs of people with protected characteristics

The programme identified a need to improve understanding of the needs and barriers facing people experiencing multiple disadvantage from marginalised or minoritised groups. There is evidence that progress is being made against this aim.

The different areas included in this round of research have taken steps to support equality, diversity and inclusion both within their own service and the wider system of support. This includes organising training, workshops, forums and 'ideas spaces' to share knowledge and practice and build understanding of the experiences and needs of marginalised groups.

Areas have also changed how support is delivered and by whom, employing specialist roles and involving people with lived experience. Specialist roles and organisations understand the particular needs of the groups they work with, sometimes as a result of shared experiences or cultural background, and can provide tailored support as a result.

Some participants prefer support from staff with whom they share characteristics. A diverse team also brings diverse expertise, offering the opportunity for staff to learn from colleagues' different experiences and perspectives. However, teams are not always diverse in terms of ethnic background and this can be a barrier to engagement for some. Choice over who provides support is important.

How the programme helps

The Changing Futures programme theory sets out the type of interventions that are thought to enable change for participants: a combination of person-centred, flexible support and access to timely, coordinated specialist help for needs such as drug and alcohol problems and mental ill health. Despite the persistence of barriers to getting support, particularly in relation to wider services, the evidence indicates that participants have benefitted from the programme's practical support and advocacy, and in some areas more specialist treatment.

Changing Futures services aim to provide more relational support; that means there is an emphasis on getting to know people, building rapport and trust, and providing consistent, judgement-free, person-centred support that empowers people to make changes. Having a relationship with their worker, and having a service they could depend on, was described by participant interviewees as a key difference between their experience of Changing Futures and other services**.**

Changing Futures has enabled participants to engage with help by providing support when participants were ready for it, and at the individual participant's pace. Changing Futures staff support participants to progress by assessing needs and setting goals in partnership with participants. Activities are tailored to participants' preferences, strengths and interests. At the same time as encouraging ownership, workers provide help when participants would struggle.

Providing participants with a single support plan or single ‘gateway’ into support is helpful to them. Changing Futures often plays a leading role in coordinating professional meetings and supporting efforts of the various agencies involved with a participant.

The Changing Futures programme aims to provide timely access to support for participant needs. However, Changing Futures services are encountering widespread limited capacity in some public services (for example, adult social care and mental health services). Changing Futures areas are responding to waits for or exclusion from core services by providing pre-treatment psychosocial and practical support to participants. In addition, the emotional support provided by caseworkers themselves can help to improve participants’ wellbeing and reduce certain risks. Several participants emphasised the importance to them of having someone consistent and nonjudgemental who they could rely on and speak to when they were struggling.

Leaving the programme

A substantial proportion of the cohort have yet to exit the programme. As of February 2024, 41 per cent of participants were still actively engaged on the programme. 29 per cent had moved on for more positive reasons, e.g. because they no longer needed support or were getting appropriate support elsewhere. But not all exits were planned; just under a third (28 per cent) had disengaged and 2 per cent had died.

The main reason people were recorded as having disengaged was because they could not be reached by programme staff. Those who disengage can have their cases ‘paused’ so they can re-engage with support when they are ready.

The decision to exit someone from the programme is generally made through conversations between the caseworker and the participant. Staff generally aim to exit participants when the support they need from other services/networks is established and they are progressing well.

Ending support can be challenging and it is recognised that, particularly given the relatively short duration of the Changing Futures programme, follow-on support is needed for those who have stabilised in order to ensure sustained recovery. The areas that took part in the research that informed this report have put in place a range of step-down support. This can include phasing of support from a caseworker to a peer mentor or other lived experience support. Participants can return to Changing Futures if their circumstances change and they need the intensive support again.

However, there were concerns that services outside Changing Futures that were taking over ongoing support might not be set up to sufficiently support people experiencing multiple disadvantage. Efforts to improve this wider system of support are the focus of other evaluation reports.

1 Introduction and background

1.1 About this report

This is the fourth interim report from the Changing Futures evaluation. It presents individual, service and system level outcomes achieved after the programme has been running for approximately two and a half years. It focuses in particular on the participant journey and how areas are working to reach and effectively support people from under-served or marginalised communities who are experiencing multiple disadvantage. It also considers how participants are supported to move on from the intensive support provided by Changing Futures.

The report builds on and updates the previous three interim reports, the contents of which are summarised in Table 1.1. All outputs from the evaluation can be found at www.gov.uk/government/publications/evaluation-of-the-changing-futures-programme

Table 1.1 Content of earlier evaluation reports

Report	Key contents
Baseline report – published April 2023	• Profile of participants engaged up to July 2022. Their experience of disadvantage, levels of wellbeing and access to services on first joining the programme. • Description of wider systems of support, strengths and barriers at the start of the programme.
Second interim report – published April 2024	• Early indication of progress towards individual and service level outcomes. • In-depth exploration of how funded areas are seeking to improve commissioning.
Third interim report – published October 2024	• Progress on individual level outcomes over roughly the first six months participants are on the programme. • In-depth exploration of how trauma-informed practice is being encouraged and the impact on participants. • In-depth exploration of how funded areas are working to join up support for participants.

This report draws on evaluation activities and data collection completed up to May 2024. These include:

- analysis of quantitative data on programme delivery and participants (people experiencing multiple disadvantage who are receiving direct support from the programme) collected up to February 2024;
- qualitative research with programme staff, local stakeholders, and participants from six Changing Futures areas carried out between March and May 2024;
- a survey of local stakeholders disseminated by all funded areas (the 'partners survey').

1.2 Programme aims and progress to date

The Changing Futures programme aims to improve outcomes for adults experiencing multiple disadvantage by 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.

'System' means 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 Ministry of Housing, Communities and Local Government (MHCLG) has developed a theory of change which underpins the programme activity and evaluation. This was updated following a workshop with government stakeholders that took place in December 2023. The latest version of the theory of change is available on the gov.uk programme evaluation page in map format (Changing Futures theory of change: map version) and text format (Changing Futures theory of change: text version).

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 (CFE and Cordis Bright, 2022).

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.[3] 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 has supported partnerships across the country to develop effective, coordinated approaches to tackling multiple disadvantage.[4] Evaluations of both Fulfilling Lives and the MEAM Approach have provided a significant evidence base on multiple disadvantage and insights from these evaluations have been used to supplement findings from the Changing Futures evaluation.

Up to January 2024, 4,034 people had received direct support from the Changing Futures programme. The evaluation team had received data on 3,346 of them. Table 1.2 shows the breakdown of participants by programme areas.

[3] For further information see https://www.tnlcommunityfund.org.uk/funding/strategic-investments/multiple-needs

[4] For further information see http://meam.org.uk/the-meam-approach/

Table 1.2: Total participants and participants appearing in the evaluation dataset, by area

Area	Total participants January 2024	Participants appearing in the evaluation dataset February 2024 ‡
Bristol	67	59
Essex	178	184
Greater Manchester	446	444
Hull	94	90
Lancashire	1,058	1,049
Leicester	128	130
Northumbria	33	27
Nottingham	218	207
Plymouth †	-	-
Sheffield	93	99
South Tees	655	538
Stoke	397	96
Surrey	106	123
Sussex	191	193
Westminster	168	107
Total number	**4,034**	**3,346**
Proportion of all beneficiaries appearing evaluation dataset		**83%**

† 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.

‡ In a few instances (for example, Essex), there appears to be more individuals in the evaluation dataset than reported to MHCLG. This is likely due to unique identifiers being mistyped when questionnaires are completed. In other areas, (for example, Stoke) the number of reported beneficiaries is substantially higher than appears in the evaluation dataset. The evaluation team is working closely with areas to resolve these anomalies.

1.3 Evaluation objectives

MHCLG 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.

This report explores the participant journey, the support the Changing Futures programme provides and participants' experience of this. Chapter 2 of this report focuses on the ways in which partnership areas identify and engage participants with a particular focus on people with protected characteristics. Chapter 3 examines progress made in terms of participants' outcomes and how the support provided by partnership areas contributes to individuals' recovery. Chapter 4 considers the extent to which participants have been able to successfully exit the programme and the strategies in place to support this.

In order to test, refine and develop the programme theory of change, an evaluation framework was developed, 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 (CFE and Cordis Bright, 2022).

1.4 Methods, data sources and limitations

The evaluation considers a complex range of interventions being delivered in a changing context. As set out in the HM 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 (Bicket et al., 2020). As a result, the evaluation adopts a theory-based approach to explaining outcomes observed during the programme.[5] A mixed-methods approach was taken, combining qualitative and quantitative data from a range of sources. The findings in this report draw on quantitative data on participants, qualitative research with a sample of funded areas, and a survey of stakeholders.

This is an interim report. Changing Futures is not yet finished; many participants are only part way through their journey with the programme. The data analysed here does not represent the entire period of Changing Futures engagement for some people. Data collection and other evaluation activities are ongoing and further evidence of change will be gathered for inclusion in the final report.

Further detail on the evaluation methods and data sources can be found in Appendix 1.

Quantitative data and analysis

Quantitative data collected by funded areas comprises:

[5] Theory-based evaluation explores the causal chains of how an intervention is thought to create change. See HM Treasury, 2020.

- details of participants' engagement status and dates, referrals to other services and outcomes (service-held outcomes data);
- repeated questionnaires conducted with participants (outcomes questionnaires);[6]
- a separate questionnaire on participants' characteristics and experiences of disadvantage (historical questionnaire);
- regular assessments of participants' levels of need and risk (New Directions Team Assessment or NDTA);
- operational data on, for example, caseload sizes and staff teams.

These data are submitted to the evaluation team on a quarterly basis.

A key outcome measure is the Recovering Quality of Life or 'ReQoL'. This is a participant reported outcome measure designed to assess quality of life for people with different mental health conditions. It was developed by The University of Sheffield for use in the NHS and was developed with input from people who use mental health services as well as clinicians. There are 10 and 20 question versions of the ReQoL – this evaluation is using the 10-question version, which forms part of the repeated outcomes questionnaires. See Appendix 2 for a full list of the component questions. Further information on the ReQoL can be found at www.reqol.org.uk

The New Directions Team Assessment (NDTA) was originally developed by the London Borough of Merton for use in the Adults Facing Chronic Exclusion programme to help identify target groups. It assesses behaviours across ten areas, including involvement with services. The NDTA was developed and piloted by a range of agencies, including the police, mental health services, and drug/alcohol services. A list of the ten items and the scoring guide is provided in Appendix 3. Further information can be found here: http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf

Longitudinal analysis has been carried out on participant-reported outcomes (outcomes questionnaires) as well as staff assessments of need and risk (NDTA). In this report, baseline results are compared with the first, second and third follow-up points. Results are reported that are significant at the five per cent level.[7] Details of changes are generally provided for the longest period of time that is significant and this is sometimes only between baseline and the second or first follow-up point.

Multivariate regression was used to explore statistical associations between participant characteristics and change in key outcomes. Regression analysis in this context provides a useful tool to identify the individual characteristics and experiences of disadvantage that are associated with outcomes. The regression models should not be used as evidence of a causal relationship or of the direction of influence. Furthermore, because complete data

[6] Questionnaires are mostly completed online although some areas use paper versions with participants and then enter data online later.
[7] Statistical significance is a way of testing whether results are likely to be reliable or just a result of chance.

on several different variables is required for this analysis, sample sizes in some cases are relatively small.

Most analysis in this report roughly covers participants' first year on the programme. As participants join the programme on a rolling basis, these 12 months are not the same 12 months for all participants and span the period from September 2021 to February 2024. Gathering data from people experiencing multiple disadvantage can be challenging and staff often need to develop a relationship with participants before asking them to complete evaluation questionnaires. On average, baseline questionnaires are completed approximately two and a half months after participants join the programme. As a result, not all early change will be captured by the evaluation and progress since joining the programme could be an under-estimate.

Factual questions in the outcomes and historical questionnaires can be populated using staff knowledge to reduce the need for people to repeat their stories multiple times. Not all participants have data for all of the sources or all questions. As a result, base sizes vary throughout this report depending on the indicator. Base sizes decrease for longitudinal analysis. This is because valid responses are required to both baseline and follow-up questionnaires. To date a total of 2,092 baseline questionnaires have been completed (from just over half of all participants), but only 1,227 first follow-up questionnaires, 763 second follow-up and 504 third follow-up questionnaires. Attrition of sample size over time is to be expected, particularly given the target cohort. However, high attrition rates for later follow-up periods may mean data is not representative of Changing Futures participants as a whole. More longitudinal data will continue to accumulate as the programme progresses.

Additional data tables are provided on the gov.uk programme evaluation page in a separate Excel file: Changing Futures fourth interim data tables.

Partners survey

In addition to the quantitative data collected by funded areas, the evaluation team administer a partners survey which captures information from stakeholders in Changing Futures areas to understand the extent to which local service and systems-level outcomes are achieved over the programme's lifetime. The survey was carried out online between September and October 2023. This was a follow-up to a baseline survey undertaken between August and September 2022 (see CFE and Cordis Bright, 2022). While most of the results of the follow-up survey were reported in the previous interim report, some were more pertinent to the topics covered in this report and so are reported here.

192 respondents to the baseline survey who gave their consent were sent invitations to complete the follow-up survey directly – 69 went on to complete the survey. In addition, Changing Futures area leads were encouraged to circulate a link to the survey as widely as possible amongst staff and volunteers working in the local system supporting people experiencing multiple disadvantage.

In total, 491 survey responses were received – a similar number of responses to the baseline survey. While the response rate to the follow-up survey is more evenly distributed across the 15 Changing Futures areas than the baseline survey, some areas still achieved a very low response rate. The change in distribution of responses across areas also indicates that in many cases the respondents are different from the baseline survey. As a

result, the follow-up survey results should not be directly compared with the baseline survey results.

For further methodological information and results from the follow-up partners survey, see the third interim report.

Qualitative research

In-depth semi-structured interviews were conducted with a range of key stakeholders, delivery team members and participants in six Changing Futures areas:

- Greater Manchester
- Hull
- Nottingham
- Plymouth
- Sheffield
- Westminster

See Table A1.1 in Appendix 1 for details of the topics covered in this round of qualitative research.

Initial scoping work with MHCLG, peer researchers and people with lived experience of multiple disadvantage was undertaken to identify the research questions and focus for the qualitative research. Workshops with staff from all areas were carried out to help determine which areas were engaged in relevant work. The six Changing Futures areas were then purposively sampled, in discussion with MHCLG. Areas were selected where it was felt there was most learning to be gained. Consideration was also given to ensuring representation from a broad range of geographical areas and the extent to which areas had participated in previous rounds of research so as not to overburden them.

Initial interviews were undertaken with area leads to elicit information on the participant journey and what is being done in their area to reach and effectively support people from under-served or marginalised communities who are experiencing multiple disadvantage. Through discussions with area leads, specific roles and individuals were identified who would be most able to contribute information to help answer the research questions. Delivery teams were also asked to identify participants who would be able to speak about their experiences with Changing Futures and their recovery journey with minimal harm. Priority was given to those who were most able to speak about their progress and the impact of support offered through the programme.

A total of 31 interviews with 65 stakeholders/staff, as well as 24 interviews with Changing Futures participants were carried out. Table 1.3 shows the breakdown of interviewee types by area.

Table 1.3: Stakeholder/staff and participant interviews

Area	Stakeholder/staff	Participants
Greater Manchester	11	4
Hull	13	5
Nottingham	8	4
Plymouth	8	1 peer researcher
Sheffield	9	4
Westminster	16	6
Total	**65**	**24**

Details of the characteristics of Changing Futures participants who took part in an interview are shown in Table A1.2 in Appendix 1.

2 The participant journey: identifying and engaging people

This chapter focuses on how Changing Futures is reaching participants. It begins with an assessment of the demographic profile of participants and considers whether there are certain groups that are under-represented.[8] It then explores how multiple disadvantage and access to support can be experienced differently by particular groups. The chapter goes on to describe the different strategies used by Changing Futures areas to reach people who are under-represented or 'hidden'. The chapter concludes by looking at participant experiences of seeking support previously, their motivations for joining Changing Futures, but also, the persisting barriers to engagement participants experience. The chapter draws on analysis of data from the historical and outcomes questionnaires, partners survey responses and qualitative research with selected areas.

2.1 The Changing Futures cohort – who the programme has reached

Key points

- The programme has largely reached its target audience; 93 per cent of participants with complete data have experienced three or more of the main types of disadvantage. However, too restrictive an understanding of multiple disadvantage can exclude people who could otherwise benefit.
- The majority of participants are white and aged between 30 and 49 years of age. This is in line with other data on multiple disadvantage. However, there are notable differences between areas and some have been more successful at reaching people from ethnic minority groups than others.
- Just over a third of participants are female. Given the way multiple disadvantage is defined by Changing Futures, wider evidence would suggest women are under-represented among programme participants.
- The programme appears to be effective at reaching people who are disabled. 86 per cent of participants are disabled.[9] A substantial proportion of participants (30 per cent) have a cognitive disability or are neurodivergent in some way.

[8] 'Under-represented' means there are fewer people on the programme with particular characteristics, such as women or people from an ethnic minority background, than might be expected given the prevalence of these characteristics in the wider population.

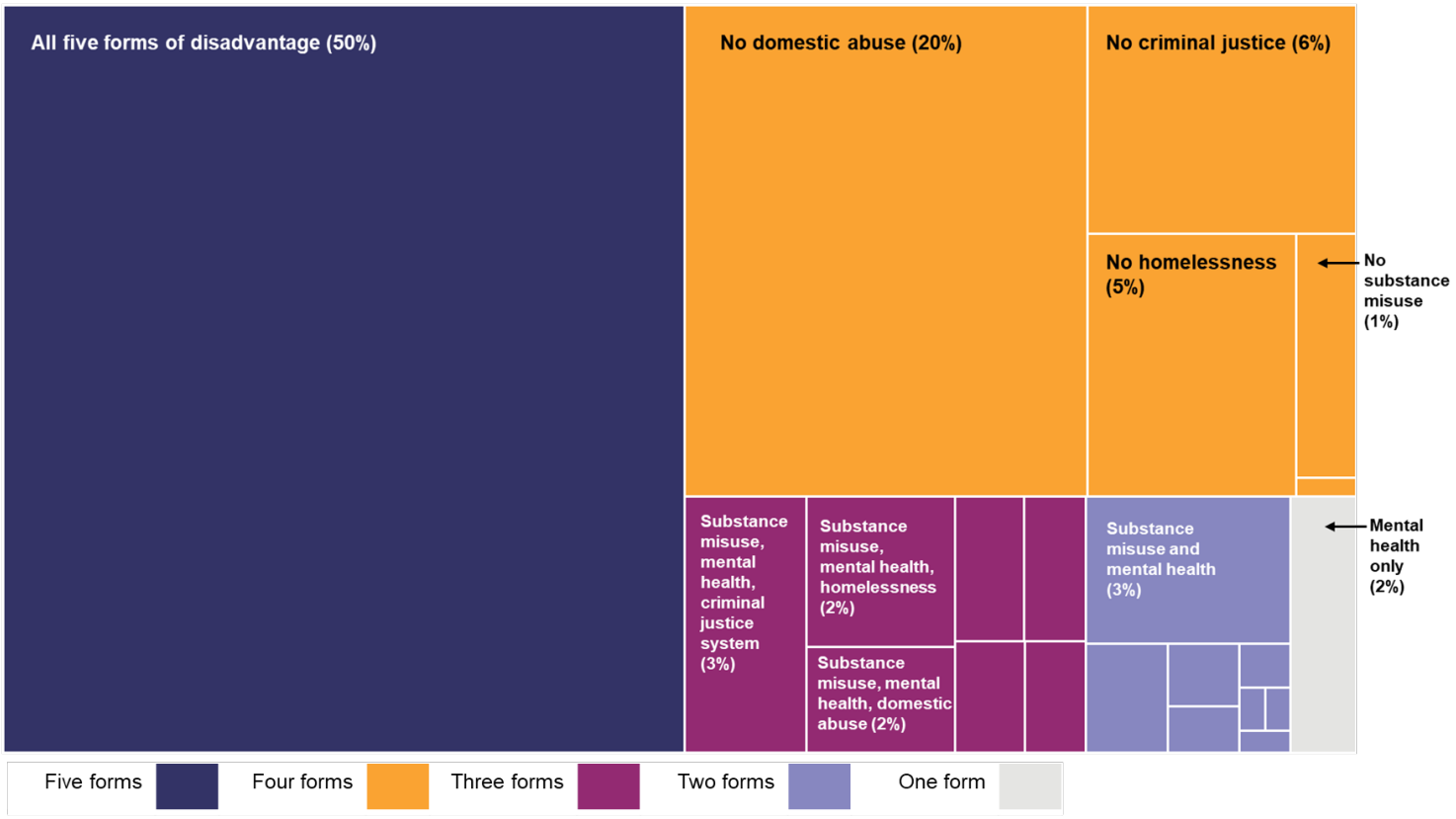
[9] Disability is defined as any physical or mental health conditions or illnesses lasting or expected to last 12 months or more that reduce people's ability to carry out day to day activities to some extent.

