Ministry of Housing, Communities & Local Government

Evaluation of the Changing Futures programme

Final report

December 2025

December 2025
Ministry of Housing, Communities & Local Government

This document/publication is also available on our website at www.gov.uk/mhclg

If you have any enquiries regarding this document/publication, use our web form or write to us at:

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

For all our latest news and updates follow us on X: https://x.com/mhclg

December 2025

Contents

Foreword

This is the final report from the Changing Futures evaluation. It considers what the programme has delivered against what was expected in the programme theory of change. Evidence is drawn together from a wide range of sources to assess the extent and nature of change at the individual, service and systems levels, and the mechanisms and strategies for change that staff, stakeholders and participants have found useful.

The Changing Futures programme is a £91.8 million initiative between Government and The National Lottery Community Fund. It seeks to test innovative approaches to improving outcomes for people experiencing multiple disadvantage – including homelessness, substance misuse, mental ill health, domestic abuse and contact with the criminal justice system. The programme is running in 15 areas, between them covering 34 top-tier council areas, across England from 2021 to 2026.

This report presents a summative overview of individual, service and system level outcomes achieved up to March 2025. Most quantitative data analysis in this report roughly covers participants' first year on the programme. This final report builds on the previously published baseline, second, third and fourth interim reports. It should be read alongside the previous four interim reports that explore aspects of the programme in depth.

Evidence indicates that the programme has been effective in engaging people with complex forms of multiple disadvantage and supporting them to improve their wellbeing and quality of life. The combination of practical and emotional support, and improved access to and engagement with external services, has contributed to stabilisation and significant improvements in many early outcomes such as reductions in rough sleeping, homelessness and in substance use. While many participants have made meaningful progress, not all participants have progressed according to the quantitative measures. Some people may need more time to show progress on outcomes measured by the evaluation, given the complexity of need and disadvantages experienced and the highly individual nature of recovery. Qualitative evidence highlights the vital role of caseworkers in helping participants navigate services and build confidence. This report contains a focussed section on the people who have been supported to sustain their recovery and go on to (re)build relationships with their families and give back to their communities through volunteering.

The programme recognised that direct support alone would not be enough to address multiple disadvantage and therefore invested in service and systems change efforts, including workforce development, strategic leadership, co-production, and commissioning reform. The evidence suggests the programme has helped local services better support people facing multiple disadvantage by promoting trauma-informed approaches, awareness raising, encouraging multi-agency collaboration across sectors and improving service coordination. However, much of this progress has been concentrated particularly at the operational level or with organisations close to the programme. Progress has mainly been made on short to medium term systems change goals, though what was likely to be achieved within the programme's relatively short timeframe in terms of systems change is acknowledged.

Cost-benefit analysis was carried out considering the cost of the programme against a monetised net benefit per participant, which suggests the programme is value for money (calculated against three scenarios – optimistic, central and pessimistic).

The report was written by CFE Research and Cordis Bright. The Ministry of Housing, Communities and Local Government (MHCLG) appointed a consortium of organisations, led by CFE Research and including Cordis Bright, Revolving Doors Agency, The Sheffield Centre for Health and Related Research (SCHARR) at The University of Sheffield, to undertake an independent evaluation of the Changing Futures programme.

I am hugely grateful to CFE Research and their partners for their hard work on this report, as well as the evaluation as a whole. My thanks is extended to the peer researchers for reviewing and commenting on this report, the Evaluation Advisory Group for their expertise, and colleagues at MHCLG and other government departments for providing feedback and helping steer development of research materials. The authors and I are extremely thankful to the staff, stakeholders and programme participants for all their support with the evaluation, including collecting data, completing questionnaires, and organising and taking part in interviews, group discussions and workshops.

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

AA: Alcoholics Anonymous

A&E: Accident and emergency

ADHD: Attention deficit hyperactivity disorder

CBA: Cost-benefit analysis

Co-location: Where workers from different services are located together in the same office.

Co-production: Co-production is a term used to describe the process of working together in equal partnership with service users/people with lived experience to design, deliver and implement a project, service or other piece of work.

Cuckooing: 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.

EU: European Union

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

ICB: Integrated Care Board. A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a particular area. For more information, see: https://www.england.nhs.uk/integratedcare/what-is-integrated-care/

MDT: Multidisciplinary team

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

MHCLG: Ministry of Housing, Communities and Local Government

NA: Narcotics Anonymous

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

QALY: Quality-adjusted life year. QALYs are used to value improvements in health; they are a composite measure of quantity and quality of life.

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. For more 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 5-year £91.8 million initiative of the UK Government and The National Lottery Community Fund that tests innovative approaches to improving outcomes for people experiencing multiple disadvantage – including combinations of homelessness, drug and/or alcohol problems, contact with the criminal justice system, domestic abuse and mental health problems. The programme is running in 15 areas, which together cover 34 top-tier council areas across England.[1]

The programme seeks to achieve change at three levels:

- For individuals, helping to stabilise and improve health, safety, wellbeing, and access to support;
- 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 respond to and prevent multiple disadvantage.

This report is the final report from the Changing Futures evaluation. It draws together evidence from a wide range of sources to assess the extent and nature of change at each of the three levels described above. It considers what the programme has delivered against what was expected in the programme theory of change. There is a focused section on those people the programme has supported to sustain their recovery and who have gone on to (re)build relationships with their family and give back to their communities through volunteering. The report provides greater detail on the strategies and mechanisms that programme staff and stakeholders have found useful in supporting local services to provide more coordinated and trauma-informed care and in creating wider systemic change. This final report should be read alongside the previous four 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 selected areas. Due to missing data, the quantitative participant data used for the analysis of outcomes is from a relatively small sub-sample of all participants. Members of this analysis dataset are broadly representative of the wider population for whom we have data, although the age profile is slightly older, and they have, on average, experienced slightly more forms of disadvantage.

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

The evaluation adopts a theory-based and largely qualitative approach to explaining outcomes observed during the programme at the individual, service and system levels. Complex systems such as this can present evaluation challenges, including establishing causality. The evaluation includes the use of a theory of change, systems mapping, participatory approaches, qualitative research, longitudinal analysis of quantitative outcomes data, and the triangulation of data from different sources to help understand how the different elements of the programme interact and to identify key mechanisms of change. It was not possible to establish a well-matched comparison group. Without a comparison group, it is difficult to attribute all the change in the individual-level outcomes to the programme. The report attempts to identify other factors external to the programme that influenced outcomes and assess the likely contribution of the programme.

Outcomes for individuals experiencing multiple disadvantage

Up to September 2024, 4,862 people had received intensive support from Changing Futures.

The evaluation confirms several assumptions within the programme's theory of change. First, it demonstrates that the programme successfully engaged participants with high levels of need. Almost all (94 per cent) of participants had experienced three or more of homelessness, drug or alcohol problems, contact with the criminal justice system, domestic abuse and mental health problems.

Substantial proportions of people within the evaluation analysis dataset have improved their overall wellbeing over their first year or so on the programme: 45 per cent of participants reported a clinically meaningful improvement in their mental wellbeing. Between baseline and the third follow-up point (after approximately 12 months of support), there were statistically significant improvements in most key outcomes. Over 4 in 10 people (44 per cent) were assessed by programme staff to have lower levels of need and risk.[2]

The proportion of people who said they could cope with problems without misusing drugs or alcohol increased from 8 to 18.1 per cent. There was also a reduction in people reporting the use of opiates. There was a small but significant reduction in the severity of health problems experienced by participants, with just over a quarter (28.7 per cent) reporting improved physical health between baseline and third follow-up. Over a third of participants (37.2 per cent) reported increased ability to manage mental health problems over the same period. There were significant reductions in average attendance at A&E and ambulance call-outs.

Stable accommodation is often an important precondition for other changes. Recent experience of any form of homelessness (including rough sleeping) reduced from 61.7 per cent of participants at baseline to 49 per cent at the third follow-up. People with recent experience of rough sleeping specifically reduced from 30 per cent to 16.5 per cent. A lack of appropriate accommodation, in particular for disabled people and women, may be a barrier to greater progress in this area.

[2] Using the New Directions Team Assessment.

There were no statistically significant changes in contact with the criminal justice system relating to offending.

The qualitative evidence indicates that Changing Futures caseworker support is instrumental in supporting participants to get the help they need. This includes linking people to services, advocacy and providing practical and emotional support. Caseworkers have also helped people develop the self-motivation needed to effectively engage with services. The support received was different to that which people had often experienced prior to Changing Futures, which tended to be more time-constrained, less holistic and more transactional, due in part to the limited resources of other services.

Early outcomes such as improved motivation and engagement with services are precursors to stabilising health and wellbeing. Some Changing Futures participants have progressed towards the later stages of their recovery journey; however, this is a relatively small proportion of participants. Those participants interviewed as part of the evaluation reported improved relationships with family members, including parents and children, largely as a result of their reduced drug or alcohol use. They had also got involved in a range of voluntary roles, helping to support people with similar experiences to themselves. These experiences helped further build self-confidence and feelings of self-worth and set them up for potential paid employment opportunities.

Changing Futures caseworkers, peer mentors and lived experience groups helped participants find opportunities to volunteer and give back. The availability of recovery communities and support outside of the programme is also important in helping people sustain the progress they have made.

Supporting local services to better respond to multiple disadvantage

Programme workforce development activities, such as training, have helped to increase awareness of multiple disadvantage and understanding of trauma-informed practice. There is evidence of reduced stigma and greater willingness to support people. The programme has effectively engaged a wide range of organisations and sectors, including statutory sector bodies, in workforce development activities. Growing interest in trauma-informed practice more generally has helped support the efforts of Changing Futures.

The programme has demonstrated a different way of working to better support people experiencing multiple disadvantage. Multiagency forums, co-location of services and embedded roles have been effective in joining up services, facilitating information sharing, sharing risk and coordinating holistic support for people experiencing multiple disadvantage. Changing Futures' direct service delivery has been useful for engaging other services and exposing them to different ways of working. However, evidence of change mainly relates to Changing Futures teams or organisations working closely with the programme.

Shortages in staff capacity and high caseloads in other services have limited the extent to which increased knowledge and awareness of flexible, person-centred and trauma-informed support has become the norm outside core Changing Futures partnerships. Awareness-raising activity appears to have made most impact at the operational level, but

the capacity for operational staff to implement change is limited without more senior support. Greater understanding of and support for the changes that are needed within the system are required at the strategic level to ensure that the resources, policies and procedures are in place to enable trauma-informed practice to become part of business as usual.

There is evidence of greater interest in employing people with lived experience of multiple disadvantage. People with lived experience form a core part of many Changing Futures teams, and some areas have developed new or improved pathways for them into the workforce. It is not clear the extent to which this has translated into more opportunities for people with lived experience and better support and progression pathways outside of Changing Futures teams.

Achieving strategic alignment and better commissioning

Overall, Changing Futures activities, along with other contributing factors, have made progress towards increasing strategic alignment and creating more joined-up commissioning. However, stakeholders from most partnerships indicated that the pace of change at the strategic level was slower than hoped for.

Greater progress has been made against shorter-term outcomes. There is evidence of greater understanding of multiple disadvantage at the strategic level with increased commitment to do things differently to address the problem. The programme has facilitated improved relationships and dialogue between different strategic stakeholders.

There are some examples of increased use of data to inform strategic decision-making, but this varies by Changing Futures area. Data has been used to better assess and understand the level and nature of need locally.

In some areas, these changes have led to the incorporation of multiple disadvantage into key strategies and policies. But in the main, these changes in strategic alignment were not widespread. More work is needed to achieve fuller strategic alignment across all key organisations in local systems.

Strategic leaders, funded by Changing Futures, have been key in bringing partners together and advocating for change. To be effective, leaders need to be sufficiently senior and focused on strategic change rather than operational delivery. Strategic boards and multi-agency forums have provided the structures through which partner engagement, collaboration and decision-making have happened. Providing evidence of the scale of need, the impact of inaction and of effective approaches has been vital to securing strategic support. Demonstrating the success of Changing Futures service models, particularly where outcomes achieved align with partners' goals, has helped to generate interest among other services. Two Changing Futures areas found having a dedicated commissioner to be useful in providing additional capacity and developing a more collaborative approach to commissioning.

Positive movements have been made towards greater involvement of people with lived experience in commissioning decisions. However, this change is yet to be embedded across all sectors and stages of the commissioning cycle.

Changing Futures areas have collaborated with other initiatives working in this space. These initiatives have also contributed to achieving the systems change outcomes observed. Responses to the COVID-19 pandemic also created impetus for greater collaboration and a focus on entrenched rough sleepers. This also helped demonstrate the value of partnership working to tackle systemic challenges.

Transforming commissioning has been a particularly challenging element for the programme to address. Despite evidence of greater multi-agency working at a strategic level and support for working towards more integrated commissioning, there is not yet evidence of widespread co-commissioning or pooled budgets. Some areas focused their attention on other aspects of the system. Stakeholders indicated that central government funding should be less fragmented, and highlighted a need for greater incentives for local partners to work towards integrated commissioning.

Value for money

Cost-benefit analysis was carried out considering the cost of the programme against a monetised net benefit per participant, incorporating a range of outcomes over a 12-month period. In the absence of evidence about the sustainability of outcomes beyond this, three scenarios were calculated – optimistic, central and pessimistic. As there is no comparator group, a 30 per cent allowance for deadweight (the change that might have occurred in the absence of the programme) was included.

The average cost per participant of providing direct support was estimated to be £5,769. In the central scenario for sustainability, the total fiscal, economic and social benefit per participant was estimated to be £10,127, giving a benefit-to-cost ratio of 1.8. This suggests the Changing Futures programme is value for money. In the pessimistic scenario, the benefit-cost ratio is still positive. The analysis is subject to several assumptions and limitations. In particular, it is assumed that the sample of participants included in the analysis is representative of all programme participants.

Overall contribution of the Changing Futures programme

The Changing Futures programme has contributed to improved quality of life for participants through the caseworker teams and associated services funded by the programme. The combination of practical and emotional support and improved access to and engagement with external services all contribute to early outcomes such as improved housing and stabilisation or reduction in substance use. These, in turn, provide the foundations for further change.

At the service level, the programme has contributed to change through workforce development activities and multidisciplinary teams that have helped to engage and influence other services. At the broader system level, Changing Futures has funded senior roles that have injected vital leadership and resources to focus on partnership building, promoting multiple disadvantage as a policy agenda and exploring ways to improve commissioning. The programme helped to fund and coordinate research and data analysis that has contributed to a better understanding of multiple disadvantage locally. It has provided additional capacity and support for multi-agency forums to engage strategic stakeholders and helped accelerate the pace of change.

1. Introduction and background

1.1. About this report

This is the fifth and final report from the Changing Futures evaluation. It presents a summative overview of individual, service and system-level outcomes achieved up to March 2025. At the time the evaluation was commissioned, it was expected the programme would end in March 2025; it has since been extended until March 2026.

The report assesses the evidence gathered to date against the original programme theory of change to determine the extent to which anticipated outcomes have been achieved and the contribution of the Changing Futures programme to these.

This report draws on evaluation activities and data collection completed up to March 2025 (see section 1.4 for details). The report makes use of and updates findings from the previous four 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 tthat 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.
Fourth interim report – published February 2025	• Progress on individual level outcomes over roughly the first 12 months that participants are on the programme. • In-depth exploration of the participant journey, including how people are supported to move on from the intensive support provided. • In-depth exploration of how areas are reaching and supporting people from under-served or marginalised communities.

1.2. About Changing Futures

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.

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).

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 how 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.

The Ministry of Housing, Communities and Local Government (MHCLG) developed a theory of change which underpins the programme activity and evaluation. Theory of change is a method used to describe how a desired change is expected to happen. The Changing Futures theory of change sets out how programme activities (such as providing flexible support) are intended to contribute to outcomes and impact (such as improvements in health and wellbeing). Some of the longer-term outcomes and impacts in the theories are outside what the programme was likely to be able to influence directly. This threshold is called the 'accountability ceiling'. The theory of change encompasses changes at the individual, service and system levels.

The programme theory of change was updated following a workshop with government stakeholders 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).

This report assesses evidence of change at the individual (Chapter 2), service (Chapter 3) and systems levels (Chapters 4 and 5). Each chapter sets out the expectations of the theory of change, the extent and nature of changes observed, the strategies that appear to have been effective in creating change, the specific contribution of the Changing Futures programme and any other factors that have had an influence. Chapters end with an overall assessment of the extent to which the logic, assumptions and expectations set out in the

theory of change are supported by the evidence. The focus is generally on those changes that the programme was able to directly influence, that is, changes within the accountability ceiling. Further detail is provided in Appendix 1.