Changing Futures areas stopped collecting baseline data on new participants in February 2024. Although additional data may become available to the evaluation (for example, through gathering missing demographic information and resolving duplicate records and other queries), there is now an established Changing Futures 'cohort'. It is therefore timely to review the profile of participants.

The Changing Futures programme aimed to improve outcomes for the most excluded adults, meaning those experiencing multiple disadvantage and placing a high demand on local response services, but for whom current systems of support are not working. Multiple disadvantage is defined as experience of three or more of homelessness, drug and/or alcohol problems, mental health issues, domestic abuse and contact with the criminal justice system. Of those participants with complete data, 93 per cent had experienced three or more of the five main types of disadvantage (see Table B2.1 in fourth interim data tables), demonstrating that the programme has largely reached the intended target group.

Figure 2.1 illustrates how participants have experienced combinations of the five main types of disadvantage. Half of participants have experienced all five forms of disadvantage. A further fifth (20 per cent) has experienced all types of disadvantage except domestic abuse. Almost no participants (1.5 per cent) have *not* experienced mental health issues and most participants (91 per cent) have experienced both drug/alcohol problems and mental health issues.

Figure 2.1: Changing Futures participants' experience of the five main types of disadvantage



Base = 905. Only includes participants with data for all five forms of disadvantage. Segments without labels each represent 9 or fewer participants (less than 1 per cent).

The standard programme definition of multiple disadvantage is generally being used across funded areas. Several stakeholders in Plymouth, Hull and Greater Manchester highlighted that they try to avoid the label of 'multiple disadvantage' as it can feel derogatory. In Hull, for example, they prefer to use the term 'multiple unmet needs'.

Stakeholders/staff highlighted that sometimes multiple disadvantage can be difficult to detect until staff have really got to know a person and that the typical three-out-of-five definition can be restrictive. Some areas have, therefore, broadened the definition and/or consider other relevant factors. For example, in Sheffield physical health and child removal are also considered when taking on participants. Similarly, Hull also includes child removal and consider those experiencing two or more unmet needs. In Westminster, the Single Homeless Project (SHP) team has also expanded the definition to include physical health and neurodivergence. A recent policy briefing from Revolving Doors, developed with their Neurodiversity Forum of people with lived experience, recommended the definition of multiple disadvantage should be expanded to include neurodivergence.

A narrow and inflexible understanding of multiple disadvantage can act as a barrier, particularly in terms of self-referral or referral from other organisations who may not consider wider factors that impact a person's experience of disadvantage. In Greater Manchester, Changing Futures stakeholders highlighted the role of poverty as a fundamental factor contributing to multiple disadvantage. They indicated that addressing poverty is an important element of tackling multiple disadvantage and that this conceptualisation of multiple disadvantage can also create a less stigmatising narrative. Changing Futures has helped to create a change in attitudes around this and networks such as the Food Security Action Network and Poverty Action Network, which align various efforts under the overarching theme of combating poverty, have been working with people in the Greater Manchester area.

Reaching people with diverse characteristics

Part of the individual-level theory of change is that people with protected characteristics experiencing multiple disadvantage are engaged on the programme.[10] Overall, taking into account the target domains of disadvantage, the analysis shows that whilst some groups are being engaged by the programme at an equitable level, women are not. Ethnic minority groups appear to be engaged equitably in some but not all areas. Inequitable engagement may result in support being concentrated on those groups with higher visibility but potentially lower need.

This section examines how the distribution of age, gender, ethnicity, and disability in the cohort compares to what is known about the prevalence of multiple disadvantage in the wider population. The focus is on these characteristics as discussions with a range of local and national stakeholders, including people with lived experience, identified concerns about equity for these groups. Furthermore, data is generally more available on people

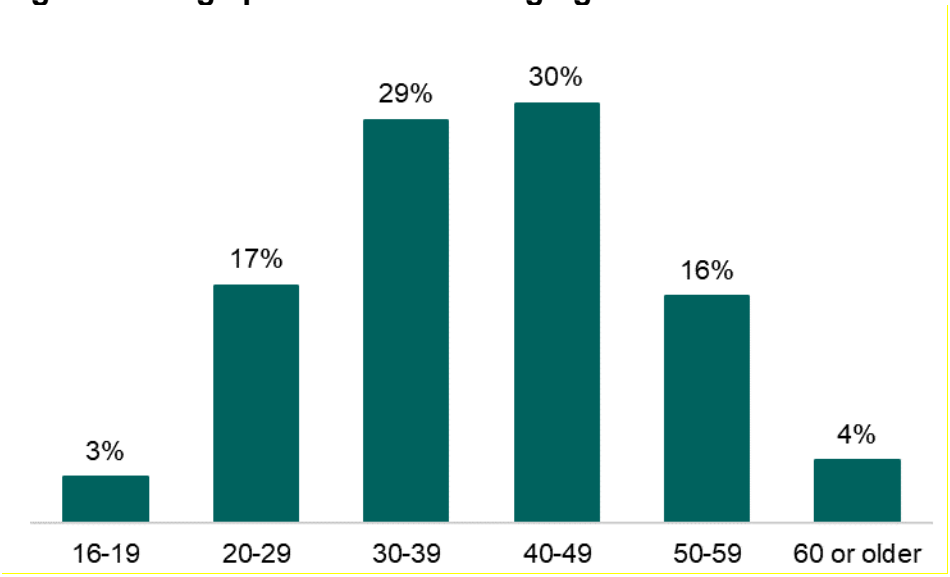
[10] Protected characteristics means characteristics protected from discrimination under the Equality Act 2010. These characteristics include age, gender reassignment, being married or in a civil partnership, being pregnant, disability, race, religion or belief, sex and sexual orientation. For further information see https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics

with these protected characteristics and who experience multiple disadvantage. As one Changing Futures area pointed out, there are many other factors and experiences that disadvantage people and can make it more difficult to access support.

Where possible, the Changing Futures cohort is compared with other evidence on the demographic characteristics of people experiencing multiple disadvantage. The key sources of evidence used are the Fulfilling Lives evaluation (Lamb et al., 2019a), the MEAM evaluation (Cordis Bright, 2022*)*, Hard Edges (Bramley & Fitzpatrick, 2015) and Gender Matters (Sosenko et al., 2020). Published in 2015, Hard Edges remains an important source of data on severe and multiple disadvantage, defined as combinations of homelessness, offending and substance misuse. Gender Matters, published in 2020, takes a different definition of multiple disadvantage (in particular it considers experience of domestic abuse) and uses different data sources. It explores how disadvantage presents differently in women.

Figure 2.2 shows the age profile of Changing Futures participants. Most (59 per cent) are aged between 30 and 49 years. This is broadly in line with other evidence on multiple disadvantage. The Changing Futures cohort has a smaller proportion of younger people compared to the Hard Edges report; 25 per cent of people experiencing all three forms of severe and multiple disadvantage described in Hard Edges are aged between 18 and 24. In contrast, just 20 per cent of the Changing Futures cohort are aged under 30.

Figure 2.2: Age profile of the Changing Futures cohort



Base =1,869

Most of the sampled areas indicated that they work with people of a variety of ages and they do not target specific age groups. Westminster is the exception. They are specifically targeting young people and they have a notably higher proportion of young participants: 65 per cent are under 30 years, with 36 per cent aged under 20 years (see Table B2.2).[11]

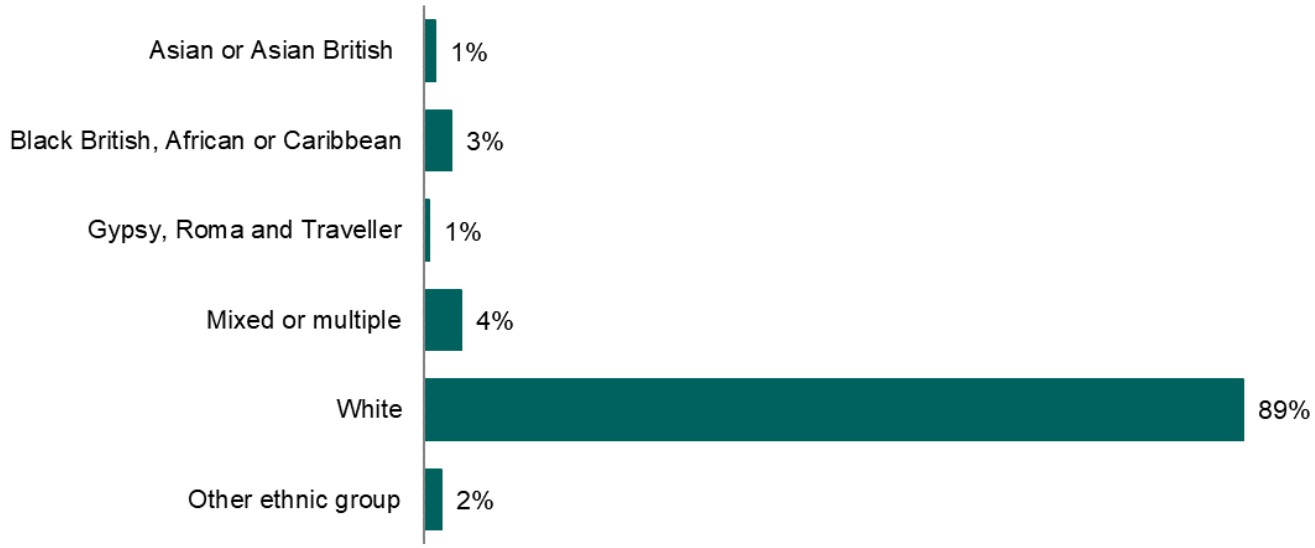
In common with other sources on multiple disadvantage, very few Changing Futures participants are aged 60 and over. This could be due to short life expectancy. Although

[11] Base size for Westminster age group is 55.

there is limited data in relation to multiple disadvantage, the average age at death in England for people who are homeless is much lower than for the general population: 45 years for men and 43 years for females compared to 76 years for men and 81 years for women (ONS, 2019). Changing Futures participants over 60 are also less likely to report experience of all five forms of disadvantage and are more likely to experience just one or two forms compared to those in younger age groups (see Table B2.3).

Figure 2.3 shows the ethnic background of Changing Futures participants. The majority of participants providing information (89.1 per cent) described their ethnicity as white. The Changing Futures cohort roughly mirrors the ethnic profile of both the Fulfilling Lives programme and Making Every Adult Matter (MEAM) Approach and is similar to that described in the Hard Edges report. The proportion of people from Asian backgrounds is relatively low in all these sources and in the groups analysed by the Gender Matters report. However, the Gender Matters report helps to highlight how defining disadvantage in different ways can include/exclude people and change the demographic profile. For example, the report finds that among women with experience of poor mental health in adulthood and socio-economic deprivation, people from an ethnic minority background are significantly over-represented (with just 59 per cent white British).

Figure 2.3: Ethnic background of Changing Futures cohort



Base = 1,813

There are notable differences between areas in the proportion of people from ethnic minority groups. In some cases, this will be down to the profile of the local population more generally and this was highlighted by stakeholders. But there are some diverse areas where the proportion of participants from an ethnic minority background is surprisingly low (see Table B2.4). For example, only 5 per cent of participants in Greater Manchester and Lancashire are from ethnic minority backgrounds despite, as stakeholders in Greater Manchester noted, there being a large South Asian community in the region. In contrast, other Changing Futures areas, in particular Bristol, Nottingham, and Westminster, have been more successful in engaging substantial proportions of people from ethnic minority

backgrounds. Overall, staff and stakeholders reflected that more could be done to reach those from ethnic minority groups.

Just over a third of participants describe their gender as female (35.6 per cent, see Table B2.5).[12] Again, this mirrors the profile of Fulfilling Lives and MEAM Approach beneficiaries. However, the Gender Matters report, which considered the overlap between experiences of homelessness, substance misuse, interpersonal abuse and poor mental health, estimated that 70 per cent of those who experience all four are women. Given the inclusion of domestic abuse as a defining domain of disadvantage by the Changing Futures programme, this suggests that women are under-represented in the Changing Futures cohort.

There are differences between areas in the gender breakdown of participants. In Hull, 21 per cent of participants are women and in Essex 26 per cent. This contrasts with Bristol and Sheffield where almost half of participants are women (47 per cent, see Table B2.6). Northumbria is the only area to have a majority of female participants (although the number of participants in total is very small) and no areas are approaching the 70 per cent female representation suggested by the Gender Matters report.

The programme appears to be effective in reaching people who are disabled. Rates of disability among the Changing Futures cohort are substantially higher than the general population. Of the Changing Futures participants, 86 per cent have a disability that limits their daily life in some way (see Table B2.7) in contrast to just 18 per cent of the population of England and Wales (ONS, 2023).[13] The Hard Edges report estimated that nearly half of people experiencing homelessness, substance misuse and contact with the criminal justice system had a limiting long-term illness or disability. Gender Matters also reports high levels of physical and learning disabilities among people experiencing other forms of disadvantage.

Just under a third of all participants (30 per cent) report having a cognitive disability of some form (see Table B2.8).[14] The most frequently reported type of cognitive disability is attention deficit hyperactivity disorder (ADHD, 15 per cent of all participants) followed by learning disorders (12 per cent). There appears to be limited data in wider evidence on the prevalence of cognitive disabilities and neurodiversity among people experiencing multiple disadvantage. A review of neurodiversity in the criminal justice system suggested that perhaps half of all people entering prison could be expected to have some form of neurodivergence (Criminal Justice Joint Inspection, 2021). Hard Edges found that 16.4 per cent of people facing severe and multiple disadvantage were dyslexic and 14.6 per cent experienced some other form of learning difficulty but that only 3.8 per cent had ADHD. This may be down to the fact the Hard Edges report was based on data from 2010/11. Awareness of ADHD in recent years has increased and there has been a significant rise in diagnoses over the past two decades (McKechnie, et al., 2023). The Gender Matters report states that the prevalence of learning disability (which is different from learning difficulty) is often significantly higher than the national rate for people experiencing multiple forms of other types of disadvantage.

[12] Base size for gender identity is 1,830.
[13] Base size for disability is 1,339.
[14] Base size for cognitive disability is 1,830.

Improving engagement of, and support for, all people experiencing multiple disadvantage will require better understanding of their experiences. Feedback from areas suggests that whilst there continues to be variable understanding of different groups' needs across services, there is also a recognition amongst stakeholders of the importance of activity that increases such insight and expertise. Sections 2.2 and 2.3 describe the efforts of Changing Futures areas to engage more with these groups, and their learning on how different groups' experiences of multiple disadvantage differ.

2.2 Understanding multiple disadvantage – how participants' experiences of disadvantage differ

Key points

- Women experiencing multiple disadvantage may be less visible and therefore more likely to be missed by services. Women are more likely to experience domestic abuse and exploitation and engage in sex work. Spaces where women feel comfortable are particularly important. Stakeholders say more specialist services for women are needed.
- Young people experiencing or at risk of multiple disadvantage may encounter difficulties with the transition from children's services to adult services and find themselves ineligible for support as an adult.
- People from ethnic minorities often face additional disadvantage and barriers to accessing support, such as racism and stigma in relation to mental health and drug and alcohol use. Stakeholders responding to the partners survey agreed that there is a need for more and better services that understand and cater for the needs of ethnic minorities.
- Neurodivergence can also create additional challenges for people, with behaviours sometimes misinterpreted by services. Some neurodivergent people may prefer a different approach but limited awareness of and understanding of neurodiversity means that services may not be set up to provide this.

As set out in the theory of change, a pre-condition to engaging people with protected characteristics is increased evidence and insight into how these groups experience multiple disadvantage. Learning from local areas reinforces findings from prior research that suggests that different experiences affect which engagement and support strategies are likely to be effective.

This section summarises findings from qualitative interviews (along with some insights from the wider literature) on the ways people experience disadvantage differently. It is important to also recognise the combination of experience for those who fit within several groups, such as women from an ethnic minority background. Those who belong to multiple minority or marginalised groups may have experienced additional discrimination or disadvantage.

Gender

Interviews with stakeholders/staff and academic literature suggest that men and women are likely to have different experiences and needs when it comes to multiple disadvantage and issues such as homelessness (Bretherton, 2017). Some stakeholders said that their Changing Futures cohort is predominantly white men and services for people experiencing homelessness mostly pick up and support men. They indicated that women experiencing multiple disadvantage or at risk of multiple disadvantage may be more likely to be missed by services because they are often less visible; they are less likely to be found sleeping rough at typical high-risk places and, for example, are more likely to 'sofa surf', stay with friends and extended family, or find a place to stay in return for sex.[15] Women in these situations may not consider themselves homeless. Women with children may also be less likely to present themselves to services due to fears that they will have their children removed from their care.

…women will go to many more lengths to avoid sleeping on the street, be it the threat of violence, sexual violence. So what do you end up doing? Sort of transactional sex as a way of exchanging sex for accommodation, on the buses, sleeping in the McDonald's, police stations, hospitals…

Stakeholder

This underlines the importance of outreach and other methods to find and engage women experiencing multiple disadvantage (see section 2.3) as relying purely on referral from services is likely to overlook people.

Stakeholders indicated that women are more likely than men to be exploited and engage in sex work, which can put them at further risk of harm and mean that they need support with sexual health. Women are also more likely to experience domestic abuse and may stay living with their abusive partner (Bradley & Potter, 2018). Changing Futures areas highlighted that addressing domestic abuse can be a lower priority for some women if it has become normalised, and/or the perpetrator is also a source of protection from other people, for example, if they are rough sleeping.

In these circumstances, support needs to be flexible so that women can meet with service workers at times and places when their abusive partner will not know they are seeking help. One area highlighted that if a woman's perpetrator is also receiving support from the programme, they might try to arrange appointments at the same time for both, but in different locations, so the woman can attend safely knowing the perpetrator is engaged elsewhere. Changing Futures staff also need to spend a substantial amount of time building trust with these women in order to engage and provide support effectively.

Having spaces that women feel comfortable in and ownership of is important. This is not exclusive to women, but there are particular dimensions around male violence against women and issues of shame related to sex work and having children removed. Confidentiality is a particular concern for women who are sex workers; they do not want

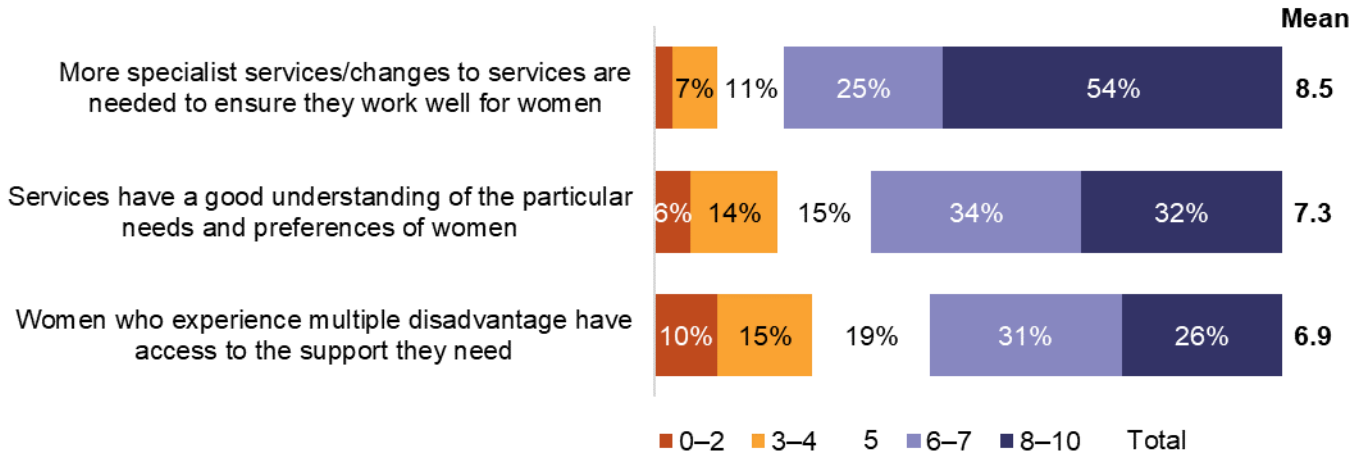
[15] For a review of evidence on women and homelessness see Homeless Link, 2022

people knowing that they are sex workers. Due to extensive experience of trauma from sexual or domestic abuse and exploitation, women often have a preference to stay in women-only accommodation or to access services in single sex spaces. However, this type of accommodation may not always be available and can also be a difficult environment for women who have had their children removed if they are around other mothers who still have their children with them. In one area, dedicated accommodation for women experiencing multiple disadvantage is based in an inappropriate area and is also large which makes trusting relationships more difficult to develop.

Those who are transgender or in the process of transitioning are another marginalised group who will have a range of differing needs associated with this, such as facing discrimination, even from their own families. In some circumstances this discrimination can lead to them becoming homeless.

The follow-up partners survey shows that while a majority of respondents (66 per cent) tended to agree that services in their area have a good understanding of the particular needs and preferences of women who experience disadvantage, a smaller proportion (57 per cent) agreed that women who experience multiple disadvantage have access to the support they need in the area. Many respondents (79 per cent) agreed that more specialist services or changes to mainstream services were needed to ensure that they work well for women. Figure 2.4 summarises responses to partners survey questions on services for women.

Figure 2.4: On a scale of 0 to 10, to what extent do you agree or disagree with the following (where 0=strongly disagree and 10=strongly agree)?



Base = 453. Source: Follow-up partners survey

Age

Young people experiencing or at risk of multiple disadvantage may encounter difficulties with the transition from children's services to adult services and adult life in general. A challenge noted in Westminster was that many young adults on turning 18 found themselves ineligible for continued support because they did not meet the strict thresholds for adult services including mental health services, housing services and adult social care. Although young people experiencing disadvantage may have similar background experiences to adults, such as adverse childhood experiences and trauma, due to their age they may not quite meet criteria of three out of the five disadvantages. This is why

staff in Westminster take age into account and support those at risk even if they do not technically meet the programme criteria. By supporting young people at risk of multiple disadvantage it may be possible to help prevent them from experiencing worse disadvantage later in their lives.

They're younger and their journey is just starting, so actually to expect three out of the multiple disadvantages in itself would be a disadvantage on them receiving the support.
Stakeholder

Young people in Westminster's Changing Futures cohort commonly present not only with trauma and drugs or alcohol problems but also issues such as binge eating and purging, and patterns of unhealthy relationships. According to the National Institute for Health and Care Excellence (NICE), young people, especially young women, are at higher risk of onset of eating disorders (NICE, 2024). Although some young people may have difficult relationships with their family, they may still live with them or there may still be opportunity to help mend relationships before they completely break down. Therefore, young people may particularly benefit from the inclusion of their family within the support offered, recognising that the family environment plays a crucial role in the young person's recovery and well-being.

Older adults will also have a range of different needs, often relating to declining health and age-related conditions. For example, staff in Greater Manchester reported supporting some older adults who have long-term health conditions.

Ethnicity

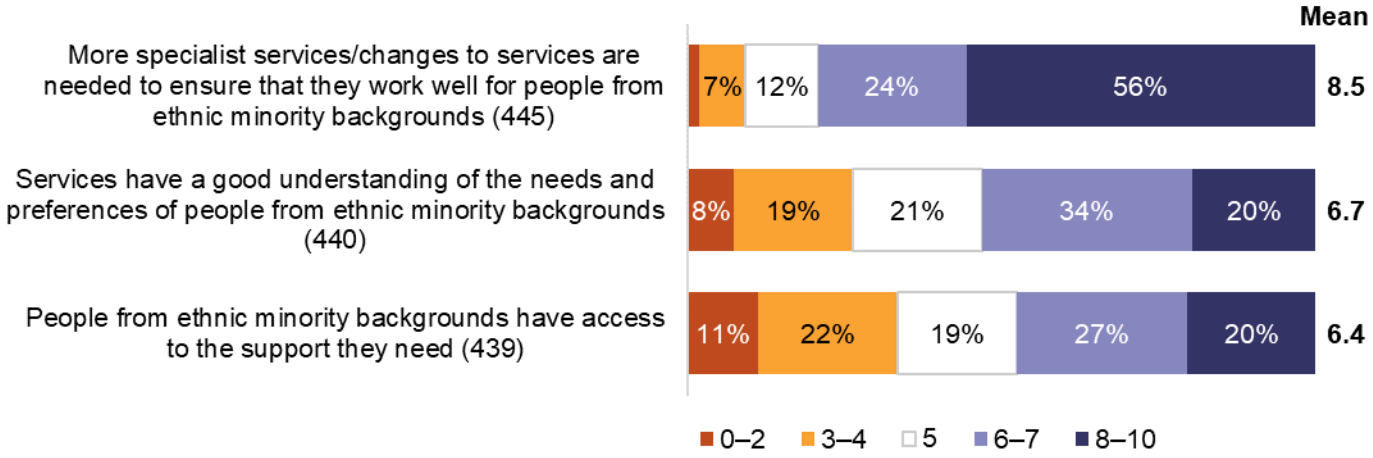
Some stakeholders acknowledged that historically, mainstream services have often been developed without the needs and perspectives of minority ethnic groups being considered, even if this was not an explicit or intentional aim. As a result, these services may not always fully account for or meet the needs of ethnic minority groups.

Some stakeholders flagged that those from ethnic minority backgrounds experience further disadvantage due to systemic/institutionalised racism. People may have experienced trauma as a result, and this needs to be considered when providing support. For example, workshops carried out in Nottingham as part of the Building Bridges, an event on multiple disadvantage and minoritised communities, found that individuals from an ethnic minority background often had negative experiences when accessing services and felt that they were unrepresented, 'othered' and not listened to. A need for greater empathy and understanding of cultural differences and racial trauma was highlighted.

The follow-up partners survey results indicate that across areas there is a need for both more and better services for people from ethnic minority backgrounds. Just under half (47 per cent) tended to agree that people from ethnic minority backgrounds who experience multiple disadvantage have access to the support they need. Just over half (54 per cent) agreed that services in their area had a good understanding of the needs of people from ethnic minority backgrounds who experience multiple disadvantage. These are higher proportions than when the same questions were asked in the baseline survey, but there are still sizeable proportions who are less positive about services for ethnic minorities. Importantly, almost all respondents (80 per cent) tended to agree that more specialist services or changes to mainstream services are needed in their area to ensure that they

work well for people from ethnic minority backgrounds. Figure 2.5 summarises responses to partners survey questions on services for ethnic minorities.

Figure 2.5: On a scale of 0 to 10, to what extent do you agree or disagree with the following (where 0=strongly disagree and 10=strongly agree)?



Bases in parentheses. Source: Follow-up partners survey

Local research undertaken in Greater Manchester with people from ethnic minority backgrounds found that they are not always aware of services available. Stakeholders also reflected that some people may be more distrusting of services and lack confidence that they will be able to get the help that they need. As a result, they may instead seek support from within their communities. Not being fluent in English and/or being unable to read English can also make it more difficult for people to navigate services and access the right support. This was reflected in workshops carried out in Nottingham, that suggested a need for improved access to interpreters and translated materials.

Stakeholders/staff also reflected that there can be greater stigma around issues, such as mental health issues and drug or alcohol use, within some communities or religious groups. This can prevent people from seeking help. There is a need to work more closely with community organisations and leaders to try to break down stigma and raise awareness of services that can help people.

In certain communities alcohol is accepted, in other communities it's not. In certain communities smoking is accepted and in other communities it's not. So each individual community, you've got to look at what the cultural and the religious issues are…

Delivery team member

For example, stakeholders in Hull found that several Eastern European rough sleepers had served extended custodial sentences in their home country where they had not been sufficiently prepared for life outside of prison. Because of this, and other cultural factors, many had a poor understanding of health and were not aware of signs of serious health issues and when to seek immediate help. This cohort were also disadvantaged by the language barrier, as most were not fluent English speakers.

A particular issue for those who have come to the UK from other countries is that they may have immigration issues that they need support with or have no recourse to public funds and are therefore unable to access much-needed benefits and housing assistance.

The fear around their immigration status, about breaking the law here, the consequences. Unaddressed trauma from back home.

Delivery team member

Neurodiversity and disability

In several areas stakeholders/staff highlighted that they had become more aware of the neurodiversity of their participants. This includes autistic people, people with ADHD as well as people with learning difficulties and brain injury. For example, research carried out in a Westminster hostel suggests that around 57 per cent of the 30 participants self-reported experience of head injury, which is roughly in line with other research referenced in the report (Topolovec-Vranic, 2014). Stakeholders indicated that these traits can further affect participants' daily living in terms of time and money management and navigating social interactions. Some behaviours can be misinterpreted by others as aggressive.[16] Some neurodivergent people may also find understanding legal documents and the benefits system more challenging and need support with these.

There is significant overlap between ADHD and borderline/emotionally unstable personality disorder symptoms, such as impulsivity and difficulties with emotional regulation, although there are distinctions (Ditrich et al., 2021). As a result, many people will present in the same way.

Staff reported that it often takes time to get to know participants and gain their trust, and therefore it may not always be immediately apparent that a person has a learning difficulty or is neurodivergent. Neurodivergent participants may not always have a formal diagnosis and it can be challenging for participants to get this (if they want to), requiring advocacy support. In particular, neurodivergence in women is often missed and can impact negatively on mental health (Kelly et al., 2024).

Stakeholders/staff acknowledged that neurodivergent participants may have additional needs or prefer a different approach, such as reducing the over-stimulation that can be triggered in hub environments where various services are co-located and which can be very busy places. Being alert to the possibility of neurodivergence is an important part of being person-centred and adjusting support around individuals.

If I'm working with somebody with neurodiversity, it helps me to understand that I might have to use picture cards instead of forms, or words, that they might not be a verbal person. It helps me to understand, 'Are they tactile, are they not tactile? Do they not like bright lights, do they like bright lights? Are they stimming, are they not stimming? Do they want music, do they not want music?' It's about helping you be more person centred and responding to their needs. [17]

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[16] For further evidence to support this, see Revolving Doors, 2022.

[17] Self-stimulatory behaviour or 'stimming' is the repetition of physical movements, sounds, words, moving objects or other behaviours.

However, limited awareness and understanding of neurodiversity also means that services may not be sufficiently set up to cater for differing needs. Some staff/stakeholders indicated there is a need for further training around neurodivergence to better equip services to cater to the needs of this varied group.

Stakeholders also indicated that the needs of disabled people are not always catered for. For example, there is often limited provision of accessible accommodation, or staff may have insufficient knowledge around disabilities and long-term health conditions.

2.3 Strategies for engaging hidden or under-represented groups

Key points

- Data analysis is being used by some areas to identify which groups are being missed or whose needs are not being fully addressed.
- Going where target communities are and building connections with community and other groups that people trust helps to reach under-represented groups.
- Specialist workers appear to be effective in reaching and supporting particular groups such as women and people from an ethnic minority.
- Collaboration and/or co-location with specialist service providers who have established relationships with people means Changing Futures can engage with people in a familiar setting.
- Safe spaces where people can get non-judgemental and practical support can also be useful sites for engaging potential participants.
- People can be more likely to trust messages shared by peers. Word of mouth can thus be an important way in which people engage with support.

Changing Futures areas have identified that more needs to be done to identify and engage people from minorities who are experiencing disadvantage. Hence, whilst the second and third interim reports explored how people with multiple disadvantage were identified and referred into the programme, this report focusses specifically on the strategies used to identify, reach and engage hidden or under-represented groups with particular protected characteristics.

The theory of change indicates that, in order to reach people with protected characteristics, there first needed to be better data on and understanding of these groups, their needs and the barriers they face. The experiences of local Changing Futures areas confirms this: many of the strategies described below involve producing or gaining access to better data, insight, or expertise on these groups. In addition, Changing Futures areas are reaching people through organisations or places that are already in contact with them,

suggesting that whilst data and insight on people's needs is important, so are relationships.

Using administrative and service user data

A key aim of the programme is to improve how beneficiary data is shared and used across local service systems. This is intended to bring about longer-term improvements in services by supporting better strategic responses to multiple disadvantage. At the same time, at an operational level, it has been used by Changing Futures areas to target recruitment efforts and tailor support.

Some areas described how data analysis has helped to identify groups that were being missed or whose needs were not fully addressed. Greater Manchester used data on referrals and programme participation to identify gaps in service delivery. They identified that there was a need to focus on greater ethnic diversity and that there were gaps in support for people from the lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) community, and older adults with learning disabilities. Sheffield carried out a review of data from their first cohort and found that three quarters of women had had their children removed from their care. It was felt that this part of women's experience was being under-served. This led to some targeted work to link into specialist organisations. Staff in Westminster similarly identified that Eastern Europeans, particularly Polish nationals, were over-represented in data on deaths and have recently developed a partnership to help support those with change resistant alcohol dependence, which they will be piloting.

However, it was reported that there is sometimes limited accessible data on the protected characteristics of those using services, particularly in the voluntary and community sector, so it can be difficult to identify the types of people that services are reaching and if there are groups being missed.

Although it requires that a person be in contact with a service, screening has also been used to identify people with particular needs. The Changing Futures team in Sheffield is specifically targeting support towards those with acquired brain injury and have integrated use of the Brain Injury Screening Index Tool (BISIT) as standard practice to ensure that all participants are evaluated for potential brain injuries. This has helped to identify brain injury in people who otherwise may not have been tested.

Outreach

Going out to where different communities are and forging connections with community and faith groups that people trust can help to reach underrepresented people and raise awareness of the availability of support. For example, in Westminster, efforts are being made by Changing Futures staff to make themselves more visible in the community, including to those who are not typically reached, by visiting young mothers' groups, nurseries, local shops and food banks.

In Nottingham, the lived experience group were influential in the decision to employ an outreach worker based at the local Council for Voluntary Service to specifically target ethnic minorities, raising awareness of multiple disadvantage and the Changing Futures service. Part of the role is addressing discrimination in the community through building

understanding: an example was given of some people attributing behaviours to drinking rather than severe mental health problems.

Specialist roles

Stakeholders and staff indicated that specialist workers can be particularly successful at reaching particular groups. Changing Futures areas have variously appointed specialist workers with lived experience or a shared characteristic with the target cohort and sought to work with specialist organisations that have established links with a particular group. For example, stakeholders/staff in Greater Manchester reflected that the relatively high proportion of women in their Changing Futures cohort may be in part due to having women-specific support workers with lived experience who have received trauma- and gender-informed training.

In Hull, there is a European Union (EU) Specialist and an EU Navigator who have been working to engage with Eastern European nationals who are sleeping rough. This has been successful, largely because the specialist workers are able to speak to the cohort in their native language and build rapport. Since their initial identification, the outreach team have been able to identify more people with a similar background in need of support. Further details on how staff with lived experience and shared characteristics support participants is provided in section 4.2.

Collaboration with specialist organisations

Links with organisations with expertise in supporting particular groups can help to reach groups who may need additional support and might otherwise be missed. Frontline staff in Greater Manchester have conducted conversational research to better understand barriers that prevent people from ethnic minority groups from engaging with services. They found that some prefer to seek support within their own communities. As a result, efforts have been made to form relationships with community groups that work with people from an ethnic minority background, including LGBTQ people, and young women. Participatory grant making funds have been provided to support community initiatives focussed on multiple disadvantage. As a result of the work the programme has undertaken with Gender Alliance to understand the needs of women who have had children removed, Changing Futures have supported two women who would otherwise have been missed.

In Sheffield, the Changing Futures team's work to understand women's needs and create links with other services has increased engagement with women. The team has built links that include Sheffield Working Women's Opportunities Project (SWWOP), Chocolate Box, and the Together Women's Project, organisations that work with women who are sex workers, have a history of offending and who have had children removed.

In Nottingham, Changing Futures participants had previously highlighted a need for more culturally informed support, which led the team to work with Al-Hurraya, a service aimed at supporting ethnic minorities experiencing multiple disadvantage. The embedded navigator role in Al-Hurraya is important in helping to raise awareness of multiple disadvantage among various communities and provides a point of contact through which people can be referred for support. Nottingham's 'embedded practitioners' in probation, mental health and general practitioner (GP) surgeries were also described as effective in bringing in referrals. In particular, more younger women are being referred through general practice and

domestic abuse services. Voluntary sector organisations such as this have been in the area for many years and are known to the community. When people come to these organisations to seek help, they can be picked up by Changing Futures. The specialist navigators have been able to reach some people who had previously not engaged with services, sometimes for many years.

Use of safe spaces

In Hull, safe spaces have been created to help engage and support particular groups. This includes temporary accommodation for people experiencing multiple disadvantage but with no recourse to public funds, who are awaiting a decision from the Home Office on their immigration status. This accommodation helps people to get off the street and have a safe space to sleep. There is also a breakfast club for people sleeping rough where they can speak with Changing Futures staff.

Nottingham Changing Futures partners with POW Nottingham, which works with women who are sex workers or at risk of being exploited. POW provides a trauma-informed space specifically for women who have experienced violence. This helps to make women feel safe and comfortable. The space is not clinical, and because it is dedicated to women with common experiences, women do not feel judged but understood. Workers from other organisations come to POW to see the women so that they are not at risk of bumping into ex-perpetrators while using services. As trust builds, the women are said to feel more confident about accessing services elsewhere.

Word of mouth

Outreach and awareness raising activities in communities can support self-referrals. People may be more likely to trust messages shared by their peers. This has worked well in Hull where Eastern Europeans come to regular breakfast clubs to speak to the EU Navigator because they have heard about the support on offer through their community. Similarly, in Westminster, young people sometimes self-refer to Changing Futures after hearing about the positive experience of a friend.

We've had some young people […] their friends have seen how much support they've received from Changing Futures, so they've been given the website link via their friend and they self-referred and now we work with them.

Delivery team member

2.4 Participant experiences of joining Changing Futures

Key points

- Previously poor experiences with services are thought to be a barrier to current engagement with services. As expected, over a quarter of participants had previously been refused help with mental health and a fifth had been refused treatment for drug problems.
- A key motivation for participants engaging with Changing Futures is a desire to find appropriate, long-term accommodation. Many want to gain stability in their lives through reducing use of drugs or alcohol. Women who have had children removed are motivated to engage in support so as to get them back.
- Barriers to people getting support include a lack of awareness of what is available, difficulty navigating multiple services, stigma and discrimination, a lack of understanding of multiple disadvantage, inflexible policies and procedures and limited capacity and constrained budgets within services.

Participants' past experiences of help-seeking

Research has found that people experiencing multiple disadvantage frequently have negative experiences of services, resulting in unaddressed or more acute need and in a lack of willingness to engage with help (Rosengard, et al., 2007). The Changing Futures programme therefore aimed to work with participants with a previously poor track record of engaging with services. As expected, Changing Futures participants had histories of poor past experiences, with sizeable proportions of participants having sought and been refused help in the past.

Table 2.1 summarises data from the questionnaire on historical experiences; this shows the proportions of Changing Futures participants who have been refused support when seeking help at one time or another. Most people with a mental health issue had been in contact with a mental health service at some point, and 65.5 per cent of people within the 12 months prior to joining Changing Futures. However, over a quarter of these had sought help and been refused on at least one occasion. Of people with a drug problem, a fifth reported having sought help with their problem and been refused treatment. A smaller proportion of people with alcohol problems had sought help and been refused treatment (16.3 per cent). Among people with experience of homelessness, most had contacted the council for help with housing, and 76.9 per cent within the year prior to joining the Changing Futures programme. Of these, over half had been helped to find temporary accommodation. Only 20 per cent had been helped to find settled accommodation. Over one in ten (13 per cent) had received no help.

Table 2.1: Historical questionnaire data on previous experiences with services

Have you ever had contact with a mental health service?

	Count	Percentage
Yes, in the last year	781	65.5%
Yes, but not in the last year	301	25.2%
No	111	9.3%
Total	1,193	

Have you ever sought help for a mental health need and been refused treatment?

	Count	Percentage
Yes	243	27.1%
No	653	72.9%
Total	896	

Have you ever sought help for drug problems and been refused treatment?

	Count	Percentage
Yes	189	20.8%
No	720	79.2%
Total	909	

Have you ever sought help for alcohol problems and been refused treatment?

	Count	Percentage
Yes	118	16.3%
No	606	83.7%
Total	724	

Have you asked your council for help with housing because you were homeless or at risk of being homeless in the last year?