Learning and adaptation are not directly built into the Changing Futures theory of change as an activity, mechanism of change or assumption. Nevertheless, activities to support learning and adaptation have proven to be an important factor in supporting effective programme delivery and in enabling progress towards the intended outcomes of the programme at all three levels. Only a very few areas have explicitly and deliberately used learning and adaptation models to underpin their work, such as taking a Human Learning Systems approach.[3] Most other areas have still undertaken purposeful learning and reflection activity as part of their programme delivery, with a view to either adapting delivery in response or promoting adaptation within the wider system. Learning and adaptation structures and activities are highlighted throughout the report in call-out boxes.

1.4. Methods, data sources and limitations

The evaluation adopted a mixed-methods, theory-based approach to explaining outcomes observed during the programme.[4] 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). The evaluation makes use of a theory of change, systems mapping, participatory approaches, qualitative research, longitudinal analysis of quantitative outcomes data, and the triangulation of data from different sources to help understand how the different elements of the programme interact and to identify key mechanisms of change. The report findings draw on quantitative data on participants, qualitative research with a sample of funded areas, and a survey of stakeholders. It was not possible to establish a well-matched comparison group, and so it is difficult to attribute all outcomes observed to the programme.

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

Quantitative data and analysis

Quantitative data collected by funded areas comprises:

- details of participants' engagement status and dates, referrals to other services and outcomes (service-held outcomes data);
- repeated questionnaires conducted with participants (outcomes questionnaires);[5]

[3] Human Learning Systems is a relatively new concept, aiming to offer an alternative approach to public management that accounts for complexity. For more information, see: https://www.humanlearning.systems/
[4] Theory-based evaluation explores the causal chains of how an intervention is thought to create change. See HM Treasury, 2020.
[5] Questionnaires are mostly completed online although some areas use paper versions with participants and then enter data online later.

- 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 were submitted to the evaluation team quarterly.

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 conducted 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 third follow-up point. Results are reported that are significant at the five per cent level.[6]

Multivariate regression was used to explore statistical associations between participant characteristics and use of key services (homelessness, drug and alcohol, mental health, domestic abuse and probation services) and change in 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 on several different variables is required for this analysis, sample sizes in some cases are relatively small. As a result, the regression results should be treated with caution and may not necessarily reflect the experience of the wider population of participants.

Most quantitative data analysis in this report roughly covers the 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 September 2024. Gathering data from people experiencing multiple disadvantage can

[6] Statistical significance is a way of testing whether results are likely to be reliable or just a result of chance.

be challenging, and staff often need to develop a relationship with participants before asking them to complete evaluation questionnaires. On average, baseline questionnaires included in the analysis in this report were completed approximately two months after participants joined the programme. As a result, not all early change will be captured by the evaluation and progress since joining the programme could be an underestimate.

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; thus, base sizes vary throughout this report depending on the indicator. Base sizes decrease for longitudinal analysis because valid responses are required for both baseline and follow-up questionnaires. To date, a total of 2,595 baseline questionnaires have been completed (from just over half of all participants), but only 1,549 first follow-up questionnaires, 1,092 second follow-up and 761 third follow-up questionnaires. Attrition of sample size over time is to be expected, particularly given the target cohort.

The participants in the analysis sample (those with data at baseline and the third follow-up point) are broadly similar to those participants not in the sample but for whom we have demographic data (see Table 1.2). There are some small but statistically significant differences in the age profile. Those in the analysis sample are less likely to be under 30 years old (15 per cent) compared to those not in the sample (24 per cent), and more likely to be aged between 30 and 49 years (62.4 per cent) compared to those not in the sample (55.9 per cent). There is also a small but significant difference in the average number of types of disadvantage experienced, with those in the analysis sample slightly more likely to experience more forms than those not in the sample (average of 3.7 compared to 3.5). There were no other significant differences in key demographic characteristics.

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

Partners survey

In addition to the quantitative data collected by funded areas, the evaluation team administered an online survey to stakeholders and partners in Changing Futures areas. This captured information to understand progress towards local service and systems-level outcomes. The final survey was administered online between 15th August and 19th November 2024. A baseline survey was undertaken between August and September 2022 (see CFE with Cordis Bright, 2022), with an interim follow-up survey undertaken between September and October 2023 (see CFE with Cordis Bright, 2024b).

Respondents to the baseline survey who gave their consent were sent invitations to complete the follow-up survey directly – invitations were sent to 388 respondents, of whom 163 went on to complete the final 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, 397 survey responses were received – a lower number of responses than in the baseline and interim follow-up surveys, which received 480 and 491 responses, respectively. Responses were received from all 15 Changing Futures areas, although

response levels varied widely between areas; two areas achieved fewer than ten responses, and four areas collectively account for over half of the responses. The change in distribution of responses across areas compared to the baseline indicates that, in many cases, the respondents are different from the baseline survey. As a result, the final survey results should not be directly compared with the baseline survey results. However, to provide context, we have reported the results from the baseline survey in some places. Furthermore, survey respondents may not be representative of wider stakeholder organisations in Changing Futures areas; those who are most supportive of the programme or who have particular points to make may be more likely to respond.

Qualitative research

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

- Lancashire;
- Northumbria;
- Nottingham;
- Stoke-on-Trent;
- Sussex.

Participants from these five areas and Greater Manchester, Leicester and Surrey were also interviewed. See Table A1.1 in Appendix 1 for details of the topics covered in this round of qualitative research.

Five Changing Futures areas were purposively sampled, in discussion with MHCLG. Areas were selected where it was felt there was the 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 changes that had been made to the system of support and ways in which local services have changed to better support people 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, with minimal harm, about their experiences with Changing Futures and their recovery journey. Priority was given to those who were most able to speak about how they were thriving to provide insight into the most promising outcomes that people can achieve, given the right kind of support.

A total of 53 stakeholders/staff and 12 Changing Futures participants were interviewed. In addition, two workshops with caseworkers and two focus groups with people with lived experience were conducted to further explore how people can progress and thrive with the right support. Table 1.3 shows the breakdown of interviewee types by area.

Table 1.3: Stakeholder/staff and participant interviews

Area	Stakeholder/staff	Participants
Lancashire	9	1
Northumbria	12	2
Nottingham	10	1
Stoke-on-Trent	11	2
Sussex	11	2
Greater Manchester		2
Leicester		1
Surrey		1
Total	**53**	**12**

For further methodological information, see Appendix 1.

Cost-benefit analysis

Cost-benefit analysis (CBA) was carried out to assess the value for money of the programme. Standard HM Treasury (2022) Green Book best practice was adopted. Participant outcomes that showed significant change between baseline and third follow-up were monetised to derive an overall benefit value. This was compared with the cost of delivering direct support to participants.

As the evaluation does not have a comparison group, it is not possible to directly estimate how much of the change in outcomes can be attributed to the programme. Instead, a 30 per cent allowance for deadweight is included (the change that might have occurred in the absence of the programme). Steps have been taken to minimise the double-counting of benefits; however, it has not always been possible to separate duplicate elements of unit cost estimates. Equally, there are likely to be other outcomes that are not included in the estimate of benefits, such as changes in welfare benefits, as data on this was not collected as part of the evaluation. There is also a large amount of missing data. Some outcomes data is only available for a relatively small sub-sample of participants, and in the case of the data used to calculate quality-of-life benefits, this group does not appear to be representative of the Changing Futures target population as a whole. The analysis sample is less likely to be aged under 30, but they are more likely to be neurodivergent/have a cognitive disability. They are more likely to have experienced all five types of disadvantage and have experienced a higher mean number of disadvantages at some time. While at baseline, they are less likely to have recent experience of homelessness, rough sleeping and the criminal justice system. There is a large degree of uncertainty around the cost and benefit estimates, in particular the extent to which benefits are sustained beyond 12 months. To address this, a range of estimates was produced for three different scenarios – optimistic, central and pessimistic.

Further information on the CBA method can be found in Chapter 6 and Appendix 1.

2. Individual level: Outcomes for individuals experiencing multiple disadvantage

The report begins by summarising the individual-level outcomes achieved. The evidence in this chapter is largely drawn from the quantitative data captured in the participant surveys (see page 4), supplemented by qualitative insights from the latest round of participant interviews. As the focus was on participants who have been supported to make positive progress and whom caseworkers considered to be 'thriving' (see page 25), their views and experiences are not necessarily representative of the programme's impact on participants more generally. However, qualitative evidence on participant outcomes reported in interim reports is also signposted to strengthen the conclusions. The box below summarises how Changing Futures was expected to contribute to change for individuals experiencing multiple disadvantage and assesses the extent to which this has been achieved. These expectations (or 'contribution claims') are based on the theory of change – see page 3 for further detail.

Individual-level programme contribution assessment

Contribution claims

The theory of change expected that:

1. The programme would **engage participants** with high levels of need and with whom services had not effectively engaged previously, including people with protected characteristics.

2. Building relationships with people, providing flexible, person-centred support and coordinating care would lead to participants feeling supported, trusted, valued, safe and in control and to their improved ability and motivation **to access services**.

3. **Early outcomes** in participants' recovery would include engaging more positively with family and community, improved financial security and a reduction in need for emergency services or treatment.

4. Participants would sustain their engagement and **improve their health and wellbeing**, including reduced drug and alcohol problems and better mental health.

5. Improvements would be sustained, leading to **longer-term impacts** including reductions in contact with the criminal justice system and rough sleeping.

6. People who have stabilised would have less need for intensive support but would have access to ongoing recovery support. They would make further progress toward **social inclusion**, such as active involvement in the community.

The last two points (5 and 6) are outside the accountability ceiling for Changing Futures, that is, beyond what the programme was expected to be able to directly influence within the timeframe of the evaluation. However, evidence on progress towards these outcomes was gathered and is explored in this report.

Assessment of claims

1. **Engagement:** The programme has largely reached its target participants, although more targeted effort is required to reach women and people from ethnic minority backgrounds. Quantitative evidence shows that 94 per cent of programme participants had experienced three or more of the main forms of disadvantage targeted by the programme.

2. **Accessing services:** Qualitative evidence from participants, caseworkers and other local stakeholders indicates that the flexible and person-centred support from Changing Futures caseworkers builds trust and helps participants to feel safe, valued and in control. The evidence indicates that the support is instrumental in improving access to and engagement with services.

3. **Early outcomes:** The evidence suggests that the combination of practical and emotional support provided by programme caseworkers and better access to services contributes to some participants achieving expected early outcomes. Quantitative data indicates reductions in average attendance at A&E and ambulance call-outs, suggesting reduced need to use crisis services. Both qualitative and quantitative evidence indicate that some participants have improved their financial stability. The quantitative evidence indicates that some people have started to improve relationships with family members; however, most of the qualitative evidence indicates that this outcome tends to come later in the recovery journey.

4. **Improved health and wellbeing:** Early outcomes facilitated by Changing Futures and other services provide the foundation for further changes. The evidence shows that after approximately 12 months of Changing Futures support, many participants are achieving improvements in health and wellbeing. This includes significant improvements in measures of physical health, mental wellbeing, and ability to cope without using drugs or alcohol. However, while relatively few participants report a worsening position on key outcomes, many have not progressed and may need longer than a year to reach a more stable situation.

5. **Longer-term impacts:** At approximately 12 months, there was no statistically significant reduction in offending-related contact with the criminal justice system, suggesting this is indeed a longer-term outcome, although qualitative evidence highlights some examples of people being supported to reduce offending. There are, however, significant reductions in homelessness and rough sleeping specifically. Evidence from this evaluation and other sources shows that stable accommodation is an important precondition for other changes.

6. **Social inclusion:** A small proportion of participants have progressed towards the later stages of their recovery journey following support from Changing Futures. Qualitative evidence shows that following stabilisation of their situation, they have been able to make progress in (re)building relationships with family and are taking a more active role in their community, in particular through undertaking volunteering. Consultation with participants and programme staff confirmed the role and importance of Changing Futures caseworkers in supporting access to other support pathways to sustain recovery longer-term.

Alternative explanations and other contributory factors
While Changing Futures reached those most in need based on the programme definition of multiple disadvantage, without evidence on the wider population, it is uncertain whether this group are the most in need. Other forms of disadvantage not targeted by the programme may play a role.

Without a comparator group, it is difficult to attribute all the progress made by Changing Futures participants solely to the programme. There are other sources of support outside the programme which may have helped people to achieve stability and other outcomes. The availability of recovery communities and other support contributes to helping people sustain the progress they have made. Without longer-term monitoring of progress, it is uncertain the extent to which most Changing Futures participants will stabilise and sustain longer-term outcomes.

Personal motivation to take up and benefit from the support available from Changing Futures is required. This could come from having a goal such as improving family relationships. However, the evidence also shows that Changing Futures caseworker support can play a role in building up this intrinsic motivation.

Implications for the theory of change
Reductions in homelessness and rough sleeping, and being supported into stable housing, are shown as longer-term impacts in the theory of change. However, the evidence indicates that stable accommodation needs to come earlier in the journey and is an important precondition for other changes.

Similarly, the qualitative evidence suggests (re)building relationships with family comes later in the recovery journey, rather than being an early outcome. Stabilising use of drugs and/or alcohol and improving health and wellbeing are necessary precursors to ‘thriving’ and being able to give back through volunteering.

It could be useful for the theory of change to acknowledge the contribution of intrinsic motivation and the role of caseworker support in developing this.

2.1. Early outcomes of programme support

Key outcomes

- The programme has largely reached the people it was targeting; 94 per cent of participants providing data had experienced three or more of homelessness, drug or alcohol problems, contact with the criminal justice system, domestic abuse and mental health problems.
- Overall, there were significant increases in quality of life and reductions in levels of need and risk, with just under half of the participants in the analysis sample reporting improvements on these measures.
- There were significant reductions in average attendance at A&E and ambulance call-outs. The proportion of participants reporting no recent attendance at A&E increased from 55.5 per cent at baseline to 71.4 per cent at the third follow-up. The proportion reporting no recent ambulance call-outs increased from 62.5 to 77.8 per cent over the same period.
- Over a third of participants in the analysis sample (36.7 per cent) reported improved ability to cope without misusing drugs or alcohol. There was also a significant reduction in people using opiates.
- There was a small but significant reduction in the severity of health problems experienced by participants, with just over a quarter reporting improved physical health between baseline and third follow-up.
- Over a third of participants (37.1 per cent) reported increased ability to manage mental health problems over their first year or so with the programme.
- Participants with recent experience of any form of homelessness (including rough sleeping) reduced from 61.7 at baseline to 49 per cent at the third follow-up. People with recent experience of rough sleeping specifically reduced from 30 per cent to 16.5 per cent.
- There were no statistically significant changes in contact with the criminal justice system relating to offending. The proportion of people who had been a recent victim of violent crime fell from 46.3 per cent at baseline to 29.9 per cent at third follow-up. There was also a significant reduction in the proportion of people who had been a recent victim of other types of crime, from 39.6 per cent to 22.6 per cent.
- There was a reduction in people reporting recent experience of domestic abuse, from 24.2 per cent at baseline to 17.3 per cent at third follow-up.
- Some participants reported improved relationships with family and being supported to engage in positive social activity. The proportion of participants who felt well connected to family members rose from 53.1 per cent at baseline to 62.8 per cent at third follow-up.

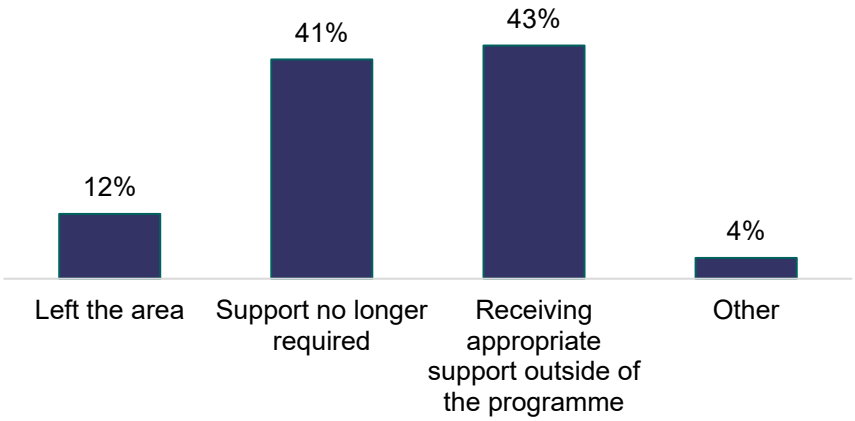
Engaging different groups experiencing multiple disadvantage

As of September 2024, Changing Futures areas reported they had engaged a total of 4,862 people. Of these, 3,906 appeared in the evaluation dataset, and engagement status was recorded for 3,488. Of these:

- 27 per cent were still actively engaged with the programme;
- 30 per cent had disengaged from the programme;
- 41 per cent had moved on from the programme;
- 2 per cent (79 people) had died.[7]

Moving on from the programme generally covers exits for positive reasons. Figure 2.1 shows the reasons why. For 43 per cent, this was because they were receiving appropriate support outside of the programme, while 41 per cent no longer required support.