Yes, in the last year	812	76.9%
Yes, but not in the last year	137	13.0%
No, never	107	10.1%
Total	1,056	

Thinking about when you asked for help with housing, what happened? Were you:

	Count	Percentage
Helped to find settled accommodation	176	20.2%
Helped to find temporary homeless accommodation	465	53.3%
Given Advice	245	28.1%
Other	62	7.1%
No help provided	111	12.7%
Base	873	

The programme theory of change sets out that overcoming past negative service experiences requires the programme to provide participants with a different experience of services – that of person-centred support that addresses individual needs and goals – as well as help to access other services, particularly where barriers to access persist. Participants' own accounts of their decisions to engage with Changing Futures, as well as the persisting barriers to engaging with services, are detailed below.

Motivations for engaging with Changing Futures

Changing Futures recognises that for people experiencing multiple disadvantage to recover, they need to be in control of their support, defining their own goals. Goal setting is a common feature of recovery-focussed interventions, and there is some, albeit mixed, evidence that goal setting and achievement can have a positive effect on mental and physical health recovery processes (Schrank et al., 2012). In the baseline questionnaires, 77.3 per cent of participants who provided information indicated they had a personal goal, and this does not significantly change over time (see Tables B2.9 to B2.11).[18] Participants who engaged with the programme had a variety of needs and motivations when they first started, such as finding accommodation, stability, reducing drug or alcohol use, and improving their wellbeing.

A common motivation/goal for those engaging with the service is to find somewhere to live, including suitable, stable, long-term accommodation. This can be difficult and take time to achieve due to housing shortages, however, it is generally felt by staff that without this it is difficult for people to work on other goals. Other research suggests that a stable home is associated with a range of positive outcomes: better physical and mental health, reduced contact with the criminal justice system and reduced use of emergency service (Carnemolla & Skinner, 2021). Having a stable address can help people to access mainstream services and even help people towards accessing education and employment.

Linked to finding accommodation, many people engaging with Changing Futures are motivated to achieve an overall greater sense of stability and want help to access support to reduce or stop using drugs and alcohol. Some are supported to attend rehabilitation centres. Some people are seeking to recover a sense of 'normality' and to get back to former lives. As set out in the baseline report (CFE and Cordis Bright, 2022), for some people their primary aim is simply to survive and get through another day.

Everything was going wrong and I was just spiralling downwards. I couldn't deal with people appropriately. I was subject to a community protection order as well and risked losing my house. I wanted to stabilise everything, I'm somebody who has problems with alcohol as well as my emotions.

Participant

Others want to get support for domestic violence and to move away from an abusive relationship. It can be especially difficult for people to get help with other difficulties while they are still living with their abusive partner.

[18] Base size for personal goals 331.

I wanted to get out of the violent relationship that I was in because I didn't know how to do it myself. And I tried to get out of it a couple of times myself, and I didn't know how to do it. I'm also trying to get off drugs and stop relapsing…

Participant

In particular, women who have had their children removed are motivated to engage with support in order to find a way of getting their children back. Improving relationships is a key goal for some participants who have difficulties maintaining positive relationships, such as with their family.

Persistent barriers to engagement

The programme aims to change participants' experiences of services, not only via direct support, but also through advocacy in order to support people to stay engaged with help. Stakeholders, staff and participants highlighted a variety of barriers that continue to hinder people from accessing support, many previously reported in earlier interim reports. In some cases, interviewees gave examples of such barriers being compounded for those from underrepresented groups. The following chapter explores how Changing Futures is supporting participants to overcome these barriers and engage with the services that they need.

Lack of awareness of services. People experiencing multiple disadvantage are not always aware of support available or have the means to find out about services in their area. They can also lack confidence that services will be able to help them; this can be as a result of previous negative experiences as outlined above. Furthermore, those working in services may not always be aware of all the other relevant support available to people experiencing multiple disadvantage, including the Changing Futures programme.

There should be more ways of people finding out about [services] because I didn't know about them at all beforehand. I've only got through to them through the early intervention scheme. I wish I'd known about them before. There's probably more people like me right now that aren't getting the same help and they should be.

Participant

Siloed services. A disjointed approach and siloed working between services has previously made it more difficult for people experiencing multiple disadvantage to engage with and navigate the different services they need. For example, mental health problems and substance use are closely linked but sometimes treated separately by different services: some mental health services will not work with a person until they have stabilised an addiction, but in order to do so they are likely to need support for their mental health.

Stigma and discrimination. Stakeholders and staff indicated that people experiencing multiple disadvantage often face stigma and discrimination in society and some may also experience shame in relation to issues such as domestic violence, mental health issues or drug and alcohol use. This may make some people resistant to seeking support. Some people may also have lost faith in the system and their ability to access the support they need due to difficulties in navigating the system and negative past experiences leading to mistrust of professionals.

...a lot of them have felt like they've been judged or it's just the barriers they've faced with other services being quite stringent about three failing appointments then they're just off that service, so they've ended up feeling they've been completely stonewalled...

Delivery team member

The combination of multiple stigmatised conditions as well as protected characteristics, such as being female and from an ethnic minority background, can result in greater disadvantage (Oexle & Corrigan, 2018).

Lack of diversity within service. Some stakeholders highlighted how low numbers of women or ethnic minorities using services can create a 'vicious circle' and create a barrier. If potential participants do not identify with other people using services, it can be off-putting to them.

I have recently had a Pakistani lady come to see me, and she decided not to engage with us. She did ask the question, 'Is there anybody like me here?' And you know, no, there wasn't.

Stakeholder

Lack of training and understanding of multiple disadvantage. A lack of training and understanding around multiple disadvantage can make it difficult to support people effectively. Although services may understand particular forms of disadvantage, they may not understand how multiple forms of disadvantage interact. There is a link between multiple disadvantage and experience of trauma (Bramley & Fitzpatrick, 2015). Services without an understanding of the ways trauma can affect behaviour sometimes interpret this as aggressive or uncooperative and may refuse to work with someone as a result. This can also be an issue for neurodiverse people.

I think a lot of the clients we work with have undiagnosed stuff and because they do, a lot of the services say they're aggressive or they don't make eye contact or anything bad that they can throw at them. They'll say, 'You can't come in this service because you punched the wall.' But it could've actually been because they were overwhelmed or something.

Delivery team member

Some service provider staff may also lack the confidence to work with people who have a different cultural background, those who are not fluent English speakers and those who have more complicated situations in terms of immigration issues.

Inflexible policy and procedures. Stakeholders and staff reflected that some statutory services have rigid procedures and eligibility criteria that can be difficult to follow or meet. Participants also indicated that missing appointments had meant that they had lost support in the past due to rules that services often follow around discharging those who miss appointments.

Limited capacity within services. Stakeholders and staff in one area indicated that due to many vacancies in Adult Social Care, the service is unable to take in referrals as it should, resulting in some people with learning disabilities and autism falling through the cracks. Changing Futures areas also reported other services not having the time to make referrals to them.

Practical factors. Various practical barriers to accessing support were flagged, such as limited access to a phone or the internet. This digital exclusion means that individuals struggle to identify and contact support services.

3 The participant journey: how support contributed to recovery

This chapter focuses on the progress made by people receiving direct support from the Changing Futures programme. It begins by summarising the latest data on key participant outcomes. This largely draws on analysis of participant outcomes questionnaires and New Directions Team Assessments (NDTAs) (see page 6), supplemented with insights from interviews with staff, stakeholders and participants. The chapter then considers how the programme is working to better support people with protected characteristics. The chapter concludes with an assessment of what it is about the support provided by Changing Futures that is helping people to move towards recovery. These final sections are based largely on the qualitative research with reference to wider evidence as appropriate.

3.1 Progress made by the Changing Futures cohort

Key points

- The longitudinal quantitative data generally shows continued positive progress on most key outcome measures.
- There were significant reductions in overall levels of need and risk as measured by the NDTA between baseline and first, second and third follow-up.
- There were significant reductions in both rough sleeping and wider homelessness over participants' first year or so with Changing Futures. The proportion of people with recent experience of rough sleeping reduced from 31 per cent at baseline to 16 per cent at the third follow-up point.
- Participant interviewees said the programme is helping to improve their wellbeing. Between baseline and third follow-up, 44 per cent of people reported improved quality of life as measured by the ReQoL.
- There were no significant changes in recent contact with the criminal justice system over people's first year with Changing Futures. However, there were significant reductions in victimisation. The proportion of people with recent experience of violent crime reduced from 48 per cent at baseline to 33 per cent at third follow-up.
- There were improvements in the extent to which people said they were able to cope with problems without misusing drugs or alcohol. Between baseline and third follow-up, approximately a third of participants reported an improvement.
- There were significant reductions in both average attendances at A&E and ambulance call outs. Between baseline and second follow-up, the proportion reporting no attendances at A&E increased from 66 per cent to 75 per cent.

Measuring participant outcomes can be difficult as it can take a long time to build trusting relationships with participants. Moreover, it can take longer to achieve outcomes, such as securing and maintaining stable accommodation. Issues such as accommodation, which can take a while to resolve, also often need to be addressed first, as it is difficult to tackle other challenges without this basic need being met.

Progress is also often not linear as participants may experience setbacks or fluctuating circumstances. Support plans tend to be dynamic to take this into account and adjust to the various needs as they arise.

But, people's lives change, so you can get to a point, and they're engaging, they're accessing, they want a methadone script or whatever it is, but actually, an incident happens of domestic abuse or something, and then things go back to where they were.

Stakeholder

Softer outcomes and more subtle changes in behaviours can be harder to capture with the quantitative measures used by the programme. For example, more subjective experiences of participants' relative happiness and changes in perceptions of self-worth are important but traditional measures may not pick up on these. Some areas, such as Sheffield, intend to move away from more traditional measurement tools and are exploring alternative options for capturing participants' progress, such as case studies.

As noted in Section 1.4, this is an interim report. Changing Futures is not yet finished; many participants are only part way through their journey with the programme. The follow-up data does not represent the entire period of Changing Futures engagement for some people. High attrition rates at later follow-up periods may mean data is not representative of Changing Futures participants as a whole.

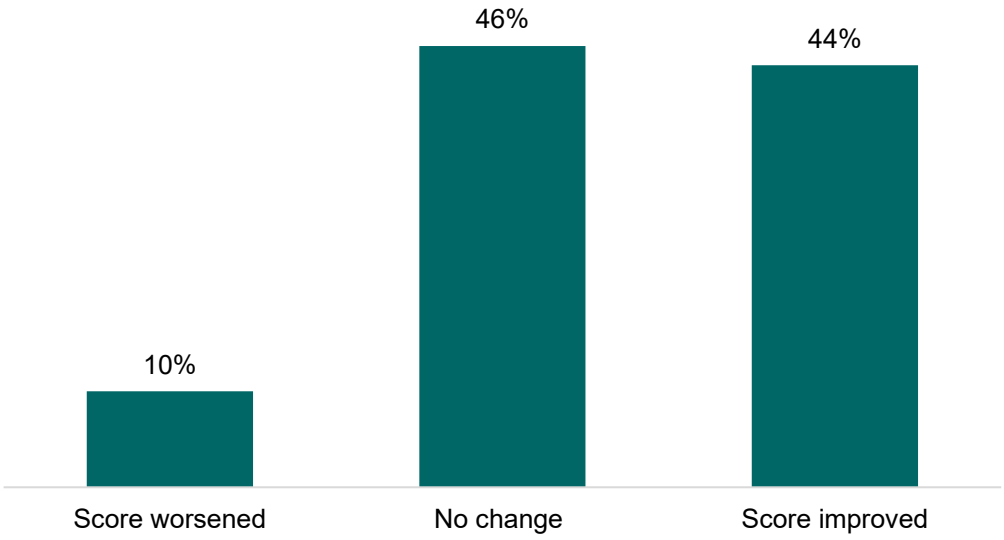
Engaging with services

The theory of change suggests that a precondition for positive individual outcomes is that people are supported to engage with other services. There is evidence to indicate that this is happening at least to some extent.

The NDTA is a staff assessment of participants' levels of need and risk. The overall score includes, among other considerations, an assessment of engagement with services. Lower scores denote lower needs. There are significant reductions in overall average NDTA score between baseline and first, second and third follow-up (see Tables B3.1 to B3.3 in Changing Futures fourth interim data tables). Between baseline and third follow-up the mean average total score decreased from 24.2 to 19.1. Figure 3.1 shows that just over four in ten people (43.7 per cent) received a better total score and 10.3 per cent received a worse score.[19] There are also significant improvements specifically in the average NDTA engagement with services score between baseline and first, second and third follow-up (see Tables B3.4 to B3.6).

[19] Unlike the ReQoL, there is no independent evidence or guidance on what constitutes a meaningful change in NDTA score. For the purposes of the analysis reported here, we defined a decrease of seven points or more as an improvement and an increase of seven points or more as a worsening of levels of need and risk. The same thresholds were used in the evaluation of the Fulfilling Lives programme (see Lamb et al., 2019b).

Figure 3.1: Proportion of participants whose overall NDTA score improved, worsened or remained the same between baseline and third follow-up



Base = 174

Participants described how Changing Futures caseworkers assisted them in attending and interacting with other services.

What Changing Futures has done is connected all the services together for me, which can be quite confusing for most people. Knowing what service I've got to go to for this but with the help of a navigator... it just made things so much easier for me.

Participant

In Sheffield, participants spoke about how their support workers helped them access housing support and mental health services by liaising with staff in these services and supporting participants to attend appointments if needed. In Greater Manchester, Changing Futures support workers have helped clients attend appointments with GPs, drug and alcohol services, addiction treatment/recovery programmes and mental health services. Such consistent support has helped many clients address substance use and gain more control over their lives.

She [Changing Futures support worker] is a godsend. She helps me attend my appointments. Just being there for me, understanding me. All the services that I've tried in the past, I've not got anywhere. They weren't listening.

Participant

In Westminster, the strong relationships that Changing Futures staff have with other services enable participants to access support from drug services that typically would not work with them. For example, drug services are now supporting clients who struggle solely with alcohol dependency, despite usually not accepting such cases. A key role of staff is to advocate for and help participants to communicate with these various services.

Securing housing

As outlined in section 2.4, securing housing is a main goal for many participants without a stable home, and is often seen as a necessary step that will enable them to address other challenges in their life.

There are significant reductions in recent experience of homelessness between baseline and first, second and third follow-ups (see Tables B3.8 to B3.10 in Changing Futures fourth interim data tables). Between baseline and third follow-up the proportion of participants with recent experience of homelessness reduced from 63.2 per cent to 46.2 per cent.[20]

There are also significant and sustained reductions in rough sleeping over the same periods (see Tables B3.11 to B3.13). Between baseline and third follow-up the proportion of people with recent experience of rough sleeping reduced from 30.9 per cent to 16.3 per cent.[21]

Regression analysis shows that women are less likely to experience a reduction in rough sleeping than men (see Table B3.50). This is the case when taking into account, or 'controlling for', the number of types of disadvantage people have experienced when they join the programme. This means that the reason women are less likely to reduce rough sleeping is not because they also experience more forms of disadvantage. As stated in the baseline report (CFE and Cordis Bright, 2022), there was no significant difference in the proportions of men and women who experienced homelessness when they first joined the programme. As discussed in the previous chapter, appropriate, single-sex accommodation for women is not always available.

Disabled people are less likely to experience reductions in both rough-sleeping and homelessness more broadly. This is the case when taking into account the number and type of disadvantages that people have experienced (Table B3.50). As discussed in previous interim reports, lack of housing is a major barrier to supporting people. As discussed in section 2.1, it is even harder to source suitable accessible accommodation for disabled people.

People with experience of more forms of disadvantage are more likely to show improvements in levels of rough sleeping (see Table B3.50). This would appear to be counter-intuitive but may reflect the fact that Changing Futures is specifically designed to target and support people with multiple and entrenched forms of disadvantage; it may not be the right approach for people with less complex needs.

Examining the flow of participants between different accommodation types between baseline, first, second and third follow-up points, there are ongoing reductions in the proportion of people rough sleeping. Rough sleepers move over time into supported accommodation and their own tenancies, as well as other forms of homelessness. Increasing proportions of people move from other forms of homelessness into supported

[20] Base size for homelessness between baseline and third follow-up is 277.
[21] Base size for rough sleeping between baseline and third follow-up is 301.

accommodation and their own tenancy. Very few, if any, people move from supported accommodation or their own tenancies back into rough sleeping. However, there is movement between these more stable forms of accommodation back into other forms of homelessness.

Changing Futures staff often support participants to find or maintain accommodation by linking them into other services, advocating for them and supporting them to manage correspondence around maintaining their tenancy.

In Hull, individuals working with the EU Specialist/Navigator have been supported to find accommodation, access services and attend classes to develop their English language skills. This specialist support was particularly important for this community due to their limited understanding of how services in the UK operated, and lack of recourse to public funds that prevented many from accessing accommodation prior to receiving support through Changing Futures.

Similarly, in other areas such as Nottingham, participants are supported to access appropriate accommodation and are directed to where they can obtain essential items needed for their new accommodation. For example, one participant described being supported to move from hospital into a hostel that accommodated others who had recently left hospital. From there they were helped into supported accommodation where people are required to abstain from drug and alcohol use. This type of accommodation was felt to be a good fit and helped the participant, along with continued support from Changing Futures, to stay sober and work towards other goals.

I was stuck in hospital, I had no idea where I was going to go, you know, and [Changing Futures] stepped in and helped me with that.

Participant

Support to find stable accommodation was particularly important in areas like Westminster where clients and Changing Futures staff reported having difficulties finding suitable housing for young people with slow progress and delayed responses. In Westminster the Single Housing Project have also supported victims of ‘cuckooing’, which is when someone’s home is taken over by another person who then uses it for illegal activities such as a place to store or take drugs. Vulnerable people who have experienced cuckooing have been moved to safer accommodation. Similar stories were heard from participants in Sheffield who had been helped to secure housing, in turn helping them achieve other goals.

It's been brilliant. Obviously without [the Changing Futures support worker’s] support I wouldn't have had that housing, I wouldn't have got off the street, so he managed to get me off the street, he managed to get my benefits in place, and things like that…

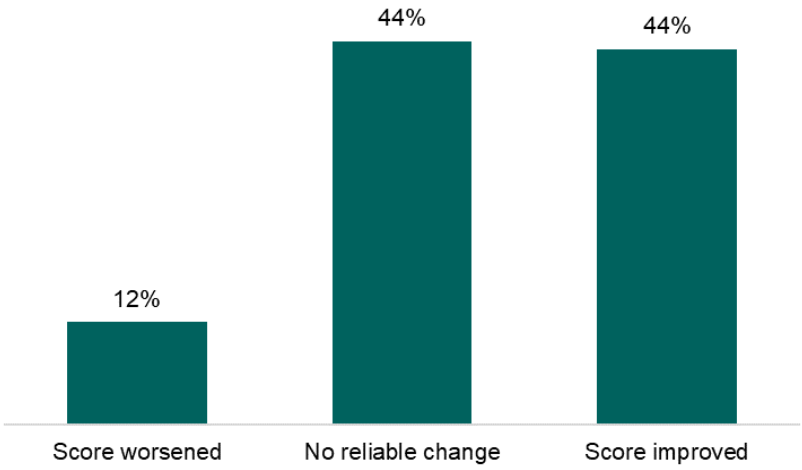
Participant

Improved wellbeing

Between baseline and first, second and third follow-up questionnaires there was an increasing proportion of people reporting a clinically important improvement in quality of mental wellbeing, as measured by the Recovering Quality of Life (ReQoL) (see Tables

B3.14 to B3.16). Figure 3.3 shows that between baseline and third follow-up 43.6 per cent reported a clinically important improvement. 11.9 per cent reported a deterioration.

Figure 3.3: Proportion of participants whose ReQoL score improved, worsened or remained the same between baseline and third follow-up



Base: 218

Regression analysis helps to identify some groups that are more or less likely to make progress with the Changing Futures programme. Participants from ethnic minorities are less likely to report improvements in quality of life as measured by the ReQoL than people from a white ethnic background. This is the case even when taking into account the type and number of disadvantages experienced. Participants from ethnic minorities are also less likely to report improvements in their physical health (see Table B3.17).

Whilst it is not clear why there is this difference in progress, this may be due to services outside the programme being a particularly poor fit for some groups. It has previously been observed that some ethnic minorities are less likely than white groups to derive benefit from certain mental health treatments (Cabinet Office, 2018). Issues such as lack of quality interpretation and staff attitudes affect the quality of care received (Kapadia et al., 2022).