Figure 2.1: Reasons for moving on from the programme

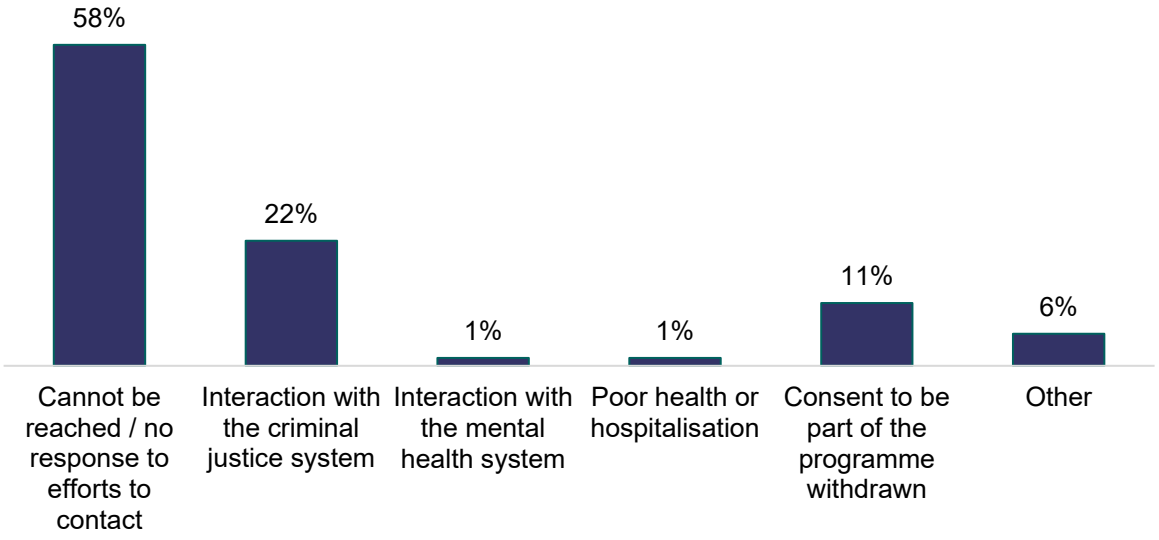


Base = 1,394. See Table 2.1.

Figure 2.2 shows the reasons why people had disengaged. For over half (56 per cent), this was because programme staff could not get in touch with them. A further 21 per cent were disengaged because of interactions with the criminal justice system – this appears to be mainly due to longer-term prison sentences.

[7] In comparison, the figure for the Fulfilling Lives programme was 5 per cent (CFE and The University of Sheffield, 2022).

Figure 2.2: Reasons for disengaging from the programme



Base = 992. See Table 2.2.

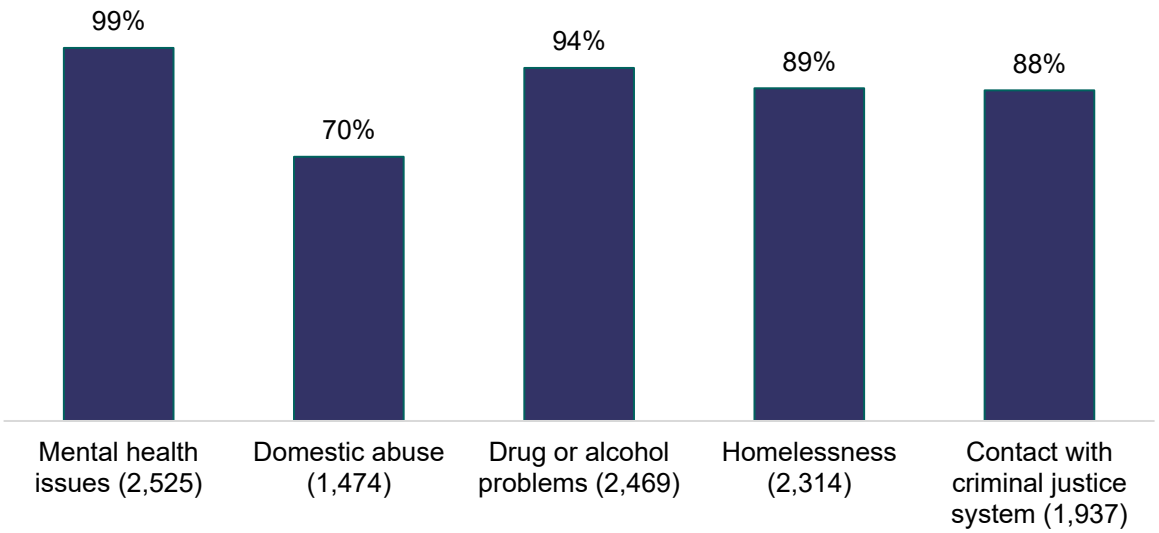
The fourth interim report (CFE with Cordis Bright, 2025) explores how and why participants leave the programme in more depth.

The programme aimed to engage the most excluded adults with experience of three or more of homelessness, drug or alcohol problems, domestic abuse, contact with the criminal justice system and mental ill health. The programme has largely achieved this. Most participants (94 per cent) experienced three or more of these forms of disadvantage at some point in their lives.[8] Over half (51 per cent) of participants reported experiencing all five of these forms of disadvantage at some point.

Figure 2.3 shows the proportion of participants who have experienced each of the five types of disadvantage targeted by the programme at some point in their lives. Almost all participants (99 per cent) had experienced mental ill health. A similarly high proportion (94 per cent) had experienced drug or alcohol problems.

[8] Note, this relates to people who have complete data on all types of disadvantage. Base = 1,058. See Table 2.3.

Figure 2.3: Proportion of participants with experience of each of the five main types of disadvantage



Bases in parentheses. See Tables 2.4 to 2.9.

There are statistically significant gender differences in experience of each of the five types of disadvantage, although in most cases the difference in proportions is small (less than 10 percentage points). The most striking differences are for domestic abuse and rough sleeping. Over three-quarters of men (77 per cent) had slept rough compared to 56 per cent of women.[9] An extremely high proportion of women (93 per cent) had experienced domestic abuse at some point, highlighting the importance of incorporating domestic abuse services in multi-agency responses.[10] Although men are significantly less likely to report having experienced domestic abuse, a substantial proportion (46 per cent) have, further emphasising the vulnerability of this group.[11] A rapid review of evidence on domestic abuse interventions for women experiencing multiple disadvantage has been produced as part of the evaluation (CFE, 2024).

Demographics

The fourth interim evaluation report (CFE with Cordis Bright, 2025) explored programme participant characteristics and strategies for engaging hidden or under-represented groups in detail. As a result, headline findings only are summarised here.

Most participants identified as male (63 per cent) and 36 per cent as female.[12] As described in the fourth interim report, wider evidence suggests that women are under-represented among Changing Futures participants, although some areas have been more successful than others in engaging women experiencing multiple disadvantage.[13]

[9] Base for men experiencing rough sleeping = 1,108, base for women experiencing rough sleeping = 594. See Table 2.13.
[10] Base for women experiencing domestic abuse = 590.
[11] Base for men experiencing domestic abuse = 725. See Table 2.11.
[12] Base for gender identity = 2,081. See Table 2.16.
[13] See Table 2.17.

Over half of the participants (57 per cent) were aged between 30 and 49.[14] This is in line with other evidence on multiple disadvantage, for example, see Bramley and Fitzpatrick (2015).

Most participants (88 per cent) described their ethnicity as white.[15] Again, there are notable differences between areas in the extent to which they have been able to engage people from ethnic minority groups. In some areas, a low proportion of participants from ethnic minority groups is reflective of the wider population. However, some areas with diverse populations have surprisingly low proportions of participants from an ethnic minority background (see CFE with Cordis Bright 2025 for further discussion on this topic).[16]

A high proportion of participants (86 per cent) were disabled, substantially higher than in the wider population.[17]

Almost 3 in 10 (29 per cent) reported having at least one condition affecting their cognition, such as acquired brain injury, attention deficit hyperactivity disorder (ADHD), autism and learning disability.[18]

Participant outcomes: overall quality of life

Between baseline and the third follow-up, 45 per cent of participants reported a clinically meaningful improvement in their mental wellbeing, as measured by the Recovering Quality of Life (ReQoL) measure. The same proportion of participants reported no change, while 9 per cent of participants reported a worsening.

The possible score for ReQoL ranges from 0 to 40, with a minimum score of 0 indicating the poorest quality of life and 40, the highest. A score of 25 and above is considered to fall in the range of the general population, while 24 or below is regarded as being in the range requiring clinical intervention (ReQoL Group, 2017). At baseline, most participants (93 per cent) fell within the clinical range. The proportion of participants in the clinical range decreased to 81 per cent at the third follow-up, emphasising the need for ongoing support with mental health (see also section 2.2).[19]

There is also a significant reduction in levels of need and risk as measured by the NDTA between baseline and third follow-up. Mean average scores decrease from 24.4 to 19, with a lower score indicating a lower level of need and risk.[20] Over 4 in 10 people (44 per cent) had a better score, and only 9 per cent had a worse score.[21]

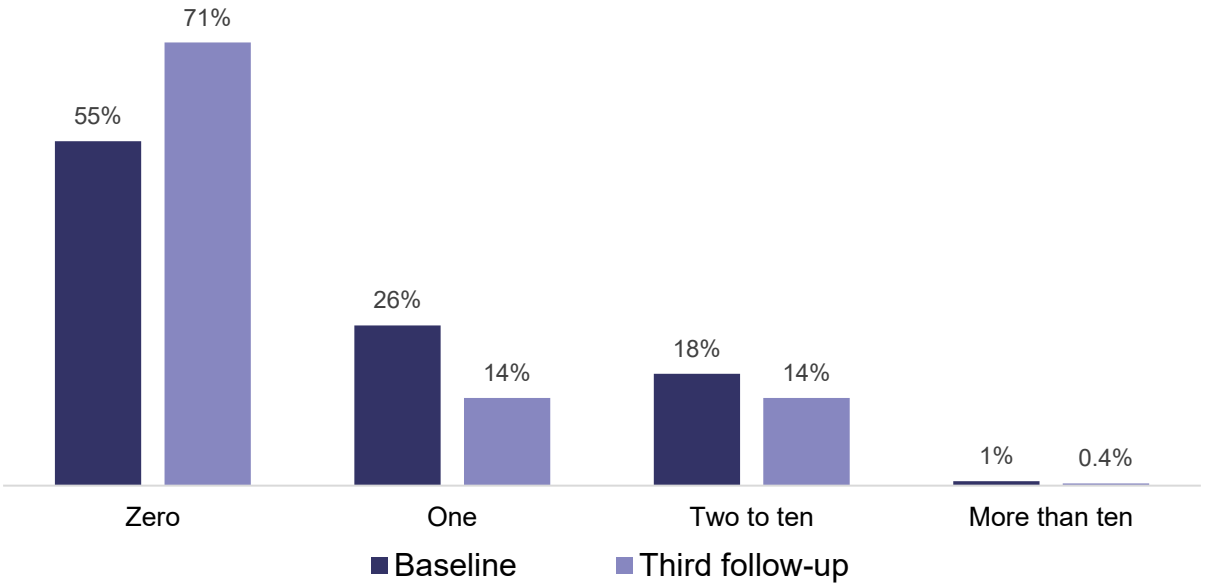
---

[14] Base for age group = 2,123. See Table 2.18.
[15] Base for ethnicity = 2,059. See Table 2.19.
[16] See Table 2.20.
[17] Base for disability = 1,540. See Table 2.21. For population data on disability see https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/disabilityenglandandwales/census2021#disability-england-and-wales
[18] Base for cognitive condition = 2,080. See Table 2.22.
[19] See Table 2.24.
[20] See Table 2.26. The NDTA is completed by staff. For further information, see section 1.4.
[21] Unlike the ReQoL, there is no independent guidance on what constitutes a meaningful change in NDTA score. For the purposes of the evaluation analysis, an improvement is defined as a decrease of seven points

Participant outcomes: changes in crisis use of services

There were significant reductions in the average number of visits to A&E between baseline and the third follow-up, with the average number of attendances in the last three months reducing from 1 to 0.6.[22] The maximum number of attendances any one participant reported reduced from 25 to 16. Figure 2.4 below shows that the proportion of participants who had zero attendances in the previous three months increased from 55.5 per cent at baseline to 71.4 per cent at third follow-up.

Figure 2.4: How many times in the last three months have you been to the A&E department, if at all? Comparison of baseline and the third follow-up



Base = 283. See Table 2.30.

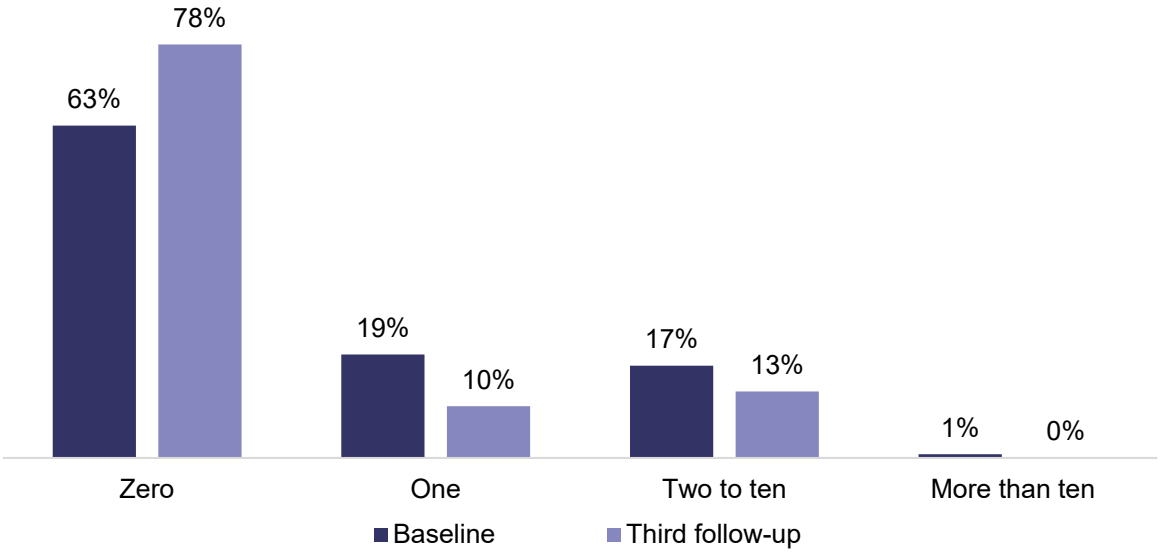
There were also significant reductions in the average number of ambulance call-outs. Between baseline and third follow-up, the average number of call-outs in the last three months decreased from 0.9 to 0.5.[23] The maximum number of callouts reported by any one participant decreased from 20 to 10. Figure 2.5 shows that the proportion of participants with zero ambulance call-outs in the last three months increased from 62.5 per cent at baseline to 77.8 per cent at third follow-up.

or more and an increase of seven points or more as a worsening. The same thresholds were used in the evaluation of the Fulfilling Lives programme (Lamb et al., 2019).

[22] Base for attendances at A&E = 283. See Table 2.29.

[23] Base for ambulance call outs = 288. See Table 2.31.

Figure 2.5: How many times in the last three months has an ambulance been called to assist you, if at all? Comparison of baseline and third follow-up



Base = 288. See Table 2.32.

Social inclusion and economic outcomes

Qualitative interviews with participants highlighted positive shifts in their social inclusion. Engaging with services helped participants socialise and get out more. Some participants reported increased social activity day-to-day, such as visiting local shops. The quantitative data also suggests participants have developed new relationships. The proportion of participants who felt that they had someone to talk to if needed, other than their support worker, increased significantly between baseline and the third follow-up. At baseline, 80.7 per cent of participants said they had someone to talk to; this increased to 91.8 per cent at the third follow-up.[24]

There was also a significant increase in the proportion of participants who felt well-connected to members of their family. The proportion of participants who felt well-connected to their family rose from 53.1 per cent at baseline to 62.8 per cent at the third follow-up.[25]

Some participant interviewees said they had improved relationships with their families or reconnected with family members; in some cases, this was linked to an improvement in their housing situation.

I've got a flat. I've done it up lovely. My son comes up and has his tea every other night. It will be a nice Christmas this year, because last Christmas I was on the streets.

Changing Futures participant

Some participants, however, wanted to wait until they had achieved certain sobriety goals before rekindling relationships with family members, particularly with children.

[24] Base for someone to talk to = 306. See Table 2.34.
[25] Base for connection to family = 288. See Table 2.35.

Interviews with participants and caseworkers indicated positive economic outcomes for several participants. Participants reported that they have been supported to access benefits and set up their bill payments to avoid accruing debt. Being able to manage their budgets effectively can be an important achievement for some:

As of today, I'm not behind with my bills, because I've been helped. They've helped me with my paperwork, which I used to just not bother with at all, because if you don't open it, it's not real.