Those with experience of the criminal justice system (whether as a victim, offender or both) at the start of engagement are less likely to report improvements in ability to cope with mental health problems.

Some participants interviewed indicated that the consistent support from Changing Futures staff had helped them grow in confidence, get to a better place and improve their wellbeing. While some stakeholders, staff and participants indicated that accessing appropriate mental health support services could be difficult, in Westminster, the therapeutic approach and ability to access specialist support from a trained therapist has helped several participants to understand and process their feelings and past experiences in more positive ways.

I started sessions with the psychotherapist and then they have just helped me get a better insight into why I do things, and why I feel the way that I do.

Participant

Contact with the criminal justice system

Changing Futures support to access housing and other resources may be helping some participants to reduce contact with the criminal justice system. In Nottingham, participants are supported to access a range of services to help them regain stability during or after challenging times. This has been encouraging for some participants who are now staying away from crime and trying to find ways to give back to society, such as working towards becoming a peer mentor. Similarly, in Hull, Changing Futures has enabled some participants to refrain from committing crimes. The support given to participants to access housing and other necessities, such as food, has been described by participants as stopping them from committing crimes for survival (such as stealing food).

However, there were no significant changes in recent contact with the criminal justice system related to offending detectable within the quantitative participant data. This applies to changes in any contact with the criminal justice system related to offending and for specific types of contact, such as being arrested or spending time in prison (see Tables B3.18 to B3.23). There are significant time lags between offending and different types of contact with the criminal justice system, making these results difficult to interpret. For example, a conviction or custodial sentence taking place in a particular three-month period may relate to an offence committed in a different period, including before the participant joined the Changing Futures programme.

Regression analysis shows that women are less likely than men to show improvements in contact with the criminal justice system after taking into account the number and type of disadvantages experienced. However, this could be because their interactions are relatively low to begin with. The Corston Report identified differences in women's involvement with the criminal justice system – they are likely to be victims as well as offenders (Home Office, 2007). In addition, relationship problems, coercion by men, drug and alcohol problems and mental health conditions are more likely to be factors in their offending.

As with rough sleeping, people with experience of more forms of disadvantage are more likely to show improvements in contact with the criminal justice system over time (see Table B3.24).

There were significant reductions in victimisation among participants. There were significant reductions in the proportion of people reporting being a recent victim of violent crime between baseline and first, and third follow-up (reduction between baseline and second is not significant – see Tables B3.25 to B3.27). Between baseline and third follow-up experience of violent crime reduced from 47.8 per cent to 33.2 per cent.[22]

There have been significant reductions in the proportion of people reporting being a victim of other types of crime between baseline, second and third follow-up (see Tables B3.28 to

[22] Base size for experience of violent crime at baseline and third follow-up is 226.

B3.30). Between baseline and third follow-up experience of other crime reduced from 39.3 per cent to 22.4 per cent.[23]

There were significant reductions in the proportion of people with recent experience of domestic abuse between baseline and first and third follow-up (reduction between baseline and second is not significant – see Tables B3.31 to B3.33). Between baseline and third follow-up experience of domestic abuse reduced from 23.9 per cent to 16 per cent.[24]

Financial stability

Changing Futures delivery teams often help participants with a range of practical tasks and support them to manage their personal responsibilities. Some participants in Westminster reported improvements in managing their finances and budgeting for both housing and everyday expenses. At the same time, barriers remain; in organising part-time peer research roles for the Peer Research Network in Plymouth, several individuals came up against issues relating to their benefits. Due to support from the team, issues were resolved, but such problems can be a deterrent to seeking employment among those who are in recovery and want to gain paid employment.

There are significant improvements in the extent to which people who are in debt or behind on their bills say that they are able to manage this between baseline and first, second and third follow-up (see Tables B3.34 to B3.36). At baseline 28 per cent of those in debt or behind on their bills said they were able to manage this. This increases to 43 per cent by third follow-up.[25]

Relationships

Some participants in Westminster and Greater Manchester reported that they had managed to improve relationships with their families, neighbours and friends. For others, having a supportive relationship with staff members helped them work on better managing their own emotions.

[The Changing Futures support worker] has helped me a lot with my family issues. I've got my daughter back in my life, and she can't wait to move in with me. We had to go to a number of children's services assessments, and she [the support worker] assisted me. Just having her by my side and understanding me.

Participant

Westminster participants and their family can access further therapeutic support through the Specialist Team, as it is recognised that the broader dynamics of the family impact on young participants. This can help participants and their parents to work through individual issues as well as challenges they may be having in their relationships.

They also referred me to a family therapist. That has been so helpful for my mother and I, and my mother has been receiving sessions herself. I never expected them to help my mother as much as they have.

[23] Base size for experience of other crime at baseline and third follow-up is 219.
[24] Base size for experience of domestic abuse at baseline and third follow-up is 238.
[25] Base size for ability to manage debt at baseline and third follow-up is 100.

Participant

There is a significant increase in the proportion of participants who say they feel well connected to family members they do not live with between baseline and first and second follow-up (see Tables B3.37 to B3.39). Between baseline and second follow-up the proportion saying they felt well connected increased from 55.7 per cent to 63 per cent.[26]

Greater stability/reduced experiences of crisis

The programme theory expected that improvements in different aspects of people's circumstances and wellbeing would lead to reductions in their need for use of emergency services. There is some evidence that support is helping to reduce participant experiences of crisis and use of acute services. For example, staff and stakeholders in Sheffield reported that Changing Futures support has made tangible improvements to clients' lives and has reduced both the frequency and intensity of crisis situations among participants. Initially, many clients were constantly in crisis but, over time, these have become less severe and more manageable.

There were significant changes in the extent to which people agree they have coped with problems without misusing drugs or alcohol in the past three months between baseline and first, second and third follow-up – see Tables B3.40 to B3.42. Between baseline and third follow-up, 35.6 per cent of people with a drug or alcohol problem indicated they were more able to cope with problems without misusing substances. A minority (15.6 per cent) indicated they were less able to cope with just under a half reporting no change.[27]

People with experience of more forms of disadvantage at the start of engagement with the programme are less likely to improve their ability to cope without using drugs or alcohol. Many people experiencing multiple disadvantage use drugs and alcohol to 'self-medicate' other problems. Getting help with drug and alcohol problems can be particularly difficult for those experiencing other forms of disadvantage, in particular poor mental health (see the baseline report (CFE and Cordis Bright, 2022) for further details on how this is a barrier to support).

In Greater Manchester and Sheffield, the support provided by Changing Futures workers has been instrumental in helping clients overcome alcohol dependency, reduce or cease substance misuse, and regain a sense of stability and normalcy in their lives after experiencing crisis situations.

They're helping me loads. I didn't think I'd get any help after leaving prison... I'm getting back to normality a bit, should have my own place for September. I'm not drinking cider no more. So, yes, it's calmed down.

Participant

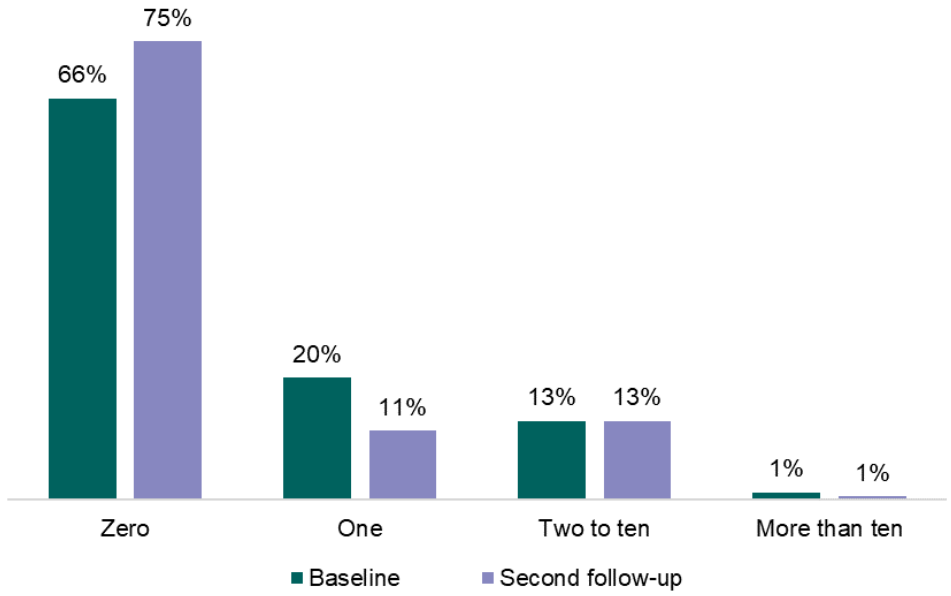
At the same time, an ongoing issue is that access thresholds for help for learning disability, neurodiversity or mental health services are reported to be high and narrowly focused.

[26] Base size for feeling connected to family at baseline and second follow-up is 289.
[27] Base size for ability to cope without using drugs or alcohol at baseline and third follow-up is 160.

This means that such services only work with people once they have reached a crisis point, rather than supporting people before they reach that stage.

There were significant reductions in the average number of attendances at A&E between baseline and first and second follow-up (see Tables B3.44 to B3.46).[28] Between baseline and second follow-up the mean average number of attendances at A&E in the last three months reduced from 0.9 to 0.6. Figure 3.4 compares the number of times people attended A&E in the previous three months between baseline and second follow-up. The maximum number of attendances reported by any one person reduced from 45 to 20. The proportion reporting no attendances increased from 65.7 per cent to 75.1 per cent.

Figure 3.4: How many times in the last three months have you been to the A&E department, if at all? Comparison of baseline and second follow-up

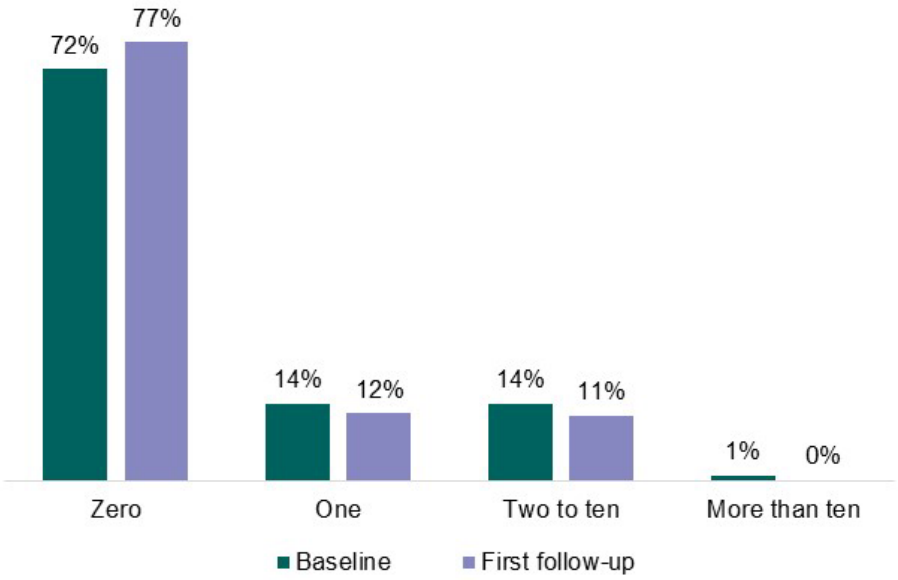


Base: 309

There was also a significant reduction in the average number of ambulance call outs, but only between baseline and first follow-up (see Tables B3.47 to B3.49). Between baseline and first follow-up the mean average number of ambulance call outs in the last three months reduced from 0.8 to 0.5. Figure 3.5 compares the number of times ambulances had been called between baseline and first follow-up. The maximum number of attendances reported by any one person reduced from 60 to 10. The proportion reporting no call outs increased from 72.2 per cent to 76.9 per cent.

[28] Although there are similar reductions between baseline and third follow-up these are not statistically significant, most likely because the sample size is smaller.

Figure 3.5: How many times in the last three months has an ambulance been called to assist you, if at all? Comparison of baseline and first follow-up



Base: 510

Nottingham is using data from healthcare systems to understand whether Changing Futures support can reduce the frequency of A&E visits and use of other primary and secondary healthcare services, with the aim to provide evidence on the impact of Changing Futures on health outcomes. However, there are challenges as services are not always willing to share data.

3.2 How Changing Futures is responding to additional needs or protected characteristics

Key points

- The areas included in this round of research have taken steps to support equality, diversity and inclusion both within their own service and the wider system of support. This includes organising training, workshops, and 'ideas spaces' to share knowledge and practice and build understanding of the needs of marginalised groups.
- Areas have changed how support is delivered and by whom, employing specialist roles and involving people with lived experience. Specialist roles and organisations understand the needs of the groups they work with, sometimes as a result of shared experiences or cultural background, and can provide tailored support as a result.
- Some participants prefer support from staff with whom they share characteristics. A diverse team also brings diverse expertise, offering the opportunity for staff to learn from colleagues' different experiences and perspectives. However, teams are not always diverse in terms of ethnic background, and this can be a barrier to engagement for some. Choice over who provides support is important.

The Changing Futures programme recognises that many local services are delivered in ways that make it difficult for people experiencing multiple disadvantage to access and benefit from them. As previously reported, this can include negative attitudes and lack of understanding of multiple disadvantage amongst service staff. Hence, a key programme aim is to improve the knowledge and understanding of multiple disadvantage in local service workforces. The programme theory of Change identified a similar need to improve understanding of the needs and barriers facing people experiencing multiple disadvantage from marginalised or minoritised groups, to both reach and to provide appropriate support to them.

Training

Staff in each of the sampled Changing Futures areas have received training on being trauma informed as well as equality, diversity and inclusion training, and training in specific areas such as gender informed training.

In Plymouth, they have aimed to create systems change through targeting the culture of services. The Changing Futures team received training to help them to better understand various aspects of equality, diversity and inclusion, in order to then design and implement workforce, partnership or systems focused initiatives. In particular, the anti-racism working group, attended by people from ethnic minority groups and people from a white British background, worked to create a toolkit rooted in local people's experience. They also developed and piloted anti-racism training, which received a good response from people.

In Plymouth you're talking about 93 per cent of people are white British. That completely changes the dynamic for what it is to be racially minoritised versus if you're in a really diverse borough of London. It's completely different and so to have a locally embedded training offer, I think, is really, really valuable. And that's what we're looking at in terms of workforce development.

Stakeholder

Changing Futures has also funded a package of training for the Plymouth Domestic Abuse partnership on intersectionality, honour-based abuse and anti-racism.[29] Different action groups work together to jointly plan and deliver workforce development and bring in people from different roles and experiences.

Under the Blue Light initiative in Westminster, the team organises monthly themed workshops to share learning and best practice, including equality, diversity and inclusion-related themes such as effectively supporting Eastern European nationals and anti-racist practices.

In Sheffield, Changing Futures have collaborated with a voluntary sector drug and alcohol charity to deliver targeted training programmes around how mental health disproportionately affects the LGBTQ community, as well as cultural issues in domestic violence support, forced marriage and trauma-informed practice. Stakeholders said there remains a need for more specific training on cultural differences when supporting people

[29] Intersectionality refers to the way different characteristics and experiences, such as gender, ethnicity and disability, can combine to create additional disadvantage.

experiencing multiple disadvantage who have mental health issues and understanding the various needs of people from ethnic minority groups.

Forums and 'idea spaces'

Changing Futures areas have also created spaces (including virtual spaces) where staff can discuss important issues relating to their work and share learning. In Plymouth, this includes an anti-racist working group and an anti-racist allyship network for people wanting to learn more about anti-racist practice. Those working in services across Plymouth attend meetings once a month, which provides a reflective space to discuss challenges and learn. This helps to ensure that training is not just a one-time event but is followed up with further discussion to keep this at the forefront, enabling some attendees to make changes within their organisations.

Specialist roles

As well as increasing staff knowledge and understanding, many areas have included more diverse people and organisations in the delivery of support, including people and organisations from different communities. As described in section 2.3, some areas have employed specialist workers to engage with specific groups of people. Specialist roles and organisations understand the particular needs of the groups they work with, sometimes as a result of shared experiences or cultural background, and can provide tailored support as a result.

Case study

Adrian* was rough-sleeping and struggling with drug/alcohol problems when he was introduced to Changing Futures by another service. At the time, he could not speak English, struggled to communicate with services and was not aware of what support was available to him. However, the specialist worker from Changing Futures was able to introduce him to a range of support available to address his immediate and long-term needs.

Initially, Adrian was placed in detox and subsequently housed. Continuous support was provided by key workers. The specialist worker was instrumental in helping him navigate these services, overcoming the language barrier, and even setting him up on educational courses. Over time, Adrian developed his English language skills and became confident enough to engage with support staff independently.

Adrian achieved several positive outcomes because of this support: he is no longer homeless, he has stopped misusing alcohol, and he is improving his relationships with others. This has led to a greater sense of safety, stability, and improved wellbeing.

*Participant name has been changed for confidentiality.

Diverse delivery teams

The Changing Futures theory of change recognises that the involvement of people with lived experience can improve both the design and delivery of services for people

experiencing multiple disadvantage. People with lived experience of multiple disadvantage in support or mentoring roles can provide role models and real-life examples of how others have been able to rebuild their lives and gain employment. Participants and staff report that people with lived experience have a deeper understanding of the challenges that participants are facing. This helps staff to build rapport and connect with participants. The inclusion of staff members with lived experience also improves the credibility of the service and helps participants feel more understood.

In a similar vein, projects report that having staff who share characteristics with those they support can be important for some. Stakeholders/staff and some participants reported that they feel a greater sense of trust and understanding with someone who has similar characteristics and experiences to them.

The Westminster Changing Futures Specialist Team for young people employs peer mentors who are themselves young people with lived experience of disadvantage. Staff reported that this can help participants to open up and be themselves without fear of being judged. Participants can also see that these peer mentors managed to work through the challenges they faced, and this sets an example.

...as a peer mentor we have lived experience, I think they can pick up on that, that's super helpful. They know that we're genuine and that we're coming from a place of understanding.

Delivery team member

Support workers in Greater Manchester described how opening up to their clients about themselves and personal traits, experiences or difficulties they have in common, helped clients feel more understood.

I think what really helped [the client] build trust with me was when I opened up and explained that I have ADHD and that was then she really got that 'Oh, she will understand me more than a professional that doesn't have neurodiverse issues, someone that's neurotypical'.

Delivery team member

One stakeholder suggested that some participants from ethnic minority groups perceive anyone with a different ethnic background as authority figures and find it difficult to open up to them. They gave the example of a black British man whom services had been seeking to engage for 15 years. The breakthrough came when a black British worker was assigned to work with him.

Having both women and men on delivery teams was judged important as participants may prefer to be supported by a person of the same gender. For example, women can feel more comfortable discussing certain issues, such as sexual health, with another woman. They may also feel safer receiving support from another woman if they have had traumatic experiences with men in the past. However, one stakeholder reported that women often do not mind having services provided by a man but are concerned about other men using services in the same location.

However, staff and stakeholders indicated that Changing Futures service delivery teams are not always diverse in terms of ethnicity, and this may have an impact on participant

engagement. Staff from Rochdale (part of Changing Futures Greater Manchester) suggested that their lack of South Asian participants may be due to a lack of diversity within the team. There is limited evidence on the extent to which Changing Futures partnerships have sought to address the lack of diversity within their teams.

It is important to offer different ways for people to connect and get support.
While having a caseworker from a particular community may be helpful for some, other people may want to access a more generic service in order to be further away from their communities because of stigma associated with multiple disadvantage or in relation to their sexuality.

There was a woman, she was suffering for many, many years and she built trust with the lady at the Jobcentre. And the lady was saying, 'Go and see [name of worker]' And she said, 'No, I know her family.'

Stakeholder

Alongside benefits for participants, a diverse team also brings diverse expertise, offering the opportunity for staff to learn from colleagues' different experiences and perspectives. Westminster described having an emphasis on providing a supportive and non-judgmental atmosphere which enables staff to engage in difficult conversations that drive personal and professional growth.

3.3 Barriers and enablers to participant stabilisation and recovery

Key points

- Changing Futures services aim to provide more relational support; this means an emphasis on getting to know people, building rapport and trust, and providing consistent, judgement-free, person-centred support that empowers people to make changes.
- Changing Futures has enabled participants to engage with help by providing support when participants were ready for it, and at the individual participant's pace.
- Changing Futures staff support participants to progress by assessing needs and setting goals in partnership with participants. At the same time as encouraging ownership, workers provide help when participants would struggle.
- Activities are tailored to participants' preferences, strengths and interests.
- Providing participants with a single support plan or single gateway into support is helpful to them. Changing Futures often plays a leading role in coordinating professional meetings and supporting efforts of the various agencies involved with a participant.
- Changing Futures areas are responding to waits for or exclusion from core services by providing pre-treatment psychosocial and practical support to participants.