Changing Futures participant

Between baseline and the third follow-up, there was a significant increase in the proportion of participants who felt they were able to manage paying off debts or overdue bills. At baseline, 25.8 per cent felt they could manage paying off their debt, which increased to 35.8 per cent at the third follow-up.[26]

Changing Futures staff have helped to move participants away from situations that were negatively impacting their financial stability, such as 'cuckooing', or being financially controlled to their detriment. [27] For example, a caseworker reported how a woman had been supported to leave a situation in which her mother was controlling her finances. This included arranging financial capacity assessments and supporting her to move out of her mother's house and into her own accommodation.

Drug and alcohol use

There was a small but statistically significant reduction in the proportion of participants who experienced problems with drugs or alcohol between baseline and third follow-up. At baseline, 88.3 per cent of participants experienced problems with drugs or alcohol in the previous three months; this decreased to 81.7 per cent at the third follow-up.[28]

Recovery from drug or alcohol problems is a long-term process (Beaulieu et al., 2021), so the extent of change on this outcome within 12 months is perhaps not surprising. Encouragingly, there was a significant increase in the proportion of people who said they could cope with problems without misusing drugs or alcohol, from 8 per cent to 18.1 per cent. Over a third of participants (36.7 per cent) reported improved ability to cope without misusing drugs or alcohol.[29]

The regression analysis shows that people with experience of mental ill health, homelessness and/or the criminal justice system when they join the programme are less likely to report improvement in their ability to cope without using drugs and/or alcohol.[30] This may suggest that those making progress on this outcome within the timeframe of the programme are those with less complex experiences of disadvantage. Those who had contact with drug and alcohol services at some point over the first 12 months or so on the programme were more likely to report improved mental health as measured by the ReQoL

[26] Base for ability to manage debt = 151. See Table 2.36.
[27] 'Cuckooing' 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.
[28] Base for recent experience of drug or alcohol problems = 436. See Table 2.38.
[29] Base for ability to cope with problems without misusing drugs or alcohol = 237. See Tables 2.43 and 2.44.
[30] See Table 2.45.

(see page 5).[31] However, there was no significant association between contact with drug and alcohol services and the ability to cope without misusing drugs or alcohol.[32]

There was also a significant reduction in the proportion of participants reporting recent use of opiates (arguably the type of drug causing the most harm) from 48.2 per cent at baseline to 39.4 per cent at third follow-up.[33] Of the 170 people who reported using opioids at baseline, 31 per cent did not report doing so at the third follow-up. For context, data from the National Drug Treatment Monitoring System in England for 2014-15 (Burkinshaw et al., 2017) shows a rate of opiate abstinence six months after starting treatment of 48 per cent.

There were no significant changes in the proportion of people reporting recent use of non-opioid drugs or misusing alcohol.[34]

Qualitative interviews also provide evidence of reductions in drug and/or alcohol use. Most of the participants taking part in the latest round of interviews reported that Changing Futures staff had supported them to access drug and alcohol services, including detox and rehab. These helped them to stabilise, reduce or cease substance use, sometimes after many years of addiction:

They managed to get me into a rehab centre and a detox centre, and it got me off heroin and methadone. That was over a year and a half ago now. I came out of the detox centre feeling really good, because it was the first time I'd been off heroin and methadone for over 30 years.

Changing Futures participant

For some interviewees, the support provided by Changing Futures has been life-changing:

I owe [Changing Futures] my life, I'd probably say that much. I was very, very ill. Without this support, I could've been gone. I'm nearly 13 months now, with no drink, no drugs. My life is just so different from how it was 18 months ago. I've always been an addict, I've always had drink, it has always been part of my life. But now, to go over a year without it, day by day, I love it.

Changing Futures participant

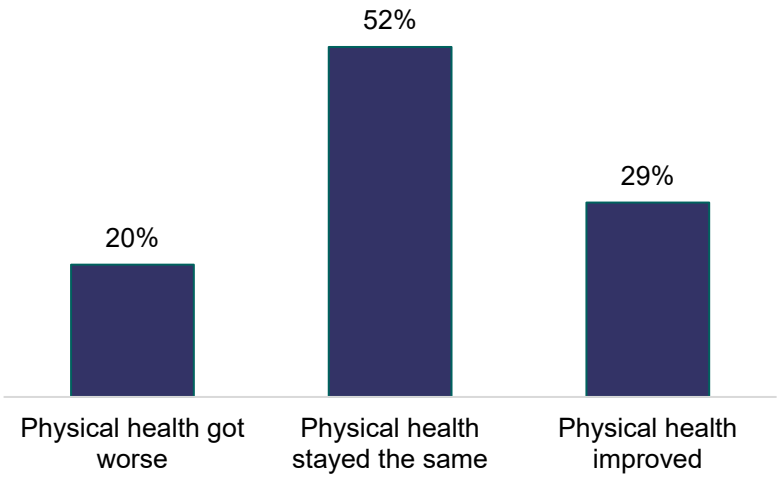
Physical and mental health

There was a small but significant reduction in the severity of health problems experienced by participants. At baseline, 24.4 per cent reported severe or very severe problems; this reduced to 20.1 per cent at third follow-up. The proportion reporting slight or no health problems increased from 44.3 per cent to 51.4 per cent.[35]

[31] Table 2.25.
[32] Table 2.45.
[33] Base for recent use of opiates = 353. See Table 2.39.
[34] See Tables 2.40 and 2.41.
[35] Base for physical health = 348. See Table 2.46.

Figure 2.6 shows that just over a quarter of participants reported improved physical health at the third follow-up compared to baseline, while just under a fifth reported worsening health.
Latest interviews with participants found that some were engaging in behaviours that were conducive to better health and reporting positive health outcomes. Participants reported an increased engagement with health services, which they attributed to Changing Futures' support. Consequently, these participants now had access to and were regularly taking medication. Participants also reported doing more physical exercise, such as going for walks. Changing Futures had helped some participants connect with wider services such as gyms.

Figure 2.6: Proportion of participants whose physical health improved, worsened or remained the same between baseline and the third follow-up

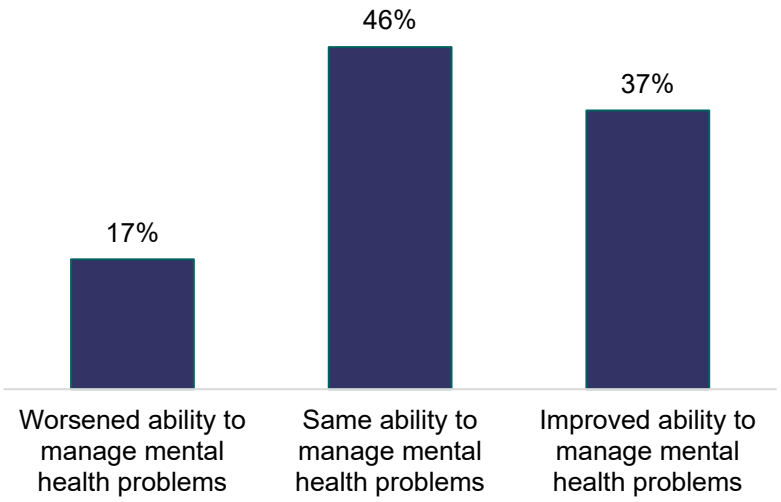


Base = 348. See Table 2.46.

The proportion of participants who reported experiencing mental health difficulties in the past three months decreased significantly from 96.9 per cent at baseline to 88.3 per cent at third follow-up.[36] This is positive, but for many, mental health problems may be unlikely to completely disappear. An alternative indicator of progress is the ability to effectively manage mental health problems. This also shows a significant change. Figure 2.7 shows that 37.2 per cent of participants reported increased ability to manage mental health problems.

[36] Base for recent mental health problems = 426. See Table 2.49.

Figure 2.7: Proportion of participants whose ability to manage mental health problems improved, worsened or remained the same between baseline and the third follow-up



Base = 237. See Table 2.50.

Qualitative interviews with participants highlighted several ways that their wellbeing had improved. Participants noted both how increased confidence and self-belief had led to better self-care behaviours, and how self-care, looking after their appearance and personal hygiene, had further boosted their confidence and mental health.

Participants described doing more activities they enjoyed, such as journaling, listening to music, or going for a walk. These were said to directly improve participants' wellbeing and were also useful as coping mechanisms to use in difficult times in place of substance misuse:

[The Changing Futures programme] took me to places, a Mosque we went to, just getting me out a bit instead of being stuck indoors all the time, which helped me with my mental health.

Changing Futures participant

Those who had progressed sufficiently in their recovery to be described as 'thriving' highlighted how taking part in lived experience activities had also helped their self-esteem and mental health. The combination of responsibility and helping others in turn improved their wellbeing:

To work in helping people that were in my position, people do give me a lot of respect. … When I was first starting, I didn't want to do the social thing. Now, I do about three [lived experience] meetings a week. People say, 'here comes smiler', because I'm always happy. It's just a complete turnaround. My life's so good. So good.

Changing Futures participant

Housing stability

There was a significant reduction in the proportion of participants who had recent experience of any kind of homelessness, including rough sleeping. At baseline, 61.7 per

cent of participants recently experienced homelessness, which decreased to 49 per cent at the third follow-up.[37]

There was a significant reduction in the proportion of participants who had recent experience of rough sleeping. At baseline, 30 per cent of participants had slept rough in the previous three months, which decreased to 16.5 per cent at the third follow-up.[38]

Similarly, there was a significant reduction in the proportion of people who experienced other forms of homelessness, such as 'sofa surfing' and staying in temporary accommodation, from 58 per cent at baseline to 46 per cent.[39]

The final and earlier rounds of participant interviews also provide evidence of participants moving away from homelessness and rough sleeping and into more stable forms of accommodation. Participants have been supported from rough sleeping into hostels, supported accommodation, programmes like Housing First, or to get onto the housing register and into their own tenancy.

Regression analysis shows that disabled people are less likely to experience improvements in homelessness.[40] A similar result was found from earlier analysis. As described in an earlier evaluation report (CFE with Cordis Bright, 2025), lack of suitable housing is a major barrier to progress for people experiencing multiple disadvantage, and sourcing accessible accommodation for disabled people is even harder.

Women were also less likely to experience improvements in rough sleeping.[41] Again, this affirms findings reported in an earlier interim report (CFE with Cordis Bright, 2025). This report highlighted the importance of specialist support for women and the provision of single-sex accommodation. While women are less likely to be rough sleeping (see page 15), they can also be more likely to be missed by services.

Evidence from the Changing Futures evaluation and more broadly (for example, see CFE with Cordis Bright 2025; Peng et al., 2020) shows that housing stability is important for other changes. For example, participants reported that being in stable housing helped them reduce their use of drugs and/or alcohol. In part, this was due to their place within accommodation being contingent on this:

[Caseworker] managed to get me into a hostel, so that was another big part of my journey with Changing Futures. Because I knew that at the hostel I was at, my drinking was limited. I was only allowed a certain amount.

Changing Futures participant

There is also some evidence of this in the quantitative data. Regression analysis shows that people who join the programme having experienced homelessness are less likely to

---

[37] Base for recent experience of any type of homelessness = 439. See Table 2.54.
[38] Base for recent experience of rough sleeping = 467. See Table 2.55.
[39] Base for recent experience of other types of homelessness excluding rough sleeping = 413. See Table 2.57. These statistics exclude people who were exclusively rough sleeping – some of those experiencing other types of homelessness may also have experienced recent rough sleeping.
[40] See Table 2.56.
[41] See Table 2.56.

experience improved ability to cope with mental health problems at the third follow-up point.[42]

Contact with the criminal justice system and victimisation

Unlike other key outcome measures, there were no statistically significant differences in recent contact with the criminal justice system relating to offending between baseline and the third follow-up. This was the case for any contact related to offending and for all specific types of contact, such as being cautioned or arrested.[43] This may be because there is a lag between offending and contact with the criminal justice system. Arrests and prison sentences that occur after someone has started to receive support from the programme may relate to offending prior to this.

The qualitative interviews from the final and earlier rounds provide evidence to suggest the programme is helping reduce contact with the criminal justice system for some participants. Interviewees highlighted the relationship between other forms of disadvantage and contact with the criminal justice system. One participant's reduced drug use meant he was no longer committing crime to pay for drugs. Another participant stopped reoffending when their housing issues were resolved, as before, they had been using prison as a safe place to sleep.

While there is no overall significant improvement in contact with the criminal justice system, contact with probation services at some point during the first 12 months or so on the programme is associated with reduced likelihood of contact with the criminal justice system at the third follow-up.[44] We have no further evidence from the evaluation on why this is, but it may be that the additional support provided by probation services is helping people.

People experiencing multiple disadvantage are also victims of crime. There were significant reductions in recent experience of both violent and non-violent crime. At baseline, 46.3 per cent of participants had been the victim of violent crime in the last three months. This decreased to 29.9 per cent at the third follow-up.[45] People who had been a recent victim of other types of crime, such as theft, reduced from 39.6 per cent to 22.6 per cent between baseline and the third follow-up.[46]

There were significant reductions in the proportion of participants who had recent experience of domestic abuse. At baseline, 24.2 per cent of participants had experienced domestic abuse in the previous three months; this reduced to 17.3 per cent at the third follow-up.[47] The regression analysis shows that people who were in contact with specialist domestic abuse services at some point in their first year on the programme were more likely to report reduced experience of domestic abuse over the same period.[48] This group

[42] See Table 2.53.
[43] See Tables 2.58 and 2.59.
[44] See Table 2.60.
[45] Base for recent victim of violent crime = 341. See Table 2.61.
[46] Base for recent victim of non-violent crime = 336. See Table 2.62.
[47] Base for recent experience of domestic abuse = 364. See Table 2.63.
[48] See Table 2.64.

of participants were also more likely to have reduced levels of need and risk as measured by the NDTA (see page 5).[49]

2.2. Supporting sustainable recovery for individuals

This section explores the impact of individual recovery for people who have made substantial progress towards their goals and positive outcomes as a result of intensive caseworker support that they have received through services funded by Changing Futures. In particular, it provides examples of how people at this stage of their journey might experience greater social inclusion and might be in a position to give back to their communities.

The evidence in this section comes from qualitative interviews and focus groups with Changing Futures participants, people with lived experience of multiple disadvantage and Changing Futures caseworkers. Participants were selected for interview whose situation was 'stabilised' as defined by the programme theory of change and who could be considered to be thriving. For the purposes of the evaluation, 'thriving' was defined as:

- building or strengthening relationships with others, particularly family and children;
- getting involved with the local community in some way. This might be through lived experience work, volunteering or paid employment.[50]

Consultation with area leads and Changing Futures caseworkers indicated that a relatively small number of participants have arrived at this point in their recovery journey. Those who had achieved these outcomes generally required less intensive support from the Changing Futures programme, reflecting their increased independence. More participants may go on to thrive in this way, but most are not yet. Therefore, this section illustrates the outcomes that a small number of people have experienced, and others might experience if they are supported successfully towards the later stages of recovery, rather than the general experience for people who have been supported under Changing Futures.

Key outcomes

- Participants interviewed who had gone on to thrive reported improved relationships with family members, including parents and children, largely as a result of their reduced drug or alcohol use. These relationships helped them sustain other aspects of their recovery.
- Participants had also got involved in a range of voluntary roles, helping to support people with similar experiences to themselves. These experiences helped further build self-confidence and feelings of self-worth and set people up for potential paid employment opportunities.

[49] See Table 2.28.
[50] Participants, people with lived experience and Changing Futures caseworkers who participated in the evaluation suggested different definitions of thriving and emphasised that what thriving means varies from person to person. Their reflections on what it means to thrive are summarised in appendix 4.

Relationships

Participants reported building positive relationships with family members, including parents and children, since engaging with the Changing Futures programme, largely as a result of reduced use of drugs or alcohol. Some participants had started to share caring responsibilities for children, elderly parents, and pets:

I was watching my granddaughter in the summer holidays, so obviously my son must be getting the trust back. I'm planning on trying to do more things with the grandkids, the more I get myself sober. But they're in my life, you know? I've missed out on two or three years with the grandkids growing up. Getting all that back - it's a good feeling.

Changing Futures participant

In some cases, Changing Futures staff had helped facilitate these relationships, particularly through supporting people through court proceedings or other processes to enable them to be in greater contact with their children. For example, a caseworker described supporting a participant to communicate with her child's adopters, which could ultimately lead to her child having a better understanding of their birth history:

She's talking to a Letterbox coordinator about communicating with adopters of her child. She knows that I've got life story materials for her baby. With support, she has written a letter to the adopters, and this is really important to the children. For her, it means she's still got a role, and that gives her purpose.

Changing Futures caseworker

Participants reported that building and repairing relationships with friends and family members, and the benefits this brought to their lives, helped them to sustain other positive outcomes, such as reduced drug or alcohol use, knowing that their relationships were often dependent on them doing so.

Ashleigh's recovery experience, described in the case study below, provides an example of how Changing Futures support has helped to strengthen family relationships.

Ashleigh's recovery experience*

Ashleigh was street homeless, using drugs and underweight when she first engaged with her Changing Futures caseworker.

Her caseworker supported her to get a flat, set up bill payments, register with a GP and arrange access to her benefits. They also referred Ashleigh to support for her substance use, and she has now stopped using drugs.

Most importantly for Ashleigh, she is now able to see her son again, following court proceedings which her caseworker supported her through. She now sees him regularly, and her caseworker is helping her to secure a larger property so that he can stay overnight with her.

Ashleigh has also started volunteering at a women's centre, which she finds rewarding as she can give back to people who are in the position she was once in. She is expecting to be offered a paid position once she has completed a set period of volunteering.

Ashleigh felt let down by other services who had refused to work with her, but felt her Changing Futures caseworker 'took a chance on her'. Ashleigh highlighted the lack of judgment she felt from her caseworker and the motivation they had given her to change. She still feels supported by her caseworker, who continues to check in on her to make sure she makes her appointments.

*Participant names have been changed to ensure confidentiality.

Involvement in the local community and giving back

Participants reported getting involved in a range of voluntary roles with the support of Changing Futures staff, for example, by referring them to opportunities. These ranged from roles with recovery communities like Alcoholics Anonymous (AA), women's centres, and family support organisations, taking on tasks such as setting up and leading meetings, helping deliver training, and coaching others in recovery. Participants valued voluntary roles as opportunities to give back to people who were in similar situations to those they had experienced:

It's just letting people know about what I've been through and what I've achieved, showing them that it's possible to get a life free from crime, drugs and alcohol. I'm just explaining my path to them, so it shows them that there is a light at the end of the tunnel, if they choose to follow the right path. If they choose that direction that I chose, then it's a life beyond your wildest dreams.

Changing Futures participant

They noted that these experiences helped further build their self-confidence and sense of self-worth, increased their levels of socialisation and provided opportunities to build positive relationships and make new friends. Some saw these roles as opportunities to build up their experience for future paid work, with some expecting job offers after completing a certain period of voluntary work:

To me, the more voluntary work I do, the more experience I'll get. In time, that will be my paid work, which I never, ever thought I'd be doing… but I can do anything I want now. Now I'm not drinking, my life's so different.

Changing Futures participant

Working to support other people motivated participants to sustain the changes they had made, as they felt their continued recovery was necessary for others to continue getting the support they needed.

The case study of Ollie below provides an example of how the Changing Futures programme has supported people to begin to give back to the community, and the benefits this has on participants too.

Ollie's recovery experience

Ollie* described himself as having hit 'rock bottom' when he first engaged with Changing Futures. Following a relationship breakdown, he was staying at his mother's house. He regularly clashed with his mother as he was drinking regularly, not going out, and experiencing poor mental health. He was also underweight.

It was not sustainable for Ollie to continue staying at his mother's house, so Ollie's caseworker helped to find him a place in a hostel. This helped with his drinking, as the amount of alcohol he was allowed at the hostel was limited. His caseworker also gave him tips to help him reduce his drinking, helped him to get out of the house and got him involved in new activities, such as going to the gym. He started eating more and putting on weight, and his health and confidence improved.

Ollie then moved into a recovery house, where no alcohol was allowed at all. Since then – over a year ago – he has not drunk alcohol. Ollie valued the emphasis his caseworker placed on the opportunity he had in the recovery house and the importance of not drinking to ensure he could benefit from that opportunity.

Thanks to his reduced drinking, his relationship with his family, including his children, has improved greatly. He has also repaired his relationship with his mother, and they are now more sociable and affectionate. His family's trust in him has grown so much that he is now asked to house-sit and look after their pets.

Ollie takes people from the recovery house to recovery meetings and has also trained to be a recovery coach, helping people to reduce their drug and alcohol use, as he has. Ollie described accompanying caseworkers to visit people in need of support and comparing how far he had come, as he was in their shoes at the start of his journey with Changing Futures.

Ollie sees his voluntary work as a path to future paid work in a similar role, and he is building up his CV, accruing more voluntary hours and doing online courses, in the hope of getting a paid job. He is also thinking about taking driving lessons and travelling, and feels confident that he can achieve anything he wants to, now that he is no longer drinking.

Ollie noted that the consistency of his caseworker's support and their belief in him was key to his recovery and ability to thrive. Now he has stabilised, he still sees his caseworker sometimes when they visit others in the recovery house, and still feels supported by them. Now his life no longer revolves around drink, his work and his family keep him motivated and provide him with things to look forward to.

*Participant name has been changed to ensure confidentiality.

2.3. The contribution of Changing Futures and implications for the theory of change

The qualitative evidence supports the theory that a key contributor to the progress made by participants is the direct caseworker support provided by Changing Futures. Interviews with participants, caseworkers and other Changing Futures stakeholders indicate that Changing Futures' support improved access to and engagement with services.

Changing Futures staff have helped participants to access more stable accommodation, and arranged for participants to receive physical and mental healthcare (including support with drug and/or alcohol problems) and social care. Staff have provided both emotional and practical support to enable people to engage with services. In some cases, staff have needed to encourage participants to first accept that they need help. Changing Futures caseworkers have helped participants attend appointments by sharing reminders and assisting with travel. Changing Futures staff prepared participants for appointments, letting them know what to expect. They also accompanied participants to appointments and advocated for them, helping services to better understand participants and adapt their approach to be more flexible and accessible. This helped build people's confidence when interacting with new services, and also helped rebuild their trust in services that might have previously let them down.

Another factor contributing to change identified in the final round of fieldwork was the motivation to change. Some caseworkers and participants represented this motivation as external to Changing Futures support, that is, individuals needing personal or intrinsic motivation to take up support. This motivation might result from personal goals like the desire to improve relationships with family, or from a sense of being at breaking point and change being necessary for survival. However, the evidence also demonstrates that Changing Futures support plays a role in building participants' motivation to change. Participants and people with lived experience noted that caseworkers' support in the early stages of their recovery journey was a crucial factor in their experiencing positive change in motivation and self-worth:

[Caseworker] had a lot of faith in me, which made me have a lot of faith in myself. She really believed.

Changing Futures participant

The fourth interim report (CFE with Cordis Bright, 2025) and the deep dive on the role of the caseworker (Cordis Bright with CFE, 2025) provides further detail on the features of support provided that make a difference to them; consistent support that is built on trust, tailored to people's preferences, strengths and interests and moves at the participant's pace. The remainder of this section adds further information on the contribution of the programme (and other factors) in supporting people to thrive.

Participants described the necessary initial steps they needed to take to feel stable and ready to give back to their communities. They highlighted that reducing their use of drugs and/or alcohol and improving their health and wellbeing were especially important to move towards and then sustain thriving outcomes. This was substantiated by caseworkers and people with lived experience consulted in the final phase of the evaluation, and resonates with views shared throughout the evaluation.

Participants emphasised their caseworkers' belief in them and encouragement increased their confidence in their ability to take on new tasks, which might be part of later stages of recovery:

I did a talk a few weeks ago for [organisation], and I was complimented on how well I spoke. I wouldn't have had the bravery or confidence to do that without the support from these agencies.

Changing Futures participant

In supporting people to progress in their recovery, Changing Futures, via caseworkers, lived experience groups and peer mentors, also provided participants with practical support to get involved in opportunities to give back. This included sharing potential opportunities with participants and attending initial meetings together to help participants feel comfortable in new environments.

Changing Futures has also helped to connect people to other organisations and communities that can support their motivation and sustain change. For example, through connecting participants to other people with lived experience, they are exposed to people who have achieved change and are living a better life as a result. This can help build understanding that they, too, are deserving of a better life, and helps participants see that it is achievable for someone in their circumstances:

You've got to be able to see it to believe it. I've always said that when you come out of addiction, three things have got to align. You've got to want to stop. You've got to be given the opportunity to stop. And you've got to be able to see that future where you don't want to start again. And if those three things aren't all in alignment, then it's going to be pretty difficult.

Changing Futures caseworker

Outside of Changing Futures, recovery settings and communities provide a supportive environment. This was highlighted by caseworkers with lived experience, and it was suggested that continued attendance at recovery meetings helps people to sustain reduced use of or abstinence from drugs and/or alcohol. Participants and people with lived experience reported that feeling part of this type of community and the support, advice, resources and networks available can equip people with tools and relationships to sustain positive decisions and reductions in drug and/or alcohol use:

You won't find recovery in mutual aid meetings – you'll find connections, resources, friendships, information, skills that you can use to get you to recovery. Mutual aid meetings chip away all other layers until you find recovery.

Changing Futures lived experience caseworker

Similarly, people with lived experience highlighted how they had progressed towards employment through support and opportunities provided by lived experience organisations. Some Changing Futures areas are funding or otherwise supporting these groups. There is also some evidence of a few areas working with statutory organisations to broaden job specifications to allow people with criminal records to apply:

I found out [lived experience organisation] employed people with lived experience despite having a [criminal] record – they said, 'we're not bothered about your past.' I was in a recovery house with benefits and able to work on top of that. It helped build me into the job. Charities like [lived experience organisation] invested in developing and guiding people like me to go on to college.

Changing Futures lived experience caseworker

Implications for the theory of change

The evaluation confirms several assumptions within the programme's theory of change. First, it demonstrates that the programme has successfully engaged participants with high levels of need. However, as explored in the fourth interim report, more work is needed to engage women and people from ethnic minorities.

Substantial proportions of people receiving intensive casework support have improved their overall wellbeing over their first year or so on the programme. Many are achieving the early outcomes outlined in the theory of change, including improved financial security and reduced use of crisis services. Early outcomes such as improved motivation and engagement with services are precursors to stabilising health and wellbeing.

While relatively few participants report a worsening position on key outcomes, many have not progressed. Given the complexity of need and disadvantages people have experienced, a year is a relatively short amount of time, and many people may need longer to reach a more stable situation. Longer-term monitoring of outcomes will be required to determine this.

Overall, there is also evidence of notable progress in reducing experience of rough sleeping and people being supported into more stable forms of housing. In the theory of change, reduced rough sleeping is only explicitly mentioned as a sustained, longer-term improvement. The evidence indicates that stable accommodation needs to come earlier in the journey and is an important precondition for other changes. The theory of change could be updated to reflect this. A lack of appropriate accommodation, in particular for disabled people and women, may be a barrier to greater progress.

Some Changing Futures participants have progressed towards the later stages of their recovery journey following support through Changing Futures; however, this is a relatively small proportion of Changing Futures participants. Consultation with and about people who are sustaining their recovery also supports key elements of the theory of change. It confirms the role and importance of Changing Futures caseworkers in supporting people to access other support pathways (such as peer support and lived experience groups) and opportunities (such as volunteering) to enable them to continue to progress and sustain their recovery. As discussed in the fourth interim report, the need for support does not end when people move on from the Changing Futures programme.

Again, longer-term monitoring of people's progress would be required to establish how widespread achieving 'thriving' outcomes is amongst those supported by intensive caseworker models.

As outlined in the theory of change, there are also wider factors outside of the direct support provided by Changing Futures that influence progress, including the availability of

responsive local services that are trauma-informed and have the necessary capacity to support people. The evidence for change in services is also explored in Chapter 3.

3. Service level: Supporting local services to better respond to multiple disadvantage

This chapter focuses on the service level, and the extent to which the programme has created changes in services used by people experiencing multiple disadvantage so that they are accessible, well-coordinated and offer trauma-informed, flexible and person-centred support. There is a particular emphasis on trauma-informed practice. One of the programme's principles is that funded areas should take a trauma-informed approach. Trauma-informed practice means:

- Realising that trauma can affect individuals, groups and communities;
- Recognising the signs, symptoms and widespread impact of trauma;
- Preventing re-traumatisation.

(Office for Health Improvement and Disparities, 2022)

The evidence in this chapter is drawn from the final follow-up partners survey, the final round of qualitative research, systems change and evidence review workshops and interim evaluation reports.

The box below summarises how Changing Futures was expected to contribute to changes in services and assesses the extent to which this has been achieved. These expectations (or 'contribution claims') are based on the theory of change - see page 3 for further detail. Changes the programme was not expected to directly influence within the timeframe of the programme (the accountability ceiling) are not included.

Service-level programme contribution assessment

Contribution claims

The theory of change expected that:

1. Creation of **lived experience** teams and collaboration with existing lived experience groups would improve processes for recruiting and supporting people with lived experience to co-design and deliver services.
2. Programme activities at operational and strategic levels, such as awareness raising and training, would lead to wider system staff with the capabilities and motivation for **trauma-informed working**.
3. Changing Futures would introduce or enhance teams of specialist caseworkers. These would deliver flexible, responsive support for people experiencing multiple disadvantage, and demonstrate **different ways of working**, including enhanced staff support, that reduces burnout.
4. Multi-agency forums and/or co-location would lead to clearer service referral pathways, improved joint case-working across services and **service co-ordination**.

Assessment of claims

1. **Lived experience:** People with lived experience form a core part of many Changing Futures teams, and some areas have developed new or improved pathways into the workforce. Qualitative evidence and partners survey responses suggest there is greater interest in employing and working with people with lived experience of multiple disadvantage. However, it is unclear the extent to which such changes extend outside of Changing Futures teams. Co-design and delivery with people with lived experience does not appear to be an embedded practice.

2. **Trauma-informed working:** Qualitative evidence suggests that understanding of trauma-informed working has increased over the programme. Qualitative evidence indicates that workforce development activity (such as training, communities of practice and resources) has been key in achieving this and respondents to the partners survey overwhelmingly agreed that the programme has made a difference locally. However, qualitative evidence also indicates that improvements in trauma-informed working have been mainly experienced within organisations working closely with Changing Futures teams.

3. **Different ways of working:** Changing Futures teams have modelled how services can work in a more trauma-informed, person-centred way. The impact of this on individual outcomes was covered in the previous chapter. There is some qualitative evidence of this influencing the practice of individual staff in other services. There is evidence of greater awareness of the need for better support for caseworkers working with people experiencing multiple disadvantage, but while Changing Futures teams have been provided with good support, staff burnout is often still a challenge in the sector.

4. **Service co-ordination:** The qualitative evidence indicates that multi-disciplinary team (MDT) meetings and forums have helped with information sharing, support coordination and risk management. Co-location of staff from different services and staff embedded within other services has also been beneficial in facilitating access to information, contacts, expertise and support. The Changing Futures programme has provided coordinated support for people experiencing multiple disadvantage with effective referral processes into the programme. However, the evidence of improved coordination of support has mainly related to the operation of Changing Futures-funded teams.

Alternative explanations and other contributory factors

Trauma-informed practice was in evidence in areas before the programme. The improvements in understanding and emphasis on trauma-informed working have been supported by a broader movement in this direction. Other initiatives, such as the MEAM Approach and Fulfilling Lives, have contributed to change in some areas, providing a foundation on which to build and/or providing additional resources. A range of other programmes and structures, such as multi-agency forums, have run alongside Changing Futures and contributed to the achievement of outcomes. However, Changing Futures has provided important additional capacity and leadership, and it was always the intention that the programme should work collaboratively with other programmes.

Implications for the theory of change
Improving recruitment and support for people with lived experience does not appear to lead immediately to co-design and delivery being embedded practice as set out in the theory of change. Other factors have a role to play and should be included in the theory of change. There needs to be an understanding of the value of lived experience at the operational and strategic level, and appropriate resourcing to make co-design and delivery of services a reality.

Most change appears to have taken place at the operational level. The capacity of operational staff to influence change is limited without more senior support.

The theory of change acknowledges that wider service conditions, including staff flexibility, autonomy and capacity, will affect the ability of staff to deliver trauma-informed treatment. The theory also shows these changes as outside what the Changing Futures programme was likely to be able to directly influence; the evaluation evidence supports this assumption.

3.1. The extent and nature of change: workforce understanding and capability

Addressing stigma

Stigma towards people experiencing multiple disadvantage can be a barrier to them receiving the support they need from services (CFE with Cordis Bright, 2022). Interviewees and workshop attendees reported that there is a better understanding of multiple disadvantage within local services, and this has helped to reduce some of the associated stigma. There is also said to be greater recognition that the system creates barriers to engagement, resulting in some services/professionals responding better, with greater willingness to find effective ways to support people:

…that 'difficult to engage' or 'refusing to engage', you know, we've moved away from that completely in the sense that it's our responsibility as services to find a way to engage, and I think Changing Futures brings that principle and that narrative to the table…

Strategic stakeholder

Stakeholders and staff in some areas, such as Sussex and Lancashire, highlighted a greater awareness of the impact that certain language can have on perpetuating stigma and retraumatising people. In these areas, emphasis is being placed on reducing stigmatising language.

However, stakeholders acknowledge that although progress has been made, more work is needed to further address stigma within more mainstream services. The impact of the programme has mostly been within organisations with which Changing Futures teams have worked closely.