The Changing Futures theory of change sets out the type of interventions that are thought to enable change for participants: a combination of person-centred, flexible support and access to timely, coordinated specialist help for needs such as drug and alcohol problems and mental ill health. Despite the persistence of barriers to getting support, particularly in relation to wider services, the evidence indicates that participants have benefitted from the programme's practical support and advocacy, and in some areas more specialist treatment. The experience of local areas confirms that person-centred, flexible support is a key component of enabling participants to progress. This section unpacks how person-centred and flexible support is delivered in practice.

Relational, trauma-informed support

Changing Futures services aim to provide more relational support; that is, there is an emphasis on getting to know people, building rapport and trust, and providing consistent, judgement-free, person-centred support that empowers people to make changes. Having a relationship with their worker, and having a service they could depend on, was described by both staff and participant interviewees as a key difference between participant's experiences of Changing Futures and other services. As well as providing reassurance to participants, staff and participants also said that Changing Futures caseworkers were able to pick up on things about participants that other services had not. This, and the emotional support that caseworkers often provide, has helped participants to feel safe and understood and ultimately contributed to a greater sense of wellbeing.

I think dependability is a really important one. That's one I hear a lot, that we don't just walk away or we're not here for any one small part of it, it's for the whole thing.

Stakeholder

Participants recognised and appreciated that Changing Futures staff were consistent, listened to them and were there to provide help on their terms when needed. This flexibility enabled some participants to remain engaged in the longer term, as they trusted that their caseworker would not give up on them and they could turn to them for support when needed. Several participants expressed feeling that their caseworker was non-judgmental, genuinely cared about them and would go the extra mile to support them.

With the complex post-traumatic stress disorder, sometimes it's a bit difficult. But, on those days, I can always phone her [Changing Futures support worker], or message her on WhatsApp. What I've liked, the consistency, the willingness to solve your problems. They were there to help me...

Participant

In Westminster, Changing Futures staff accompany some clients experiencing alcohol dependency to appointments even when the clients are intoxicated. This shows an understanding of their daily realities and provides necessary support that respects their circumstances. It also ensures that clients are able to get continuous support, allowing for setbacks such as relapses or relationship breakdowns without cutting off contact with support workers.

Every interaction I've had with the Changing Futures staff, I've felt at ease. I've not been, like, scared or anxious or not wanting to go. Very welcoming, very inclusive. They have the personal skills to be able to communicate.

Participant

Interviewees thought that the smaller caseloads of many Changing Futures services enables them to engage with participants on a deeper level. The involvement of people with lived experience was described as contributing to building a relationship with participants, particularly in the early stages of support. Sheffield, for example, has begun to use peer support workers to make early contact with participants and then check in every three months, so as to enable participants to have frank conversations about their circumstances and what they need from the programme.

Case study

Paul* had experienced difficulties with homelessness, drug/alcohol problems and liaising with social services over child custody. Paul's situation worsened after becoming involved in the criminal justice system, which led to anger issues. Introduced to Changing Futures through word of mouth, he began receiving support from a dedicated worker whose empathetic and structured approach proved crucial in supporting his recovery.

During initial meetings, his support worker explained the programme and his role, which immediately put Paul at ease. Together, they focused on understanding Paul's life circumstances and the trauma he had experienced, identifying areas where he needed support, and developing a plan that involved multi-agency support and self-help strategies. Paul described how the mix of practical and emotional support facilitated his progress, such as assistance accessing food banks, communicating with probation, and help attending medical appointments. This comprehensive support enabled him to secure stable housing, become self-sufficient and avoid further time in prison.

He now feels genuinely supported, contrasting this with previous experiences where services gave him false hope but failed to follow up. Paul credits his recovery to having a support worker who understands the complexities of his experiences and is deeply invested in his wellbeing. He reported that support from Changing Futures has been instrumental in his personal development, helping him address previously neglected issues and paving the way for significant improvements in his life.

*Participant name has been changed to ensure confidentiality.

Going at the participant's pace

Changing Futures has enabled participants to engage with help by providing support when participants were ready for it, and at the individual participant's pace. Staff described how there are difficulties in engaging when people are in crisis or they are not ready for some activities, and that some individuals may require gentle and gradual rapport-building approaches due to distrust in services, while others might be ready to actively engage and set weekly goals earlier on. Some people may also struggle with change and therefore require a supportive stepped approach to implementing change in their life. One

interviewee described going at the right pace as critical for ensuring that participants remained engaged with support.

This is why my navigators are so good, because they judge it per person. […] I say to them, 'You guys are having the sessions, you guys do the assessment, you guys have the conversations. I want you to judge when you think you can flick that switch and start having the other conversations.' Whether that takes 5 or 6 weeks, I don't care. As long as it's not done too soon where you lose them all together. […]

Stakeholder

Participants are therefore offered a flexible service that involves getting to know them as a person, meeting them in the community and not imposing structured expectations prematurely. Staff are trained to be patient and consistent/reliable, engaging with clients on their terms and timeline, and letting them know they are there to support as needed.

If you go to someone and say we will get you clean in two months, they will run from that. But building client relationships, as long as it takes, finding out what it is that they want, and you deal with that thing first.

Stakeholder

Participants then gradually work towards various goals at a pace that works for them. This gives participants an element of control but sometimes has meant that there was a need for caseworkers to be persistent in reaching out and letting the person know they are there to help when needed. An important aspect of this flexible support was that participants would not be discharged for missing appointments and intermittent engagement, which had happened in the past with other services leading them to feel let down.

I knew that if I missed an appointment that they [Changing Futures staff] wouldn't give up on my mental health and they'd always be there. Not like when you go to any services if you miss an appointment they're not there then and then when you do need the support they've gone.

Participant

Providing this flexibility around pace required staff to think in a different way. For example, staff described that when working with people with drug and alcohol problems, participants can relapse, setting them back in terms of their recovery goals, even when participants are very close to achieving these. Staff may sometimes find it frustrating when participants disengage and have to try to manage their own expectations to ensure that they do not come across as judgemental.

At the same time, the limited timeframe within which the Changing Futures programme (and other short-term funded projects) operates was described as a challenge in providing support on the participant's, rather than the programme's, schedule. It can take nearly a year to build a trusting relationship with a participant, and interviewees described a need for more integrated and long-term services to prevent the dis-incentivisation that comes from constantly changing services.

Case Study

Martha* was referred to Changing Futures after struggling to engage and make progress with other services, including Adult Social Care. She was at high risk due to problems with drugs/alcohol and a range of physical and mental health issues. Martha found the approach of her Changing Futures caseworker flexible and reassuring from the outset, as it was outlined to her that support would go at her pace and she would not be discharged from the service due to missed appointments. This was incredibly important to her as she was wary of services, having been let down by other services that had not understood her circumstances and stopped support when she struggled to engage. Martha felt her caseworker took the time to get to know her and understood her well.

The caseworker advocated for Matha to access services to address her drug/alcohol problems and health issues. They took one step at a time to reach her goals. Martha reflected that it had been helpful to have someone to listen to her when she was feeling low, and this had also helped her to feel less alone. Overall, the support helped Martha to start to address her drug/alcohol use and other health problems and improved her wellbeing.

*Participant name has been changed to ensure confidentiality.

Empowering participants: providing choice and control

An important aspect of the Changing Futures theory of change relates to participants feeling supported, trusted, valued and in control. There is evidence that Changing Futures areas are working collaboratively with participants to set shared goals that help to empower participants and encourage them to take ownership of their recovery.

Changing Futures staff describe supporting participants to progress by assessing needs and setting goals in partnership with participants. Participants interviewed also reported that, when they joined Changing Futures, they were asked what was important to them and what they wanted to achieve, as well as caseworkers making suggestions about things they could work on together that they had not always previously thought of. Some participants who were not used to asking for help were encouraged and empowered to do so when they needed it.

No, it was together… He's asked me. You know, if I choose to do this, you know, if I want to do that. He's given me ideas but then he's proposed what would be better from his circumstance, well obviously with his experience to what would help me in these areas.

Participant

In Westminster, staff adopt a solution-focussed approach, helping young people identify what they want to improve and how they want to achieve these goals. Where young people are unclear on their goals/needs, practitioners ask questions to unpick elements of their lives they might need support with, understand levels of need, and use the 'SMART' goals format to help young people understand what is important for them. This information is then used to create a care plan which is periodically reviewed.

Interviewees highlighted how women who have experienced child removal or domestic violence are often not given much choice in their recovery journeys and, instead, are told which appointments to attend, where they can live and who they can see. In contrast, Changing Futures staff in Greater Manchester described finding out what it is that they want to achieve, how they want to achieve the goal, and what support they think they need. Creating a plan together helps to empower participants and help them identify ways in which they can more confidently work towards their goals.

Whilst early goals might focus on basic needs such as housing, some participants wanted to build confidence and skills so that they can contribute to society and feel more fulfilled in their lives. For example, some wish to train as peer mentors themselves so that they can help others who have had similarly difficult experiences in life. Participants may wish to gain paid employment but may not know what to do or feel unable to secure a job, so require support to help them access training and work experience/volunteering roles to work towards this.

I want to be working again and retain my secure housing. I just want to get back to a normal life again. We're currently looking at what other avenues, or what training or what other things I can get into

Participant

Case study

Hannah* was referred to Changing Futures through another service because she was struggling with a range of challenges and was at high risk of harming herself. Hannah had spent a long time living in temporary accommodation, was struggling with drug/alcohol problems and she was vulnerable to being taken advantage of by others. She had also had her child removed from her care, which was a source of great pain. Hannah's caseworker was understanding, non-judgemental and a consistent source of support and reassurance. The caseworker also provided space for Hannah to open up about her experiences as much or as little as she wanted. A key role was to link Hannah in with a variety of services and to provide advocacy support to ensure that she was understood and listened to by other professionals.

Key goals included finding stable accommodation, accessing mental health services and reconnecting with her child who had been taken into care. They approached these goals together, and with the caseworker's support she was able to engage with services positively including being supported with children's services assessments. At the time of interviewing, they had managed to find stable accommodation, and Hannah was receiving help for her drug/alcohol use and had her child back in her life. Overall, Hannah was experiencing greater stability, in turn helping to improve her wellbeing.

*Participant name has been changed to ensure confidentiality.

At the same time as encouraging ownership, workers provide help when participants would struggle. For instance, staff act as advocates for participants, particularly in legal or formal settings where other systems/services can feel overwhelming and are difficult to navigate. Advocacy was particularly important to a few participants who reflected that when they get frustrated, they struggle to communicate effectively and their behaviour is

often perceived as aggressive, which makes it especially difficult to get the support they need. Changing Futures staff often offer direct practical assistance such as helping participants with grocery shopping during a financial crisis, helping them pay gas and electric bills, accompanying them to appointments, ensuring they manage to get prescribed medications, providing encouragement to attend training and other hobbies, and assisting them in completing benefits applications such as Personal Independence Payment (PIP) forms.

Yes, they do try their best to support me, yes. They're better at filling forms in and talking to people than me. Helping me pay my bills, it's easier.

Participant

Getting the balance between empowering people and providing enough help is important. Staff try to balance providing support and fostering personal responsibility among participants. This often involves boosting participants' self-esteem and confidence, which are often very low when they first engage with the programme. Stakeholders in Sheffield highlighted that early work with their first cohort had sometimes been too directive. Staff tried to 'fix' people rather than empower them to manage their own challenges. Relationships between staff and participants were also described as initially more transactional, with participants only wanting to meet with support workers if they were getting something out of it, such as a phone, shopping or paying bills. Staff reflected that this could be because participants were not ready to make changes in their lives (see Going at the participant's pace above). The approach has since changed. Stakeholders and staff highlighted the importance of working with people to identify goals that they want to pursue rather than prescribing what staff think participants need to work on.

Tailored, personalised activities

Participants on the Changing Futures programme have had a range of life experiences and have a variety of needs when they join the programme, which may change as they progress. Changing Futures staff described the importance of tailoring activities and responding to participants' preferences, interests and strengths. This can help to engage participants in the support on offer, including that provided by other services, as people tend to be more motivated to achieve goals that they genuinely want to do.

The main thing is to figure out what they actually want to do… if you put them on a course they don't want to do, they're just going to disengage. You've got to […] be able to basically figure out what they've wanted to do, ever since they've known or however long they've known, or when they were younger. Would they be willing to do that stuff now? Are they wanting to do that stuff now? Then, work with it.

Stakeholder

Activities, particularly ones that involve an element of learning and development, also help to give participants greater purpose and achievement. Several participants interviewed spoke about getting involved in various group activities, including hobby groups such as photography and gardening, discussion groups, lived experience groups and one-off outings. Some were also joining training courses, such as peer mentorship, and were thinking about what they could do in future to give back to the community. They expressed that these activities help to reduce their social isolation, as some indicated that they can

often feel lonely or bored, and they recognised that it was good for them to get out and be busy.

It just gets me out, and, like I said, I'm very isolated, I keep myself to myself as much as I can. So yes, just getting out, doing something different. Just, getting out in fresh air, doing something that's a change, a situation, and meeting people who are roughly the same, their experiences. It gives me a bit of a light at the end of the tunnel.

Participant

At the same time, a few participants indicated that they would have liked access to more activities and also reported that group settings can sometimes be challenging due to the behaviour of others in the group. This suggests the importance of having different choices of activities. For example, Westminster offers compassion-focused therapy, which aims to help young people understand and manage emotional dysregulation. The support is person-centric, flexible and tailored to meet each young person's readiness and comfort with different forms of expression, whether through talking, meditation, or creative activities like art. Depending on the participant's comfort and needs, support sessions can vary from one-to-one to group settings involving multiple support staff.

A single, joined-up support plan

Providing participants with a single support plan or single 'gateway' into support was described by participants as helpful because navigating multiple services can often be challenging, and participants are not always aware of available support. This means that participants are more likely to access and engage or re-engage with needed services that they otherwise may not have done. Having this support from a caseworker or navigator helps to remove some of the stress of organising this themselves and allows them to focus on recovery.

What Changing Futures has done is connected all the services together for me, which can be quite confusing for most people… I think on one occasion I had my navigator come, a representative from Housing Aid and my detox coordinator, all three came together and they put together a plan for me. But I know the navigators […] they have a very good network that's connected with all the other services which I think really helps.

Participant

In line with the theory of change, support to access services such as primary care, dentists, drug and alcohol, and mental health services, and to sustain engagement with them, is leading to improvements for participants in their health and wellbeing. One participant and their caseworker reported that, with support, they had started to (re)engage with a variety of services, and together with the relational support received from the caseworker, the participant had progressed and was no longer considered a high risk to themselves. This included accessing treatment for addiction.

So, I've not self-harmed, overdosed or anything. How long have we been working together?... Yes, so in the last 6 months, I've not done any of that.

Participant

Different approaches to joining up support for participants were used, including co-location of services, multidisciplinary teams, and/or Changing Futures workers liaising with other

services. Some areas, such as Hull, discussed the benefits of having a central hub where Changing Futures and other services work together. This not only enables services to work more closely together but means that when participants come to the hub, they are able to access a variety of support under one roof. At the same time, it was recognised by stakeholders that this could feel overwhelming for some participants, particularly those who feel overstimulated in busy environments.

Changing Futures often plays a leading role in co-ordinating professional meetings and supporting efforts of the various agencies involved with a participant. For example, Changing Futures in Sheffield primarily has an in-house service and staff are employed by Sheffield City Council, however, they work closely with peer support workers from South Yorkshire Housing. Similarly, in Greater Manchester, voluntary and community services police, probation, mental health services, and social care are brought together in a multidisciplinary team and work collaboratively.

Reducing harm through pre-treatment support

The Changing Futures programme aims to provide timely access to support for participant needs. However, as reported, Changing Futures services are encountering widespread limited capacity in some public services. As part of the ongoing development of the programme theory of change, stakeholders identified the important role of providing harm reduction activities whilst participants await treatment. In some cases, Changing Futures areas are responding to waits for or exclusion from core services by providing pre-treatment psychosocial and practical support to participants.

Some Changing Futures services take a therapeutic approach or provide some forms of therapy. In Westminster, the Changing Futures Specialist Team for young people has an in-house psychotherapist whom participants can work with. This helps to work around issues such as long waiting lists often experienced when people are referred to mental health services via general practitioners or community mental health services. The psychotherapist provides open-ended support as needed and works alongside the specialist practitioners and peer mentors to address the trauma and disadvantages young people face. One participant reflected how this support helped them:

There's the emotional side of it and I think the wellbeing side of it. […] that side of it, where you just self-reflect and think about how you're going to deal with things in certain situations and what would make me feel less anxious or things that would help me in terms of my room, makes me feel comfortable and stuff. That's a good thing.

Participant

The Changing Futures service in Sheffield also has access to counsellors and therapists from whom staff can seek advice and support. However, whilst staff also used to be able to refer participants directly for therapeutic support, this service is no longer available.

Linking to earlier points, there is evidence to suggest that as well as dedicated therapy the emotional support provided by caseworkers themselves can help to improve participants' wellbeing and reduce certain risks. Several participants emphasised the importance to them of having someone consistent and non-judgemental who they could rely on and speak to when they were struggling, and this supported their wellbeing. As indicated in a previous example, the combination of support to access services and the emotional

support provided by their caseworker had helped to reduce one participant's risk of harm to themselves. In another instance, a participant felt that having the support and advocacy of their caseworker through the Blue Light service in Westminster, meant that they had fewer interactions with the police.

I'm not going to hospital as much. I mean, it's picked up recently but the police contact has been less which I'm trying to cut it out.

Participant

Building capability and motivation

In the theory of change, programme support is expected to improve people's social, financial, and health outcomes, as well as their ownership over their recovery journey. As a result, participants will have a reduced need for intensive caseworker support as their health and wellbeing stabilise and a greater capability to seek out and engage with support if they need this in the future. Interviewees provided some evidence of how local Changing Futures teams are supporting participants to make the transition to less intensive support.

Support can be tapered as people make progress and feel more confident. For example, one participant described how their contact with their caseworker (twice a week in the first six months) was initially very intensive with the caseworker leading the support. This later moved to briefer check-ins every two weeks, as his health and wellbeing improved. The theory of change recognises the importance of the programme equipping participants with the capability to seek help from services in the future when this is needed, and this example supports this.

And so, I know if there's anything I need help with, all I've got to do is ask. It's more of a [case], they can trust in me now and that if I need help, I will ask for it. More of a case where they don't need to prompt me to say, 'Do you need help with this?'

Participant

Caseworkers may prepare participants for programme exit by supporting them with social inclusion, such as linking them into community groups (e.g., gardening groups). This engagement with activities is encouraged throughout participants' time on the programme (see the section above on Tailored, personalised activities) but can be particularly important to maintaining progress and recovery when support is tapered off and eventually ended. The transition out of the Changing Futures programme can be easier for those who have built up positive relationships with other services, making it easier for wrap around support to continue.

Participants may also be supported to access education, training or employment opportunities. Plymouth has been focusing on finding ways to support people with experience of multiple disadvantage into paid employment by creating opportunities to attend training and gain work skills through voluntary and lived experience roles. For example, the Peer Research Network, which has been funded by Changing Futures, has provided 11 people with part-time work in a variety of host organisations where they engage with people using services and carry out appreciative inquiry to understand what is

working well.[30] Similarly, participants in Nottingham are receiving training to become peer mentors.

Participant interviewees differed in the amount of time they had spent on the Changing Futures programme, with some approaching an end point and others relatively new to the service (e.g. they had received support for only around six months). Participants also varied in their needs and level of active engagement with support, with some having clear goals and working towards greater independence and others being less engaged and having fewer goals. Some were also seemingly still quite reliant on the support they were receiving from their Changing Futures caseworker. While some participants reported that they had started to have conversations around tapering off and ending Changing Futures support or were preparing to transition to greater independence and other services, others had not yet had these conversations.

Case Study

Andre* had been living in a hostel for several years and was feeling low and concerned that he would soon be evicted when he was referred to the Changing Futures team to get some additional support. Changing Futures staff discussed with him what he wanted to achieve and made some suggestions of what they could do. In particular, Andre wanted support for his mental health, finances and more stable accommodation, and he worked with staff to achieve these goals. Andre was struck by how understanding and effective his Changing Futures caseworker was at helping them to address these issues.

The service provided both emotional and practical support; he received some therapy as well as support with budgeting to improve his financial situation. Andre was feeling more hopeful and was starting to plan with his caseworker how he could achieve long term goals, such as training and getting back into work. He was pleased with his accomplishments with Changing Futures and reported this had helped to improve his wellbeing.

*Participant name has been changed to ensure confidentiality.

[30] Appreciative Inquiry is a way of looking at organisational change which focuses on identifying and doing more of what is already working, rather than looking for problems and trying to fix them.

4 The participant journey: Leaving the programme

This chapter explores how and why participants leave the Changing Futures programme. It begins by looking at the extent to which participant cases have been closed by the programme and the reasons for this. This analysis is based on the service-held outcomes data (see page 5) with some additional qualitative insights. The chapter then describes the different ways programme areas close cases, how they support people to move on successfully and sustainably and some of the challenges involved in this. This draws mainly on the qualitative research undertaken with the six selected areas supplemented with insights from earlier fieldwork conducted with caseworkers from across programme areas.

4.1 Progress towards successfully exiting participants

Key points

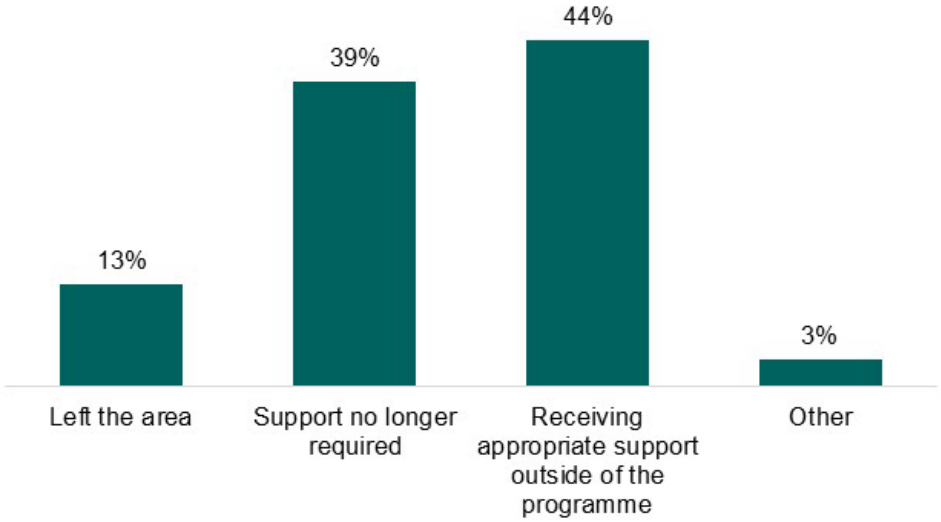
- A substantial proportion of the cohort have yet to exit the programme. As at February 2024, 41 per cent of participants were still actively engaged on the programme.
- Just under a third (29 per cent) had moved on for more positive reasons, e.g. because they no longer needed support or were getting appropriate support elsewhere. But not all exits were planned. 28 per cent had disengaged.
- The main reason people were recorded as having disengaged was because they could not be reached by programme staff. Those who disengage can have their cases 'paused' so they can re-engage with support when they are ready.

Up to February 2024, 41.3 per cent of participants were still actively engaged on the programme, 29 per cent had moved on for mainly positive reasons, 27.8 per cent had disengaged and 2 per cent (56 people) had died.[31]

Figure 4.1 shows the reasons why people moved on from the programme. Of these, 39 per cent no longer required support and 44 percent were receiving appropriate support outside of the programme (see Table B4.1).

[31] Base is the 2,828 people with engagement status recorded in the evaluation dataset.

Figure 4.1: Reasons for moving on from the programme

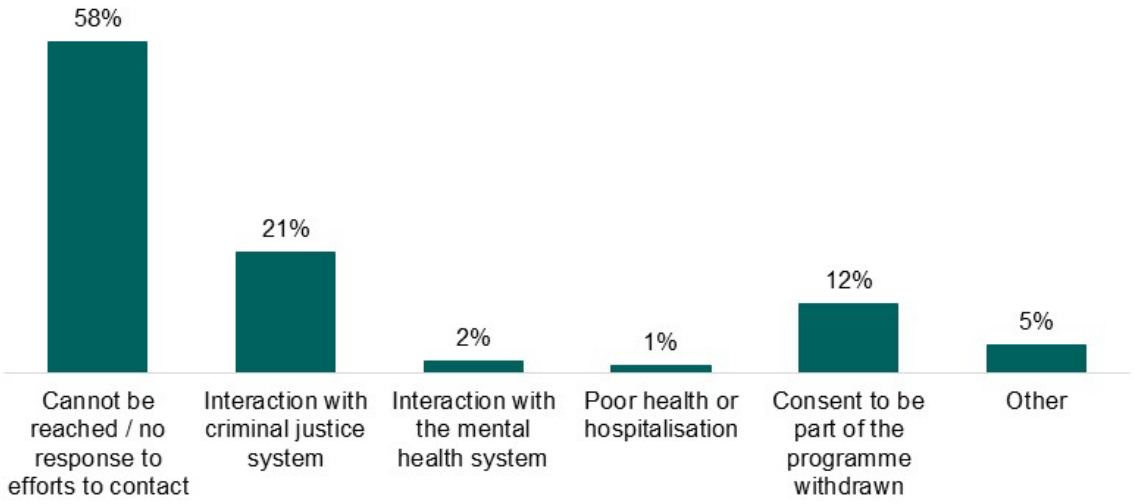


Base = 809

Sometimes participants exit the programme when they move away from the area and teams take various approaches when this happens. For example, in Westminster, the Specialist Team continues to support young people who move out of the area as long as they are within a reasonable distance (typically within an hour's travel). Staff in Westminster's Assertive Outreach team also remain accessible to former clients to provide guidance or check on their progress with new service providers. Permanent relocations might prompt a transition to other more local services, but support tends not to be withdrawn entirely straight away due to location-related changes. However, ensuring ongoing support for participants who have moved out of the borough can be difficult when local services in the new area may not be as flexible as Changing Futures.

Figure 4.2 shows the reasons why people disengaged. Of these, in most cases the participant could not be reached or there was no response to engagement efforts. Just over a fifth had disengaged due to interaction with the criminal justice system – this mainly appears to be due to people being in prison (see Table B4.2). The 2 per cent of people who disengaged due to interaction with the mental health system were generally detained under the Mental Health Act ('sectioned').

Figure 4.2: Reason for disengaging from the programme



Base = 821

Those who disengage from support may be 'paused' or their cases closed until they feel ready to engage. When they are ready, participants can get in touch with Changing Futures staff to restart support, however, this may not be the case for other services outside Changing Futures that often require people to be re-referred. It is recognised that people may not be ready to fully engage with support on first contact but there is a need for support to be readily available when it is needed most and that barriers need to be reduced. For example, stakeholders and staff in Westminster indicated that those who disengage often come back to the service. However, sometimes participants may fully disengage from the service, for example, if they do not get along with their caseworker.

4.2 Strategies for supporting participants to move on

Key points

- The decision to exit someone from the programme is generally made through conversations between the caseworker and the participant. Staff generally aim to exit participants when the support they need from other services/networks is established and they are progressing well.
- Ending support can be challenging. Sampled areas reported putting in place a range of step-down support. This can include phasing of support from a caseworker to a peer mentor or other lived experience support. Participants can return to Changing Futures if their circumstances change and they need the intensive support again.
- There were concerns that services outside Changing Futures that were taking over ongoing support might not be set up to sufficiently support people experiencing multiple disadvantage.

The process of exiting participants

Due to the amount of time needed to build rapport and support people into a more stable situation, some areas have only closed a few cases. If a participant has not disengaged, the decision to exit someone from the programme is generally made through conversations between the caseworker and the participant**.** Staff generally aim to exit participants when the support they need from other services/networks is established and they are progressing well with this or participants no longer feel they need the additional support of Changing Futures staff.

For me, it would be when the relationships with those services are sufficiently strong enough to sustain engagement, that would be a point at which we step out.

Operations lead

In Sheffield, the exit process involves a systematic risk assessment and reviews to determine the ongoing needs of participants. This review process, conducted multiple times before the actual exit, helps to ensure that participants are stable and ready to leave behind the intensive support they have been receiving. It includes using a 'RAG rating' system to monitor progress and readiness for exit. In Westminster, the Specialist Team conduct reviews every six weeks to discuss progress and potential for stepping down support. In some areas participants' cases are discussed in a multi-disciplinary team meeting to establish whether the person is ready to move on from Changing Futures to more mainstream services.

Data from earlier fieldwork indicates that some areas have guideline timescales within which they aim to support people. For example, staff on the Westminster Specialist Team indicated that they usually aim to support people for one year but will support people for longer if needed.

Ending support and exiting participants can be challenging. As much as possible staff try to ensure a 'soft ending' to support and that participants are left with a positive experience. For example, in Sheffield, psychologists train staff on how to step down and end support with people. Peer mentors in the Westminster Specialist Service often plan to take participants on a last outing/fun activity so that support ends positively.

…so we pick an activity, or we'd ask them for an activity that they'd want to do. Whether it be bowling, or going to the theatre and just try and end on a positive note, so that they can have the last memory of us doing something fun and enjoyable…

Delivery team member

In most circumstances, a plan is put in place to prepare people to exit the programme and support may be gradually phased out as described in the previous chapter.

They've helped me prepare to move on to the next phase. I've got an older support worker now, and I see her, but I think they're giving me more space now, to make it feel as though I'm doing things on my own.

Participant

If a participant poses too high a risk to staff and exhibits dangerous behaviours or physical aggression towards staff, support may be stopped. However, this is considered a last resort, with an emphasis on making efforts to manage such behaviour through honest conversations and other support strategies.

Pathways of support for people who are stabilised

Given the programme duration and the time needed to achieve sustained improvements in people's quality of life, the revised theory of change set out the need for step-down or follow-on support. There is evidence of this, but it is limited to what the Changing Futures teams can control. Sampled areas reported putting in place a range of step-down support, including peer mentoring, enabling participants to re-access the programme if necessary, and having support plans agreed with other services. However, they also reported that further work to help change services outside of Changing Futures was required to ensure outcomes can be sustained.

Once a person's urgent needs or crisis have been resolved, they may find that less intense support from a voluntary or community organisation is sufficient. Others, however, may not have these positive relationships with other services and greater advocacy is needed to ensure these participants continue to get enough support.

In some areas support may be phased from a caseworker to a peer mentor or other lived experience support. For example, in Greater Manchester, staff gradually phase out support by replacing support workers with volunteers and slowly reduce the level of support. In Westminster the Specialist Team initially provide support through specialist practitioners. Participants then move to receiving support from peer mentors until they are ready to be exited from the programme completely. In areas that work in multi-disciplinary teams, the participant may be passed on to receive support from a connected or partner service outside of the Changings Futures team.

Stakeholders and staff indicated that participants can return to Changing Futures if their circumstances change and they need the intensive support again. This can provide reassurance to participants who might be nervous about losing the support entirely. For example, caseworkers in Hull still see participants who have been stepped down every few months to ensure they have maintained progress and re-engage in intensive support if necessary.

[Changing Futures] is seen as a safety net even if the participant doesn't see their caseworker often. Changing Futures offers time and consistency.

Caseworker

Issues and trade-offs when supporting move on

Data from interviews and previous fieldwork highlighted that there have been some challenges in moving participants on from Changing Futures. The needs of participants vary widely, as does the length of time it takes for people to work towards recovery. As a result, the length of time that participants stay within the Changing Futures programme varies. The relationships and trust built up between Changing Futures staff and participants means that it is not always easy for people to transition into another service. Because caseworkers tend to spend a substantial amount of time getting to know participants and building up rapport, once a positive relationship has been developed it can feel difficult for participants to move on to greater independence and reliance on other services where they may not have the same level of connection.

While staff try and balance providing support and fostering personal responsibility among participants, there are still concerns among staff about how sustainable the changes will be once direct involvement with Changing Futures stops. Caseworkers in one area reported exiting people whose cases they otherwise would not close due to the programme coming to an end. Similarly, others reflected that when the Changing Futures programme ends there will be participants who will prematurely lose access to the more intensive support needed and who they would not have ended support with otherwise.

They want us to shut down or move on as many people as possible.

Caseworker

Some participants interviewed expressed general reluctance/concern about no longer receiving support from Changing Futures in future, and a few participants who had built up strong relationships with their caseworker expressed anxiety around the idea of no longer having their support. Although excellent rapport and connection has helped some caseworkers to make good progress with participants, in some cases this may mean that it can be difficult for them to transition to independence in a relatively short amount of time. Although the aim is that participants will transition away from the intensive caseworker support to other services, this may be difficult in practice if they do not have strong relationships and trust in those working in these services.

I wouldn't be looking forward to it, where they say, 'Right, that's enough. You're going unsupported now.' I think that would be a kick in the teeth really. But I still think, even though I can look after myself, you still need that support, even if it's only for a chat.

Participant

Any relationship ending is very difficult. I don't really want to think about it.

Participant

The programme theory includes the assumption that the local support structures can respond to the longer-term needs of people in recovery, thus supporting sustained improvements. However, there were concerns that services outside Changing Futures that were taking over ongoing support might not be set up to sufficiently support people experiencing multiple disadvantage. More mainstream services may not provide peer support or support that is consistent and flexible enough. For example, they may not carry out home visits, are not as readily available and may follow the ‘three strikes’ policy of discharging a person from their care if they miss appointments. This was also reflected in

interviews with participants; some still felt they needed help and advocacy to access services and to be properly understood and listened to when attending appointments with other services. This may particularly be the case for those who exhibit more challenging behaviour.

Changing Futures aims to change the culture and quality of support for people experiencing multiple disadvantage, which should ultimately help those stepping down from Changing Futures to other services. This work is ongoing and encompasses the workforce development activity described in section 3.2 as well as the service and systems change work covered by previous interim reports.

5 Conclusions and implications for the programme and beyond

5.1 Supporting more effective identification and engagement

Overall, the programme is reaching and engaging its target audience; 93 per cent of participants have experienced at least three or more of the main types of disadvantage. However, adhering too narrowly to the programme definition of multiple disadvantage can risk missing people in need and who could benefit from the type of support Changing Futures provides. Some areas have extended the standard definition and consider factors such as physical health, neurodiversity and child removal. In an environment of constrained resources, services may wish to address the needs of those who place the highest demand on public spending. However, it is not yet clear which specific configurations of disadvantage most drive demand. Therefore, some degree of flexibility in eligibility criteria would help avoid replicating the restrictive access criteria that the programme recognises as a factor in the experience of multiple disadvantage.

The majority of participants are white and while to a certain extent this is reflective of other data on multiple disadvantage, there are notable differences between areas. Some have been more successful at reaching people from ethnic minority groups than others. Similarly, while just over a third of participants are female, this varies by area and appears to be an under-representation given likely levels of multiple disadvantage among women. As demonstrated by reports such as Gender Matters (Sosenko et al., 2020), how multiple disadvantage is defined will affect the characteristics of the cohort. Different conceptualisations of disadvantage may be required to ensure greater diversity.

Changing Futures areas acknowledge that they are not always reaching people with protected characteristics who experience multiple disadvantage. Not all services collect and/or regularly analyse data on protected characteristics, so do not know who might be under-represented. This is an important first step in addressing the diversity of participants. Projects/services should collect data on the characteristics of those using their services and review it regularly to see who is accessing services and who is missing.

What is clear from the evidence gathered in this report, unless services specifically target particular groups, they are unlikely to be engaged. It is not enough to have an ‘open’ approach to access. Where areas have taken focused action to understand and reach particular groups, such as young people, women and Eastern Europeans, this has been successful in increasing referrals and engagement. A range of targeted initiatives are required to reach under-represented groups.

Employing specialist caseworkers with a remit to target particular groups appears to be yielding results. Embedding them within community settings or other specialist service providers also appears to be an effective way to reach ‘hidden’ or under-represented

groups. They benefit from the expertise of the host organisation and potential participants often feel more comfortable engaging in a familiar space.

5.2 Supporting the recovery journey

The longitudinal quantitative data shows positive progress on almost all key outcomes. This was generally supported by the qualitative research.

Participants described how support from Changing Futures has helped them to access services they need. There were significant improvements in NDTA score (which includes an assessment of engagement with services) over participants' first year with the programme. Participants also reported that the programme is helping to improve their mental wellbeing. Between baseline and third follow-up, 44 per cent of people reported improved quality of life.

There were significant reductions in both homelessness and rough sleeping over the same time frame. The proportion of people with recent experience of rough sleeping reduced from 31 per cent at baseline to 16 per cent at the third follow-up point. This is important as securing stable and appropriate accommodation was a key goal for many participants on joining the programme.

There were no significant changes in recent contact with the criminal justice system related to offending. However, there were significant reductions in victimisation. Those with recent experience of violent crime reduced from 48 per cent at baseline to 33 per cent at third follow-up.

There were also significant reductions in both average attendances at A&E and ambulance call outs. Between baseline and second follow-up the maximum number of visits to A&E reported by any one person reduced from 45 to 20 and the proportion reporting no attendances increased from 65.7 per cent to 75.1 per cent.[32]

Staff, stakeholders and participants described the particular aspects of Changing Futures support that they found useful and often contrasted these with support provided by other services. There is a much greater emphasis on getting to know people, building rapport and trust, and providing consistent, judgement-free, person-centred support. Changing Futures staff support people to progress by assessing needs and setting goals in partnership with them. Activities are tailored to participants' preferences, strengths and interests and the evaluators gathered examples of staff undertaking activities that would be unlikely to be offered by statutory or mainstream services.

This and previous reports have highlighted the challenges for people experiencing multiple disadvantage accessing mental health support in particular. Changing Futures areas are responding to waits for or exclusion from core services by providing pre-treatment psychosocial and practical support to participants.

In both reaching and supporting people, particularly those with different characteristics, a rigid 'one size fits all' approach does not work. Instead, a range of methods are needed to

[32] Change in A&E attendances between baseline and third follow-up were not significant.

find and engage people. Service staff need to have the ability to provide flexible and highly personalised support. This should be based on a good understanding of the specific experiences, needs and preferences of target groups, including the impact of the intersectionality of characteristics and forms of disadvantage. Changing Futures areas recognise this and some have undertaken research and/or analysis, but it is unclear the extent to which this necessary understanding is fully developed. Research and co-production of services with under-represented groups is needed to ensure support is tailored and appropriate.

Staff with lived experience of multiple disadvantage play a key part in providing effective support. These staff bring vital insights to a team and are well placed to build connections with people with similar experiences/backgrounds. The same can be said for staff who share other characteristics and experiences with participants. Choice over who provides support is an important part of providing empowering and tailored services. A diverse team also brings diverse expertise, offering the opportunity for staff to learn from colleagues' different experiences and perspectives. Again, Changing Futures areas recognise this and the limitations of a homogenous staff team, but it is unclear whether any proactive steps have been taken to address workforce diversity. More work is needed on diversifying the multiple disadvantage workforce.

5.3 Successfully leaving the programme

A substantial proportion of participants (41 per cent) are still actively engaged on the programme. However, 29 per cent have moved on to a positive destination. Decisions to exit people from the programme are taken collaboratively when someone is engaging with wider support and no longer needs the intensive assistance of Changing Futures.

Changing Futures has enabled participants to engage with help by providing support when participants were ready for it and at the individual participant's pace. While 28 per cent of people have disengaged, they can return when they are ready. Being able to act quickly and capitalise on the window of opportunity that opens when someone asks for help is important; staff and stakeholders highlighted that people are most likely to make progress when they are ready for change.

At the same time, the limited timeframe within which the Changing Futures programme (and other short-term funded projects) operates was described as a challenge in providing support on the participant's, rather than the programme's, schedule.

While staff aim to leave participants with a positive experience there is concern that services outside of the programme may not be in a position to provide the support needed and that participants have become accustomed to. This is where the service and systems change activity described in other interim reports has an important role to play. But there will be limits to what this can achieve given the wider context of demand for services and constrained resource.

There appears to be a dearth of evidence on what happens to participants of programmes like Changing Futures after they end. Follow-up research with this group is likely to be challenging, but it would help address important gaps in the evidence base.

Appendix 1: Detailed methodology

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 it is not possible for the evaluation 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. 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.

The evaluation takes a theory-based approach, and methods include 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 His Majesty's Treasury's (HMT) 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.