Appreciation of the role of lived experience

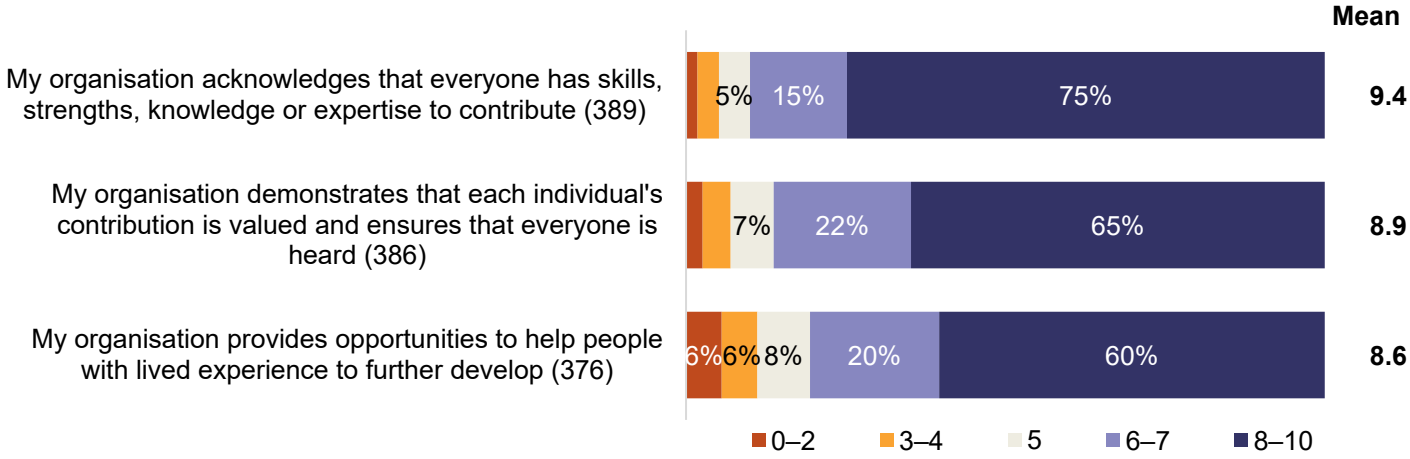
Interviewees and workshop participants reflected that there is now greater interest in employing a broader range of people, including people with lived experience, within support services. There is greater recognition that staff with lived experience bring unique value to teams by fostering client relationships and offering different insights and understanding of people's experiences (CFE with Cordis Bright, 2025). A more diverse workforce can also bring different perspectives and approaches to problem-solving:

I've also observed a huge shift in the openness to employing people with criminal justice background and co-production, actual true co-production and I've seen the way that people have flourished, I've seen people be professionally developed and yes, so, it's been a very, massive shift in the way that people are viewed, albeit there's still a lot to do on that.

Strategic stakeholder

Respondents to the latest partners survey generally agreed that their organisation acknowledges that everyone has a contribution to make and values this (see Figure 3.1). While this was also the case in the baseline survey, the proportions strongly agreeing have increased. For example, 67 per cent of respondents indicated the strongest levels of agreement with the statement 'My organisation demonstrates that each individual's contribution is valued and ensures that everyone is heard' at baseline; 75 per cent of respondents to the latest survey indicated the same level of agreement.

Figure 3.1: On a scale of 0-10, where 0=strongly disagree and 10=strongly agree, to what extent do you agree or disagree that…



Bases in parentheses. Source: Second follow-up partners survey

People with lived experience form a core part of many Changing Futures teams. In several areas, including Westminster, Sussex, Lancashire and Northumbria, caseworkers with lived experience have specifically been recruited to provide direct support to participants. Some areas have helped to develop new or improved pathways into the workforce for people with lived experience, such as paid and voluntary roles that act as a stepping stone for people to get back into work. For example, Plymouth's Peer Research Network has provided part-time opportunities and accompanying support for 11 people.

People with lived experience have also been involved in recruitment processes to support decision-making on who would be most suitable to hire. For example, in Nottingham, service users have participated in job interviews, provided valuable insights and encouraged trust-building within communities.

It is not clear the extent to which changes in recruitment practice extend beyond the direct delivery of Changing Futures, and there is little evidence of changes to the make-up of support staff outside of programme teams. Some interviewees and workshop attendees pointed out that the workforce is often not as diverse as the areas in which they work, and there is limited funding and resources to support people with lived experience to upskill and progress into other roles. While 80 per cent of partners survey respondents agreed that their organisation provides opportunities to help people with lived experience develop further, this statement received lower levels of agreement than others relating to support for a diverse workforce (see Figure 3.1). Further adjustments to support and progression pathways are needed to make it easier for people with lived experience to join and thrive within the workforce.

Support for the frontline staff

Evidence from workshops and interviews suggests that, among Changing Futures partner organisations, there is greater awareness and discussion of the impact of work on frontline staff, such as secondary trauma.[51] It is recognised that it is important that staff are well supported to manage this:

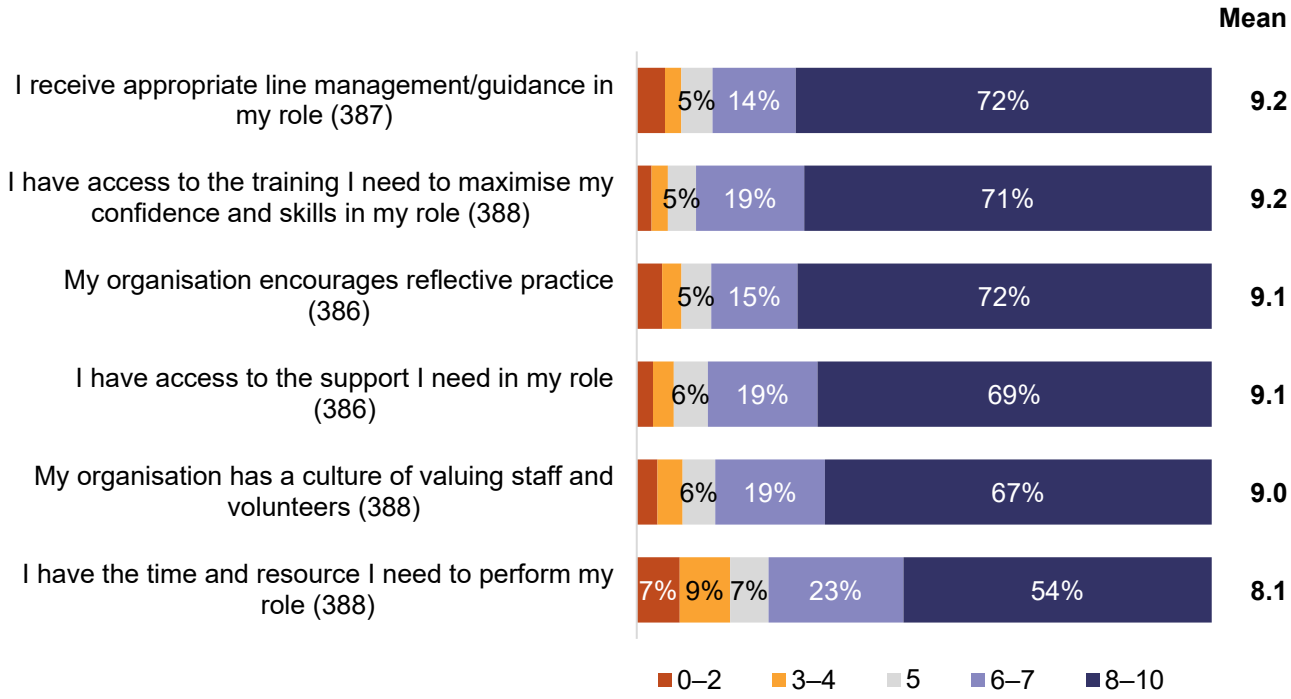
We need to be supported […] For us to do our job, we need to make sure that we are doing alright, looking after ourselves, because our job can be quite traumatic at times.
Changing Futures team member

Changing Futures teams have taken steps to provide staff with a positive working environment and appropriate support. This has included providing spaces (outside of usual line management meetings) where staff can reflect on and discuss any challenges they are facing. For example, in Northumbria, staff with lived experience meet regularly to discuss, problem solve and provide support to each other. In interviews with Sussex staff, reflective practice was consistently highlighted as a valuable tool for staff support, enabling them to process emotionally taxing work, manage secondary trauma, maintain their wellbeing and keep motivated. A few areas have employed clinical psychologists to provide supervision and support.

Most respondents to the follow-up survey tended to agree that their organisation provides support for them in their role, including appropriate line management, access to training, and encouraging reflective practice (see Figure 3.2).

[51] Secondary trauma, sometimes called vicarious trauma, is when a person does not experience trauma directly, but is closely connected to it, for example, by supporting other people who have experienced trauma. See https://www.mind.org.uk/information-support/types-of-mental-health-problems/trauma/about-trauma/#TypesOfTrauma

Figure 3.2: On a scale of 0-10, where 0 is strongly disagree and 10 is strongly agree, to what extent do you agree or disagree that…

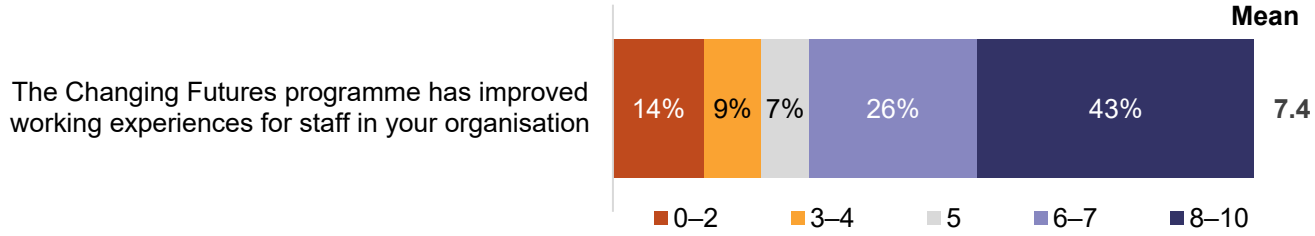


Bases in parentheses. Source: Second follow-up partners survey.

Interviewees highlighted that training on trauma-informed practice has also contributed to a greater understanding outside of Changing Futures teams of the need to support staff. Beyond this, however, the extent to which activities to support staff are being provided outside of Changing Futures delivery is unclear. Workshop participants reported that staff burnout due to the emotionally challenging work involved in supporting people experiencing multiple disadvantage is often still a challenge in the sector. Notably, the partners survey question on workforce support receiving the lowest level of agreement was 'I have the time and resource I need to perform my role', with only 54 per cent of respondents strongly agreeing with this compared to 72 per cent who strongly agreed that they receive appropriate line management (see Figure 3.2). In the baseline partners survey, 36 per cent of respondents strongly agreed with the same statement (CFE with Cordis Bright, 2022).

Almost a quarter of partners survey respondents (23 per cent) tended to disagree that the Changing Futures programme had improved working experiences for staff in their organisation (see Figure 3.3). Evidence from elsewhere in the evaluation indicates that while Changing Futures delivered training that was widely taken up, it was limited in its ability to change the working conditions of services outside the programme.

Figure 3.3: On a scale of 0-10, where 0 is strongly disagree and 10 is strongly agree, to what extent do you agree or disagree that…



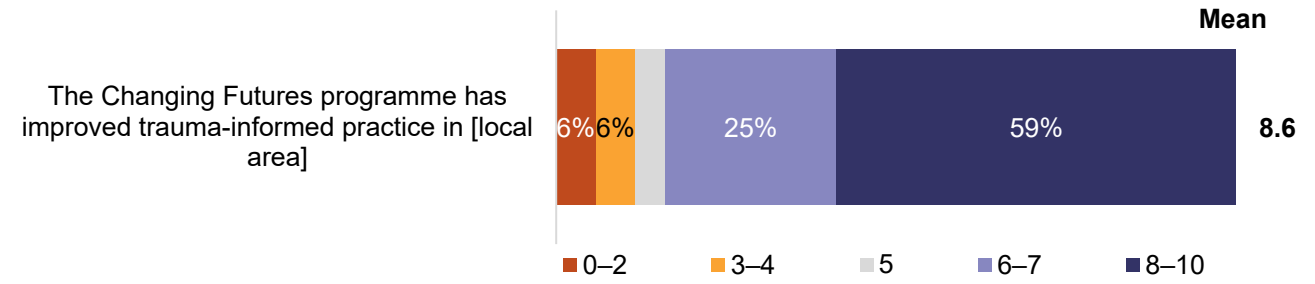
Base = 324. Source: Second follow-up partners survey.

Embedding trauma-informed practice

The baseline evaluation report (CFE with Cordis Bright, 2022) highlighted inconsistent understanding and application of trauma-informed practice. While acknowledging the different start points of different areas and sectors, there is evidence that understanding of and emphasis on providing trauma-informed support has increased over the course of the Changing Futures programme. Interviewees and workshop attendees in some areas indicated that there is greater empathy and understanding among staff of the need to be tolerant and communicate effectively with people experiencing multiple disadvantage.

Most partners survey respondents (84 per cent) agreed that the programme had improved trauma-informed practice in their area (see Figure 3.4).

Figure 3.4: On a scale of 0-10, where 0 is strongly disagree and 10 is strongly agree, to what extent do you agree or disagree that…



Base = 206. Source: Second follow-up partners survey

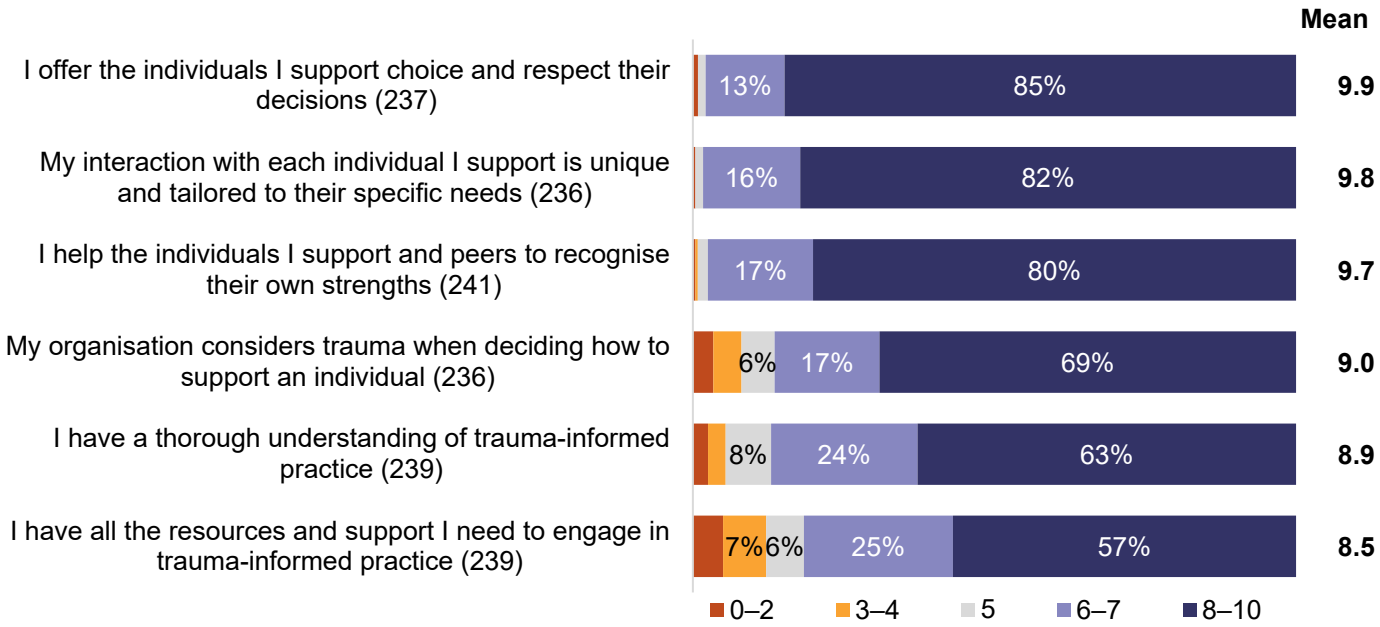
This has mainly been achieved through the provision of training and the direct delivery of support that showcases trauma-informed approaches. Changing Futures staff have been able to share their expertise with colleagues from other services with whom they are co-located (see section 3.3 for further information).

In the most recent partners survey, 82 per cent of respondents[52] had received training in trauma-informed practice, 87 per cent of these within the last two years. In comparison, 69 per cent of respondents to the baseline survey[53] had received training. Almost all respondents to the recent survey agreed that they were adopting key elements of trauma-

[52] Base = 250
[53] Base = 271

informed approaches in supporting people, offering choice, recognising people's strengths and tailoring interactions to the individual (see Figure 3.5).

Figure 3.5: On a scale of 0-10, where 0 is strongly disagree and 10 is strongly agree, to what extent do you agree or disagree that…



Bases in parentheses. Source: Second follow-up partners survey.

While it appears that the greatest impact of the promotion of trauma-informed approaches has been within Changing Futures teams and core partners, there is evidence that the programme has, in some areas, reached beyond this to other services. Training funded by Changing Futures has generally had wide take-up, including from services that have not otherwise been heavily involved in Changing Futures:

Quite a few of our officers have been on various courses. [They] have been very complimentary about how it's changed their thinking towards people with multiple disadvantages.

Strategic stakeholder

Despite the progress, staff and stakeholders highlighted remaining inconsistencies and a concern that the move toward more trauma-informed working was not always fully embedded as part of business as usual, particularly within statutory services. While some services, such as adult social care in Stoke-on-Trent, have made trauma-informed training mandatory, this does not appear to be the case in all areas.

Training is largely undertaken by frontline staff, but stakeholders highlighted a need to engage and upskill more strategic leaders to help ensure the approach is fully supported. Statutory services often do not have the resources to work more flexibly and intensively with people, with high staff turnover and caseloads making a trauma-informed approach challenging. Housing and mental health services were highlighted as being particularly difficult to engage with this agenda. The partners survey statement relating to trauma-informed working that received the lowest level of agreement was 'I have all the resources and support I need to engage in trauma-informed practice' (see Figure 3.5). For context,

this statement also received the lowest level of agreement in the baseline survey, where only 40 per cent of respondents indicated strong agreement (score of between 8 to 10) (CFE with Cordis Bright, 2022):

You've got a department with … very finite resources, decreasing even further… we really struggle to get housing and homeless statutory services to turn up, to engage in it. […] they're worried that they're going to be expected to do more.

Strategic stakeholder

3.2. The extent and nature of change: better cross-service referral, information sharing and coordination of support

Referral processes

There is good evidence that Changing Futures is providing coordinated support for people experiencing multiple disadvantage with effective referral processes into the programme. In this way, those getting support from the programme receive more holistic, person-centred and trauma-informed help. As reported in interim reports (CFE with Cordis Bright, 2024a), participants are referred from a wide range of partners and services, including homelessness services, drug and alcohol services, emergency services, adult social care and probation. In many areas, including Manchester, Lancashire, Leicester and Surrey, referrals are discussed at multi-agency meetings attended by Changing Futures teams to jointly discuss and plan the most appropriate package of support. See the third interim evaluation report for further examples of innovation in referral processes (CFE with Cordis Bright, 2024b).

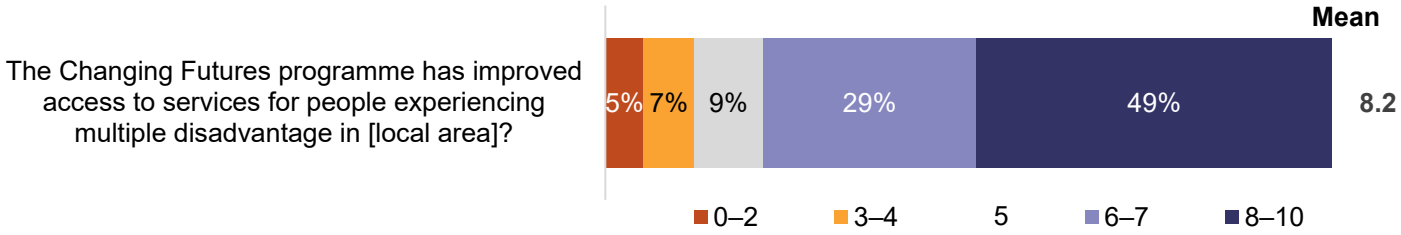
There are some examples of changes to referral into Changing Futures being adopted more widely. For example, in Stoke-on-Trent, a new 'front door' approach to vulnerable adult referrals has been introduced within adult social care, with onward referral to the Changing Futures team one option following initial triage. Manchester's use of the multi-agency referral meetings is being mainstreamed by Manchester City Council under the 'Adult Early Support' banner.

In Westminster, Changing Futures has produced resources to help people understand and navigate the system better, including a housing toolkit for young people. In Nottingham, Changing Futures has worked to streamline access to services by creating shared assessment tools and unified referral pathways informed by co-production with their Experts by Experience Panel.[54]

Most partners survey respondents (78 per cent) tended to agree that the Changing Futures programme had improved access to services for people experiencing multiple disadvantage (see Figure 3.6).

[54] Co-production is a term used to describe the process of working together in equal partnership with service users/people with lived experience to design, deliver and implement a project, service or other piece of work.

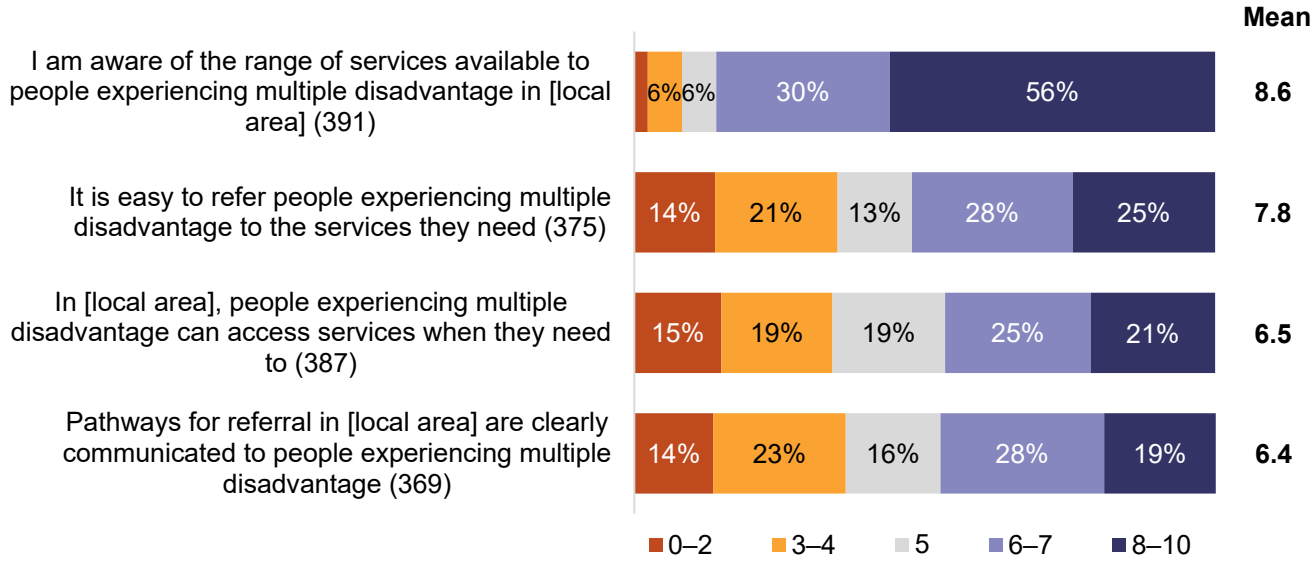
Figure 3.6: On a scale of 0-10, where 0 is strongly disagree and 10 is strongly agree, to what extent do you agree or disagree that…



Base = 361. Source: Second follow-up partners survey

Nonetheless, respondents also gave some of their most negative responses about ease of referral and accessibility of services. Just over a third (35 per cent) did not think it was easy to refer people to the services they needed, and 37 per cent said pathways for referral were not clearly communicated to people experiencing multiple disadvantage. Fewer than half of respondents (46 per cent) agreed that people experiencing multiple disadvantage can access services when they need to (see Figure 3.7). This echoes the experiences of Changing Futures participants who were interviewed. They often found the accessibility of the support they needed was poor, and they benefited from the support of caseworkers to coordinate referrals, allowing them to better access services.

Figure 3.7: On a scale of 0-10, where 0 is strongly disagree and 10 is strongly agree, to what extent do you agree or disagree that



Bases in parentheses. Source: Second follow-up partners survey.

Further work to improve access to services is still needed, as services often still work on single issues, most likely due to how they are funded and commissioned – progress on changing this is explored in Chapter 5. Due to resource and capacity limitations, access to some types of support, such as mental health services and housing, is often a challenge with long waiting times and limited opportunities for staff to work collaboratively.

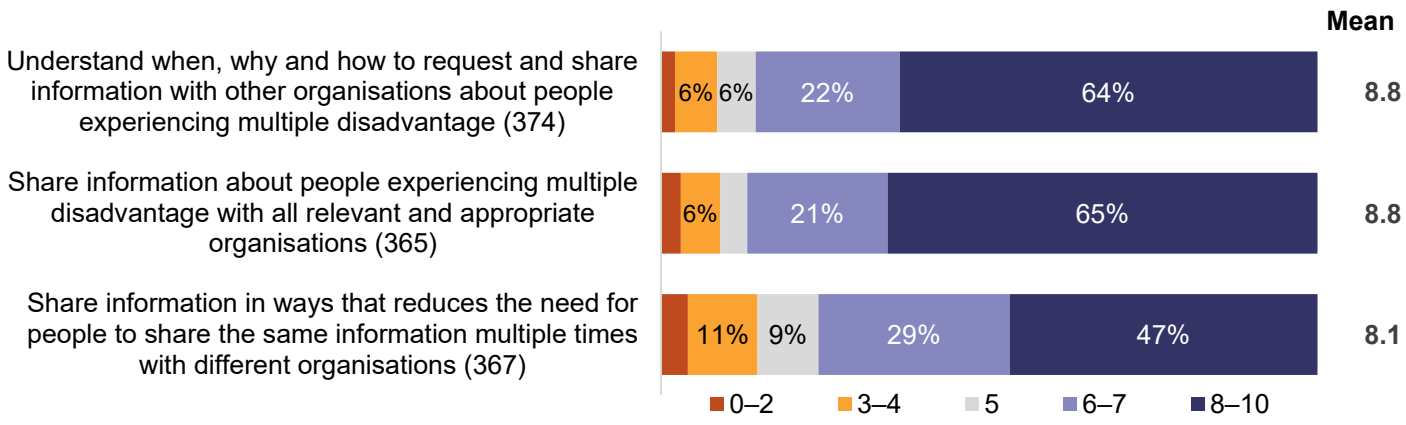
More coordinated support
Stakeholders reported that coordination of support has also improved during the programme, mostly in relation to people accessing the Changing Futures-funded caseworker services. The programme is said to have helped develop understanding and relationships between staff in different services, leading to greater trust and more collaborative working. Some stakeholders reported that learning from Changing Futures on effective approaches to coordination had spread to other services working alongside the programme.

However, workshop participants also acknowledged that the scale and complexity of need are greater than Changing Futures alone can support, and for those outside the Changing Futures programme, support services are much less likely to be well coordinated.

Improved information sharing
Access to timely information across services is an important element of ensuring a coordinated approach to support. It can also reduce the extent to which service users are asked to provide information about themselves and their experiences, something that can be re-traumatising and put people off accessing support (CFE with Cordis Bright, 2022). There is evidence that information sharing has improved within multi-agency teams of which Changing Futures staff are a part. There are also examples of initiatives to empower service users in sharing their data. For example, Plymouth has introduced the Your Story Approach, a trauma-informed assessment model and tool developed with people with lived experience to tell their story once to services in the way they would like to convey it. NHS Devon Trust is looking to pilot this approach on a wider scale.

Most respondents to the follow-up partners survey (86 per cent) said their organisation understands when, why and how to request and share information about people experiencing multiple disadvantage with other organisations. The same proportion (86 per cent) indicated their organisation shares information with other organisations more often than not. A smaller proportion (76 per cent) indicated their organisation shared information in ways that reduced the need for people to share the same information multiple times (see Figure 3.8). However, this is a more positive response than at baseline, where only 61 per cent of respondents gave a similar answer (CFE with Cordis Bright, 2022).

Figure 3.8: On a scale of 0-10, where 0=never and 10=always, to what extent does your organisation do the following:



Bases in parentheses. Source: Second follow-up partners survey

Professionals in some areas reported that they have a clearer mandate and parameters for data sharing at the operational level. However, inconsistent interpretations of data protection regulation and confidentiality concerns still present barriers to more effective data sharing. While there are a few examples of the introduction of a shared case management platform (for example, Hull and Surrey), ambitions for shared data management systems have not been realised in most areas. Shared data systems can be complicated and expensive to create, and it can be difficult to align the information needs of different services. A lack of strategic-level buy-in to information sharing efforts was also highlighted as a barrier by workshop participants.

Shared risk management
Different understanding of risk and concern from some services that some people experiencing multiple disadvantage presented too high a risk to work with were highlighted as barriers in the baseline evaluation report (CFE with Cordis Bright, 2022). There is evidence of improved understanding of and joint management of risk. In some areas, Changing Futures has supported the development of joint risk assessment processes. For example, Bristol's Collective Safety Planning Toolkit, used as part of their My Team Around Me approach, ensures collective responsibility for risk and incorporates participants' views into safety planning.

However, challenges remain with joint risk management, often attributed to different organisational cultures and remits. In several areas, there remains a difference across services and sectors in how people understand and categorise risks and how to manage them. For example, some stakeholders indicated that services such as probation and mental health tend to have a more conservative understanding of risk, and there can be mistrust between statutory and voluntary sector services around risk management.

3.3. Supporting local services: mechanisms for change

Training and workforce development

Changing Futures has funded and/or supported the design and delivery of a wide range of training and other workforce development activities; two examples are provided in the Spotlight box on the following page. This has been popular, with wide take-up across a range of sectors and receiving positive feedback from participants. Training and associated workforce support activities appear to be instrumental in raising awareness and ensuring that people have the necessary knowledge and skills for trauma-informed practice. Other training topics have included anti-racism and co-production.

Some areas have also created or extended communities of practice, learning networks and reflective spaces. In some instances, these are a follow-on from initial training, helping to maintain and embed learning and promote a culture of inquisitiveness about how to improve practice and system responses. Examples include the Trauma Informed Network in Plymouth and the Trauma Informed Community of Practice in Sussex, which provide spaces for discussion and reflection.

Spotlight on learning and adaptation: Workforce development initiatives in Nottingham and Stoke-on-Trent

Nottingham's Practice Development Unit (PDU) offers training, resources and practical tools on trauma-informed care and multiple disadvantage awareness. It includes online events, communities of practice, e-learning modules, multi-media toolkits and guides and reports, which are easily accessible. Through the PDU, Changing Futures has targeted parts of the local system, such as primary care, where protected learning time sessions have been used to inform staff on the challenges people face in accessing healthcare and upskill around multiple disadvantage. Recommendations and a toolkit have also been provided to help staff better support people experiencing multiple disadvantage.

Without the Practice Development Unit, we might as well all go home, because it's the nucleus… that pulls everything together… There's always a network of resources that you can pull together… it's a really good resource, and everybody's using it… anybody can access the PDU and get those resources.

Operational stakeholder

In Stoke-on-Trent, the programme funds the Insight Academy training programme, run by Expert Citizens Community Interest Company and the City Council. The training is co-designed with people with lived experience, who also lead training delivery. Topics covered include trauma-informed care, making safeguarding personal, effective recording of case notes, hoarding and motivational interviewing. Between August 2022 and December 2024, over 292 sessions of training were delivered to approximately 5,097 participants from 157 organisations, including the police, local authority, housing services and health services.

Multidisciplinary team (MDT) meetings

Multidisciplinary team (MDT) meetings and other forums have helped services share information, coordinate support and manage risk. MDT meetings have provided a forum for professionals to share relevant information held by their respective organisations and to jointly plan support for people experiencing multiple disadvantage. They have supported shared decision-making and risk management and facilitated smoother access to services involved in the discussions. An example of one MDT (Stoke's Multi-agency Review Group) is provided in the box below.

They have also been important as a space for professionals across different organisations to build closer working relationships and understanding of one another's services and roles. This has wider benefits for multi-agency working.

Stoke-on-Trent's Multi-Agency Resolution Group
In Stoke-on-Trent, when there are particular challenges in successfully supporting someone, these can be taken to the Multi-agency Resolution Group (MaRG). The MaRG is attended by people with lived experience as well as delivery staff, senior operational staff and sometimes commissioners from the police, probation, health, housing providers, housing solutions and adult social care.

The MaRG is helping to improve multi-agency approaches to safeguarding and risk management. Changing Futures introduced an independent chair to the MaRG, which they found helpful in holding the different organisations represented to account:

[the MaRG] helped to aid shared risk ownership, whereas previously, there'd been that silo approach […]. We've actually been able to share that accountability across the system.

Changing Futures team member

While stakeholders generally agreed that MDTs were critical for improving coordination, they do require resource and need to be effectively managed. Caseworkers with low caseloads were said to be an integral part of what makes MDTs effective. One Changing Futures area suggested that staff training in facilitating MDT meetings was required. Another stakeholder highlighted the value of having a commissioner or other stakeholder with a good overview of the system and capacity in attendance. Certainly, MDT meetings need representation from all the key services that people experiencing multiple disadvantage are likely to require, and this is not always the case. There is also evidence in some areas of a proliferation of different MDT meetings being established for different service users, resulting in overlap and inefficiencies. See the second interim evaluation report (CFE with Cordis Bright, 2024b) for further information on MDTs.