MHCLG aims to provide evidence of the impact of the programme on individuals experiencing multiple disadvantage. An initial feasibility study (Cordis Bright et al, 2023) established the difficulty of identifying a well-matched comparison group and further exploratory fieldwork undertaken since has reinforced that conclusion. MHCLG is currently exploring options for administrative data linking to understand trends in engagement with the criminal justice system for participants both prior to and after engaging with the Changing Futures programme. This could include identifying a matched counterfactual group within the data. While this work will not be able to provide a full assessment of programme impact given it is focused on only one outcome domain, it will provide an important mechanism for assessing change in this area, particularly if changes in participant outcomes can be compared to a counterfactual group.

Qualitative research

This round of qualitative fieldwork explored the topics set out in Table A1.1.

The qualitative research in this report is based primarily on interviews with 6 of the 15 areas, as well as some insight from previous rounds of qualitative research with other areas and targeted fieldwork to explore the role of the caseworker in Changing Futures.

The evaluation team consulted area leads 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 the research questions.

Table A1.1: Focus themes and research questions for third round of qualitative research

Theme	Sub questions
What does the participant recovery journey look like, and what aspects or characteristics of Changing Futures support contributed to recovery?	How does the participant journey to recovery compare to other or prior service use journeys/experiences of services? How has the support offer and support strategies, including early identification, improved in comparison to previous support e.g. what are services doing differently and why? What aspects of the support offer helped participants to progress in their recovery journey, and how?
What has the programme learned about supporting equality, diversity, and inclusion when working with people experiencing multiple disadvantage?	What are the equality, diversity and inclusion-related barriers/enablers to getting the right support that are being encountered in Changing Futures areas? Strategies for identifying and reaching groups with additional or protected characteristics? Strategies for supporting groups with additional or protected characteristics

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. Participant interviews were secured in five of the six sampled areas (a peer researcher was interviewed in Plymouth as they do not support people directly). However, interviews were only conducted with 24 participants in total and these may not be representative of the wider population of participants. Given the focus on equality, diversity and inclusion in this report, the evaluation team aimed to secure interviews with participants with diverse protected characteristics. But the challenges in recruiting participants generally meant this was not always possible. Table A1.2 details the characteristics of participant interviewees.

Table A1.2 Characteristics of participant interviewees

Characteristic	Count
Gender	
Male	11
Female	9
Prefer not to say	1
Ethnicity	
White	16
Black British/African/Caribbean	1
Mixed/Multiple ethnic groups	2
Any other ethnic group	1
Prefer not to say	1
Age	
18-25	3
26-35	2
36-45	6
46-54	2
55+	3
Prefer not to say	1
Disability	
Yes	9
No	10
Prefer not to say	2
Neurodiversity	
Yes	8
No	11
Prefer not to say	2
Total participants	**21**

Demographic data is missing data for three participants

A qualitative data analysis software package, ATLAS.ti, was used to facilitate the coding and analysis process. A matrix-based approach was adopted to ensure that the coding and themes were scrutinised, cross-checked, and challenged. The evaluation team 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.

Peer researchers

The qualitative research was supported by a team of peer researchers. Peers were 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 researchers supported the evaluation team to design the participant interview topic guide; check that the language and ordering of the questions were suitable; co-facilitated interviews with programme participants; and identified emerging themes and areas for improvement. Interviews with programme participants were undertaken jointly with evaluation team staff. Input from peer researchers was moderated by the research team to ensure that their observations were supported by data. To make sure 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.

Quantitative data and analysis

Table A1.3 describes the different quantitative data collected by funded areas, the frequency of collection, and who provides the information.

Table A1.3: 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

This report draws on data from the first four rounds of outcomes questionnaires and NDTA: baseline, first, second and third follow-up questionnaires.

Gathering data from people experiencing multiple disadvantage can be challenging. Previous evaluations in this field highlight the importance of trusting relationships for both providing support and collecting data (see Cordis Bright, 2022 and CFE Research, 2022). MHCLG wanted people to feel comfortable sharing information 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 set out in Table A1.3. However, in order to maximise the sample available for analysis the evaluators have taken a pragmatic approach and only excluded those questionnaires completed substantially outside expected timeframes – Table A1.4 sets out the completion timeframes for questionnaires included in this analysis.

Table A1.4: Parameters for including questionnaires in the analysis

Outcomes questionnaire	Include questionnaires completed within…	Mean completion date after start of included questionnaires
Baseline	-60 and 180 days of programme start date	77 days
First follow-up	30 to 300 days of programme start date	158 days
Second follow-up	120 to 420 days of programme start date	253 days
Third follow-up	210 to 540 days of programme start date	324 days

As of February 2024, the evaluation team had received 2,092 completed baseline questionnaires. 1,868 of these (89 per cent) were completed within the timescales above. 1,782 baseline NDTAs (79 per cent) were completed with the timeframes. 1,949 participants had completed a historical questionnaire.

Participant's circumstances may have changed in the period between joining the programme and providing baseline data. This could affect the accuracy of the baseline picture and, thus, the extent to which change in some measures is fully captured.

The quantitative data are dominated by a small number of Changing Futures areas. Over half (63 per cent) of participants represented in baseline 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 A1.5.

Table A1.5: Proportion of total baseline outcomes questionnaires completed in each area compared to proportion of overall participant numbers in each area

Area	Proportion of total completed baseline outcomes questionnaires from each area (percent)	Proportion of total participants reported to MHCLG (January 2024) by area (percent)
Bristol	2	2
Essex	7	5
Greater Manchester	18	12
Hull	2	2
Lancashire	30	28
Leicester	4	3
Northumbria	1	1
Nottingham	4	6
Sheffield	4	2
South Tees	15	17
Stoke-on-Trent	4	10
Surrey	4	3
Sussex	1	5
Westminster	3	4
Total	**100%**	**100%**

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 teams. No questions are mandatory, with the option for participants 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 at the start of the evaluation, with refresher training on data collection provided in November and December 2023.

Questions that ask for value judgements or assessments of emotion that have been completed without input from the participant have been excluded from the analysis. Roughly a quarter of baseline and first follow-up outcomes questionnaires were completed without input from the participant (25 and 24 per cent respectively). For the second and third follow-up questionnaire, 22 per cent were completed without participant input. The extent of participant involvement in the baseline and first three follow-up questionnaires is detailed in Tables A1.6, to A1.9.

Table A1.6: Baseline outcomes questionnaire: How was this questionnaire completed?

Completion approach	Frequency	Percent
Entirely with the beneficiary	715	34%
Partially with the beneficiary, partially using existing staff knowledge	852	41%
No response available from the beneficiary	525	25%
Total	**2092**	**100%**

Table A1.7: First follow-up outcomes questionnaire: How was this questionnaire completed?

Completion approach	Frequency	Percent
Entirely with the beneficiary	410	33%
Partially with the beneficiary, partially using existing staff knowledge	527	43%
No response available from the beneficiary	290	24%
Total	**1227**	**100%**

Table A1.8: Second follow-up outcomes questionnaire: How was this questionnaire completed?

Completion approach	Frequency	Percent
Entirely with the beneficiary	293	38%
Partially with the beneficiary, partially using existing staff knowledge	299	39%
No response available from the beneficiary	171	22%
Total	**763**	**100%**

Table A1.9: Third follow-up outcomes questionnaire: How was this questionnaire completed?

Completion approach	Frequency	Percent
Entirely with the beneficiary	177	35%
Partially with the beneficiary, partially using existing staff knowledge	214	42%
No response available from the beneficiary	113	22%
Total	**504**	**100%**

Results have been compared between baseline and the first follow-up, second follow-up and third follow-up where sufficient data is available. Longitudinal analysis involves comparing data for the same group of people at each timepoint; therefore, those without data at both timepoints are excluded from the analysis. Some participants will not be eligible to complete a follow-up questionnaire if they joined the programme only recently.

Significance was tested using paired-sample t-tests when comparing mean values and using McNemar's test when comparing categorical variables. Results are reported that are significant at the five per cent level.

The evaluation team are working closely with MHCLG to improve the quality and coverage of the quantitative data available. Although collection of baseline data on new participants has ended, follow-up questionnaire data will continue to be collected as participants progress through the programme until September 2024.

Regression analysis method

Regression analysis was used to explore the associates of change in nine key outcomes set out in Table A1.10 below. Due to the relatively small sample sizes in later time periods, the models reported here consider change from baseline to second follow-up (see above for the time periods this covers). For all change outcomes, the variables are coded so that a positive change represents an improvement (the original scales for the NDTA score and physical health are reverse coded to ensure this).

Table A1.10: Key outcomes used in regression modelling

	Outcome	Scale	n
1	Change in ReQol score	integer	321
2	Change in physical health	integer	349
3	Change in ability to cope without using drugs or alcohol	integer	236
4	Change in ability to cope with mental health problems	integer	231
5	Change in NDTA score	integer	222
6	Improvement in recent experience of homelessness	binary	428
7	Improvement in recent experience of rough sleeping	binary	440
8	Improvement in recent experience with criminal justice system	binary	440

Notes: Sample sizes denote the number of respondents with valid outcome observations in the relevant period. Sample sizes in regression models are smaller due to missing observations on input variables.

In the regression analyses all integer outcomes are approximately normally distributed and are modelled using a linear model that treats the scale as if it were continuous; this is estimated via OLS. All binary outcomes are estimated via non-linear probit models. For the binary outcomes 6 to 8 the raw change can take 3 values (-1, 0, 1). In each case around 80 per cent of responses indicate no change. For modelling, these outcomes are simplified to binary scales where 1 represents improvement and 0 represents worsening or no change.

In all cases only the sign and significance of the coefficient estimates are meaningful, showing the direction of the association; the magnitude of the estimates should not be interpreted as a marginal effect.

For each outcome three different multivariate regression models are estimated to explore whether any input variables are associated with changes in the outcome. All of the models include individual demographic characteristics; additional models include experience of the five key forms of disadvantage and the total number of disadvantages experienced. The models are summarised in Table A1.11.

Table A1.11 Multivariate regression models

Model	Description	Variables
(1)	Basic demographic variables (included in all models)	Dichotomous variables for: age bands 30-49 and 50 plus (under 30 is omitted category); female; non-white; neurodiversity; limiting disability.
(2)	Experience of key disadvantages	(1) plus dichotomous variables for experience (ever) of mental health problems, drug/alcohol problems, homelessness, domestic abuse, criminal justice system.
(3)	Number of disadvantages experienced	(1) plus the number of key disadvantages experienced ever (1 to 5).

Regression analysis in this context provides a useful tool to identify the individual characteristics and use of support services that are associated with outcomes. The regression models should not be used as evidence of a causal relationship or of the direction of influence. For example, getting help to connect with family may help reduce contact with the criminal justice system but reduced contact with the criminal justice system may also mean families are more willing to reconnect with people. Further, there are likely to be unobserved factors that influence both the explanatory variables and the outcome.

Appendix 2: Recovering Quality of Life (ReQoL) - 10

For each of the following statements, please choose one option that best describes your thoughts, feelings and activities **over the last week:**

[Options for each statement are: None of the time, Only occasionally, Sometimes, Often, Most or all of the time.]

1. I found it difficult to get started with everyday tasks
2. I felt able to trust others
3. I felt unable to cope
4. I could do the things I wanted to do
5. I felt happy
6. I thought my life was not worth living
7. I enjoyed what I did
8. I felt hopeful about my future
9. I felt lonely
10. I felt confident in myself

Appendix 3: New Directions Team Assessment

Select ONE statement that best applies to the person being assessed. Base all scores on the past one month.

1. Engagement with frontline services

- 0 = Rarely misses appointments or routine activities; always complies with reasonable requests; actively engaged in tenancy/treatment
- 1 = Usually keeps appointments and routine activities; usually complies with reasonable requests; involved in tenancy/treatment
- 2 = Follows through some of the time with daily routines or other activities; usually complies with reasonable requests; is minimally involved in tenancy/treatment
- 3 = Non-compliant with routine activities or reasonable requests; does not follow daily routine, though may keep some appointments.
- 4 = Does not engage at all or keep appointments

2. Intentional self harm

- 0 = No concerns about risk of deliberate self-harm or suicide attempt
- 1 = Minor concerns about risk of deliberate self-harm or suicide attempt
- 2 = Definite indicators of risk of deliberate self-harm or suicide attempt
- 3 = High risk to physical safety as a result of deliberate self-harm or suicide attempt
- 4 = Immediate risk to physical safety as a result of deliberate self-harm or suicide attempt

3. Unintentional self harm

- 0 = No concerns about unintentional risk to physical safety
- 1 = Minor concerns about unintentional risk to physical safety
- 2 = Definite indicators of unintentional risk to physical safety
- 3 = High risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment

- 4 = Immediate risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment

4. Risk to others

- 0 = No concerns about risk to physical safety or property of others
- 2 = Minor antisocial behaviour
- 4 = Risk to property and/or minor risk to physical safety of others
- 6 = High risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour
- 8 = Immediate risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour

5. Risk from others

- 0 = No concerns about risk of abuse or exploitation from other individuals or society
- 2 = Minor concerns about risk of abuse or exploitation from other individuals or society
- 4 = Definite risk of abuse or exploitation from other individuals or society
- 6 = Probably occurrence of abuse or exploitation from other individuals or society
- 8 = Evidence of abuse or exploitation from other individuals or society

6. Stress and anxiety

- 0 = Normal response to stressors
- 1 = Somewhat reactive to stress, has some coping skills, responsive to limited intervention
- 2 = Moderately reactive to stress; needs support in order to cope
- 3 = Obvious reactiveness; very limited problem solving in response to stress; becomes hostile and aggressive to others
- 4 = Severe reactiveness to stressors, self-destructive, antisocial, or have other outward manifestations

7. Social Effectiveness

- 0 = Social skills are within the normal range
- 1 = Is generally able to carry out social interactions with minor deficits, can generally engage in give-and-take conversation with only minor disruption

- 2 = Marginal social skills, sometimes creates interpersonal friction; sometimes inappropriate
- 3 = Uses only minimal social skills, cannot engage in give-and-take of instrumental or social conversations; limited response to social cues; inappropriate
- 4 = Lacking in almost any social skills; inappropriate response to social cues; aggressive

8. Alcohol / Drug Abuse[33]

- 0 = Abstinence; no use of alcohol or drugs during rating period
- 1 = Occasional use of alcohol or abuse of drugs without impairment
- 2 = Some use of alcohol or abuse of drugs with some effect on functioning; sometimes inappropriate to others
- 3 = Recurrent use of alcohol or abuse of drugs which causes significant effect on functioning; aggressive behaviour to others
- 4 = Drug/alcohol dependence; daily abuse of alcohol or drugs which causes severe impairment of functioning; inability to function in community secondary to alcohol/drug abuse; aggressive behaviour to others; criminal activity to support alcohol or drug use

9. Impulse control

- 0 = No noteworthy incidents
- 1 = Maybe one or two lapses of impulse control; minor temper outbursts/aggressive actions, such as attention-seeking behaviour which is not threatening or dangerous
- 2 = Some temper outbursts/aggressive behaviour; moderate severity; at least one episode of behaviour that is dangerous or threatening
- 3 = Impulsive acts which are fairly often and/or of moderate severity
- 4 = Frequent and/or severe outbursts/aggressive behaviour, e.g., behaviours which could lead to criminal charges / Anti Social Behaviour Orders / risk to or from others / property

10. Housing

- 0 = Settled accommodation; very low housing support needs
- 1 = Settled accommodation; low to medium housing support needs

[33] Drugs include illegal street drugs as well as abuse of over the counter and prescribed medications.

- 2 = Living in short-term / temporary accommodation; medium to high housing support needs
- 3 = Immediate risk of loss of accommodation; living in short-term / temporary accommodation; high housing support needs
- 4 = Rough sleeping / "sofa surfing"

References

Bicket, M., Christie, I., Gilbert, N., Hills, D., Penn, A. and Wilkinson, H. (2020) *Magenta book 2020 supplementary guide: Handling complexity in policy evaluation.* HM Treasury.

Bradley, A. and Potter, A., 2018. Women most at risk of experiencing partner abuse in England and Wales: Years ending March 2015 to 2017. *Office for National Statistics*.

Bramley & Fitzpatrick (2015) *Hard Edges: Mapping severe and multiple disadvantage.* Lankelly Chase Foundation

Bretherton, J., 2017. Reconsidering gender in homelessness. *European Journal of Homelessness*, *11*(1).

Cabinet Office. (2018) *Race Disparity Audit.* p50

Carnemolla, P., and Skinner, V. (2021) Outcomes Associated with Providing Secure, Stable, and Permanent Housing for People Who Have Been Homeless: An International Scoping Review. *Journal of Planning Literature* 36(4), 508-525

CFE Research (2022) *Evaluating Fulfilling Lives: Learning from a programme evaluation*

CFE Research and Cordis Bright (2022) *Evaluation of the Changing Futures Programme: Baseline report* Department for Levelling Up, Housing and Communities

Cordis Bright (2022*) Year 5 evaluation: Technical appendix (MEAM Approach evaluation)* MEAM

Cordis Bright, CFE Research, Revolving Doors Agency and the National Expert Citizens Group (2023) Evaluation of the Changing Futures programme: feasibility study Department for Levelling Up, Housing and Communities

Criminal Justice Joint Inspection (2021) *Neurodiversity in the criminal justice system: a review of evidence.*

Ditrich, I., Philipsen, A., and Matthies, S. (2021) Borderline personality disorder (BPD) and attention deficit hyperactivity disorder (ADHD) revisited – a review-update on common grounds and subtle distinctions. *Borderline Personality Disorder and Emotion Dysregulation* 8, 22

HM Treasury (2020) *Magenta Book: Central Government guidance on evaluation.*

Homeless Link (2022) Exploring women's homelessness: What we know

Home Office (2007) *The Corston Report: A report by Baroness Jean Corston of a review of women with particular vulnerabilities in the criminal justice system.*

Kapadia, D., Zhang, J., Salway, S., Nazroo, J., Booth, A., Villarroel-Williams, N., Bécares, L., and Esmail, A. (2022) *Ethnic Inequalities in Healthcare: A Rapid Evidence Review*. NHS Race & Health Observatory.

Kelly, C., Martin, R., Taylor, R. and Doherty, M., 2024. Recognising and responding to physical and mental health issues in neurodivergent girls and women. *British Journal of Hospital Medicine*, *85*(4), pp.1-12.

Lamb, H. Moreton, R. Welford, J. Leonardi, S. O'Donnell, J. and Howe, P. (2019a) *Understanding multiple needs* CFE Research

Lamb, H. Moreton, R. Leonardi, S. Welford, J. O'Donnell, H. and Howe, P. (2019b) *What makes a difference: method notes* CFE Research

McKechnie, DGJ., O'Nions, E., Dunsmuir, S. and Petersen, I. (2023) Attention-deficit hyperactivity disorder diagnoses and prescriptions in UK primary care, 2000–2018: population-based cohort study. BJPsych Open. 9(4):e121.

National Institute for Health and Care Excellence (NICE) (2024) *Eating disorders: How common is it?* Available at: https://cks.nice.org.uk/topics/eating-disorders/background-information/prevalence/

ONS (2019) *Deaths of homeless people in England and Wales: 2018* Office for National Statistics

ONS (2023) *Disability, England and Wales: Census 2021* Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/disabilityenglandandwales/census2021

Oexle, N. and Corrigan, P.W., 2018. Understanding mental illness stigma toward persons with multiple stigmatized conditions: Implications of intersectionality theory. *Psychiatric Services*, 69(5), pp.587-589

Revolving Doors (2022) *Exploring the links between neurodiversity and the revolving door of crisis and crime.* Policy briefing.

Rosengard, A. Laing, I. Ridley, J. and Hunter, S. (2007) *A literature review on multiple and complex needs* Scottish Executive.

Schrank, B., Bird, V., Rudnick, A. and Slade, M. (2012) Determinants, self-management strategies and interventions for hope in people with mental disorders: systematic search and narrative review. *Social Science & Medicine* 74(4):554-64

Sosenko, F. Bramley, G. and Johnsen, S. (2020) *Gender Matters: Gendered patterns of severe and multiple disadvantage in England* Lankelly Chase Foundation

Topolovec-Vranic, J., Ennis, N., Howatt, M., Ouchterlony, D., Michalak, A., Masanic, C., Colantonio, A., Hwang, SW., Kontos, P., Stergiopoulos, V., and Cusimano, MD. (2014) Traumatic brain injury among men in an urban homeless shelter: observational study of rates and mechanisms of injury. *CMAJ Open*. 25;2(2): E69-76