Co-location and embedded roles

Some areas, like Essex, Hull, Sheffield, Stoke-on-Trent and Sussex, have opted to co-locate services or staff from different services within a hub or MDT.[55] In other areas, such as Essex, Nottingham and Surrey, workers have been embedded in key services including adult social care, housing, mental health, and probation. Co-location and embedded roles have provided similar benefits to the MDTs outlined above, in terms of improving information sharing, timeliness and coordination of support, access to host or co-located services, and development of inter-organisational relationships and understanding:

The embedded posts created single points of contact, linking agencies to resolve issues quickly.

Changing Futures team member

Alongside co-location or embedded roles, some areas have either introduced a new shared case management system (like in Hull) or provided access to a pre-existing central case management system for use with Changing Futures participants (like in Sussex).

[55] Co-location is when workers from different services are located together in the same office.

Some areas where Changing Futures staff are co-located with other services have been able to access host information management systems, such as adult social care.

Stakeholders with insight into embedded roles and co-location emphasised that the positive impact on working relationships, shared understanding, and purpose is significant and is greater than that of MDTs alone. There is also a clear benefit for participants in being able to access a range of support from a single team or location:

Physically working in the same space… the impact that that very simple model has had has been really profound… we're sharing information, we're going out together, people can come to us, and everything they need is in that room.

Changing Futures team member

Further details on the embedded roles and co-location in Nottingham and Sussex are provided in the case studies in section 3.3 below.

Showcasing different ways of working

In providing a service to support people experiencing multiple disadvantage, Changing Futures has modelled how services can work in a more trauma-informed, person-centred and flexible way. While the primary reason for introducing services was to address a gap and provide direct support to people experiencing multiple disadvantage, areas reflected that showcasing this way of working had been a valuable strategy.

Staff in other services working alongside Changing Futures caseworkers have been able to see that this way of working can be effective at achieving better outcomes for people. Stakeholders in some areas reported that this has contributed to changes in practice within other services; see the Spotlight box on the following page for an example. Generally, these are related to individual staff members or services flexing their usual approaches around people experiencing multiple disadvantage within the limits of their service delivery models, rather than more extensive overhauls of delivery models or working practices.

Areas with embedded or co-located Changing Futures caseworkers reported that they are particularly well-placed to model their approaches to professionals in the services with which they are co-located, suggesting that the impact of modelling may be greater in areas that have taken this approach. There is further evidence of the impact of modelling at the strategic level, which is explored in the following chapter.

Changing Futures was designed to be a learning programme, anticipating the need to adapt delivery based on experience. This has meant building in mechanisms to enable Changing Futures caseworker teams to reflect, learn and respond, including reflective practice sessions, team meetings and gathering regular feedback from people receiving support. The programme has also included shorter pilot projects to test specific approaches or to reach target audiences, such as the Barka project for Eastern European migrants in Westminster, which have generated learning and useful insights.

Spotlight on learning and adaptation: Northumbria's Liberated Method
In Northumbria, Changing Futures has focused attention on the Liberated Method of intensive, relational support as an effective approach for supporting people experiencing multiple disadvantage.

People working in services across Northumbria, particularly at the main touchpoints for the programme (within a local hospital and homelessness, drug and alcohol, and women's services), have seen the progress individuals have made from receiving this type of person-centred and flexible support. Through multi-disciplinary team meetings, people have worked together to try to better meet the needs of people on the programme. This has led to some people working in services outside of Changing Futures being more ready to flex their usual ways of working and do things differently to benefit clients on the programme, but also other service users more widely:

…[one] worker, did very similar with her other clients. She would just give them a time frame rather than a time to turn up. So, 'Come this week at some point, you might have to wait a bit, but I will see you,' that was really different from how they were working.
Changing Futures team member

The caseworker team participated in group supervision and case management meetings to reflect on and adapt the model and ways of working on an ongoing basis. They also considered challenges and system blockages, and ways to circumnavigate them.

3.4. Focus on the criminal justice system and adult social care: two case studies

This section focuses in more detail on how two Changing Futures areas, Nottingham and Sussex, have made progress in engaging and supporting organisations within the criminal justice system and adult social care respectively, to provide a coordinated and responsive service to people experiencing multiple disadvantage. Adult social care and criminal justice system stakeholders are key partners in improving services and systems for people experiencing multiple disadvantage. However, there is variation across local areas in the extent and nature of their involvement in the programme. The case studies have been selected to illustrate common challenges in parts of the criminal justice system and adult social care, and how the two areas sought to address these.

Improving coordination and collaboration with the criminal justice system in Nottingham

The challenges

When Changing Futures was introduced in Nottingham, there was a lack of collaboration between the different parts of the criminal justice system and other services supporting people experiencing multiple disadvantage. In particular, services struggled to engage effectively with probation. Mechanisms for multi-agency partnership working within the criminal justice system were lacking, data systems were fragmented, and it was difficult to obtain or share information. This combination of factors meant that it was difficult to effectively coordinate support for people in contact with the justice system.

The response
Changing Futures Nottingham worked with the police and probation to implement a multi-faceted approach to addressing these issues, establishing new referral mechanisms with the police and embedding a staff member in probation.

Having identified a link between the rise in begging, rough sleeping and retail crime in the city, Nottinghamshire Police launched Operation Brandberg to respond through early intervention and diversion. Nottinghamshire Police and Changing Futures developed a data sharing agreement to enable police officers to refer people who were begging, rough sleeping or shoplifting and who they felt might require additional support. Changing Futures caseworkers accompanied police officers on patrol and were introduced to people they were concerned about, enabling effective targeting of support.

A Changing Futures-funded practitioner was embedded within the probation service. They are fully integrated into the service and infrastructure, co-located with the team, with access to their case management systems. The embedded practitioner does not hold a caseload themselves; instead, the role includes:

- Providing casework advice and guidance to probation officers on supporting people experiencing multiple disadvantage;
- Facilitating referrals to Changing Futures and attending appointments with probation officers to encourage people to engage with Changing Futures caseworkers;
- Taking part in multi-disciplinary partnership meetings, gathering information about available services and eligibility and reporting back to probation officers;
- Working to improve coordination across services through the partnership meetings and Changing Futures practitioners embedded in other services (such as mental health).

The results
There is now more effective coordination between police, probation and other services, improving identification of and support for people experiencing multiple disadvantage who are in contact with the criminal justice system.

Nottinghamshire Police have reported a marked decrease in begging and shoplifting in targeted areas, with people diverted away from offending and towards support that seeks to address the root causes of their offending. By providing holistic support rather than punitive measures for minor offences, Operation Brandberg has achieved positive outcomes for people experiencing multiple disadvantage and the wider community.

At a strategic level, the operation's success has influenced broader discussions about the future of partnership working within Nottingham's criminal justice system and beyond. Nottinghamshire Police are now considering establishing a permanent partnership role between the police and Changing Futures, in recognition of the programme's contribution. Operation Brandberg has also been observed by the Home Office and learning shared for consideration by other police forces.

The embedded role has provided additional capacity within an overstretched service. By supporting probation with one of their key challenges, a lack of resources, Changing Futures Nottingham has encouraged and enabled probation to engage more thoroughly in

the multiple disadvantage agenda. It has also developed contacts in probation and facilitated relationships between probation and other services to support improved case coordination and referrals. The embedded probation role provides a focal point for multiple disadvantage within probation, offering additional expertise and increasing awareness among probation staff of how to support people experiencing multiple disadvantage. The role has reduced barriers to engagement and information sharing, enabling services to access information from probation more easily.

Improving service coordination and support with adult social care in Sussex

The challenges

Individuals experiencing multiple disadvantage often struggle to have their care and support needs assessed under the Care Act[56]. Shortages of social workers and high demand for Adult Social Care services mean limited capacity and high and increasing caseloads. As a result, it can be difficult for staff to work in a more flexible, trauma-informed way. This can also mean long waits for assessments or care needs not being recognised, preventing access to statutory care pathways:

We were looking at a 2-month wait for a Care Act assessment, when actually, [people experiencing multiple disadvantage] arguably can't wait that long.

Changing Futures team member

The response

The Sussex Changing Futures programme introduced multi-disciplinary teams (MDTs) in three local authority areas: Brighton & Hove, East Sussex and West Sussex. The MDTs are led by a social care manager and bring together professionals from social care, health, drug and alcohol support, community support and peer support workers. The MDTs in Brighton & Hove and East Sussex are embedded within adult social care, co-located in shared office spaces and have access to the adult social care case management system. MDT staff have been trained to use the system and can add notes on their work with clients. Changing Futures has also funded additional adult social care roles.

People can be referred to their local Changing Futures MDT by other services, and if eligible, will be triaged by the social care manager. Once someone is being supported by Changing Futures, additional referrals to services within the MDT are not needed, and participants do not need to have their needs reassessed before getting help from these services.

The MDTs provide direct support to people as well as helping them to link into other local services that are not part of the MDT, such as probation, housing and healthcare (for example, Arch Healthcare in Brighton & Hove, a GP surgery for homeless people).

Although this approach has worked well in East Sussex and Brighton & Hove, it has been challenging to set up an embedded MDT in West Sussex due to the larger geographical size and administrative complexity of the area, which is split into seven districts and boroughs. As a result, support was provided across three hubs, mirroring the delivery of

[56] The Care Act 2014 sets out local authorities' responsibilities relating to the provision of care for adults aged 18 years and older in England who need support due to physical or mental disability, illness or old age.

other support services. Learning from Sussex indicates there is an optimum geographic reach for a co-located MDT, and it is less viable in more rural areas.

The results
Changing Futures MDT staff have provided additional capacity, knowledge and expertise, as well as the benefit of time to build relationships through low caseloads. The placement of MDTs in adult social care has helped to improve coordination between statutory and voluntary sector services, encouraged better use of resources and enabled increased access to support. The MDTs facilitate quicker access to adult social care and other services within the team. For example, because Changing Futures funds some social care roles, they can work more flexibly to undertake statutory work, including Safeguarding Enquiries, Care Act and Mental Capacity assessments. This mitigates delays and benefits participants with urgent needs by preventing further escalation of risk and implementing support plans at an earlier stage.

Access to the adult social care case management system has allowed for more efficient and holistic case management, as staff can more quickly access comprehensive information to assist decision-making on appropriate actions to take with participants.

The team structure and co-location have enabled those in different professions to share expertise, build rapport and more quickly link to other services to answer participants' questions and get the support they need. Engagement with Changing Futures has helped to shift perceptions within adult social care, fostering a more open and collaborative approach. For example, one interviewee reported learning more about drug use and related issues.

Despite the successes, interviewees raised concerns about whether the changes in adult social care will be sustained without ongoing funding or support. Adult social care generally continues to face challenges with high caseloads and limited capacity, which could result in a return to traditional, less collaborative practices.

3.5. The contribution of Changing Futures and implications for the theory of change

The key mechanisms for creating change at the service level have been workforce development and the direct delivery of intensive support by caseworkers, many of whom are part of multi-disciplinary teams and some of whom are embedded or co-located with other services. Changing Futures has funded direct support services in all areas but one. In some areas, this involved the development of a new service, whilst in others the programme funded the continuation or expansion of an existing service. Similarly, in some areas, multidisciplinary meetings have been introduced by Changing Futures, while in others the programme tapped into existing structures.

Precursor initiatives, such as Fulfilling Lives, have provided a foundation on which the programme has been able to build. Other initiatives running simultaneously, such as the MEAM Approach and other locally specific programmes, such as social prescribing in Rochdale, the workforce wellbeing programme in Essex, and Operation Brandberg in Nottingham, have also contributed to observed change. As intended, Changing Futures teams have worked collaboratively with these other workstreams to bolster capacity.

Indeed, working with prevailing trends and existing structures can be vital in building support; one Changing Futures area that sought to create new structures for the programme alienated some stakeholders as there was already a respected and well-attended multi-agency group operating in the area. Nationally-driven policies, such as the 2021 10-year drugs plan, From Harm to Hope, may have also influenced the strategy and culture around supporting people experiencing multiple disadvantage.

Trauma-informed approaches were evident in areas prior to Changing Futures, as demonstrated by the baseline partners survey responses, and there has been a broader movement towards recognising and adopting such practices generally. For example, in Bristol, a trauma-informed system programme was running simultaneously, meaning that services were already receptive to trauma-informed approaches. Stakeholders argued the programme had helped to accelerate movement in this direction and that having central government funding for a programme in the form of Changing Futures promoting trauma-informed practice was important in adding weight to local efforts.

Even where the programme has made use of and built on other initiatives, Changing Futures has provided important additional capacity, funding and leadership that has made a difference locally, championing the multiple disadvantage agenda and supporting key forums. Stakeholders highlighted the significant time and expertise involved in engaging and bringing together professionals from different services and making meetings work effectively.

Implications for the theory of change

The evaluation evidence supports key assumptions in the theory of change. Programme workforce development activities, such as training, have helped to increase awareness of multiple disadvantage and understanding of trauma-informed practice. There is evidence of reduced stigma and greater willingness to support people. The programme has effectively engaged a wide range of organisations and sectors, including statutory sector bodies, in workforce development activities. Changing Futures has built on and accelerated work towards establishing more trauma-informed practice through a significant injection of resources. Most impact appears to have been made at the operational level, but the capacity for operational staff to implement change is limited without more senior support. Greater engagement of people at the strategic level is required to ensure trauma-informed practice becomes part of business as usual.

Changing Futures teams have placed people with lived experience at the heart of what they do. There is some evidence that there is greater awareness of the benefits of employing and gaining the input of people with lived experience. However, it is not clear the extent to which this has translated into more opportunities for people with lived experience and better support and progression pathways into paid employment outside of Changing Futures teams.

The programme has demonstrated a different way of working, with staff with small caseloads and comprehensive support for their wellbeing. Multi-agency forums, co-location of services and embedded roles have been effective in joining up services, facilitating information sharing, sharing risk and coordinating holistic support for people experiencing multiple disadvantage. Changing Futures direct service delivery has been useful for engaging other services and exposing them to different ways of working.

However, shortages in staff capacity and high caseloads in other services have limited the extent to which increased knowledge and awareness of flexible, person-centred and trauma-informed support has become the norm outside core Changing Futures partnerships.

The extent to which the Changing Futures programme can influence these wider service contexts is acknowledged in the theory of change – an ‘accountability ceiling’ shows which outcomes are likely to be influenced directly by the programme and within the timescales of the evaluation. The next two chapters explore the extent and nature of change at the wider systems level, where change in strategic understanding, alignment and commissioning has the potential to influence the way in which services operate.

4. System level: Achieving strategic alignment on multiple disadvantage

This and the following chapter move on to look at change at the wider system level. First, this chapter explores the extent to which the programme has effectively engaged and brought strategic stakeholders together to build commitment and work towards strategies that align in their aims to address multiple disadvantage. The chapter draws on analysis of data from the systems change and evidence review workshops, the second follow-up partners survey and the final round of qualitative research.

The box below summarises how Changing Futures was expected to contribute to system change and assesses the extent to which this has been achieved. These expectations, or 'contribution claims', are based on the theory of change – see page 3 for further details. Changes that the programme was not expected to be able to directly influence within the timeframe of the programme (the accountability ceiling) are not included.

System-level programme contribution assessment

Contribution claims

The theory of change expected that:

1. Strategic multiagency forums and skilled Changing Futures leadership would engage stakeholders (local leaders, commissioners, data owners), increasing commitment to addressing multiple disadvantage and understanding of what works to support people experiencing it.

2. Better data availability and use at the strategic level would improve understanding of need and demand.

3. Strategic engagement and understanding would contribute to local strategies that are aligned and responsive to multiple disadvantage.

The theory also expected that the programme would influence commissioning – this is covered in Chapter 5.

Assessment of claims

1. **Increased commitment:** There is qualitative evidence of greater understanding of multiple disadvantage at the strategic level with increased commitment to do things differently to address the problem. Strategic boards and multi-agency forums, resourced and/or convened by Changing Futures along with leadership within the programme, have been key in bringing partners together and advocating for change.

2. **Better data:** There are some examples from the qualitative research of increased use of data to inform strategic decision-making, but this varies by Changing Futures area. The Changing Futures resource has been used to better assess the level and nature of need locally. Qualitative evidence indicates that providing evidence of the scale of need, the impact of inaction and of effective approaches has been vital to securing strategic support.

3. **Strategic alignment:** Most partners survey respondents agreed that the Changing Futures programme has improved strategic alignment and collaboration. However, despite some examples of multiple disadvantage now featuring in local policies, qualitative evidence indicates limited overall progress in aligning strategies.

Alternative explanations and other contributory factors
Other initiatives also working in this space may have contributed to greater awareness and commitment to tackling multiple disadvantage. Qualitative evidence indicates that responses to the COVID-19 pandemic also contributed impetus towards working differently.

Implications for the theory of change
The evaluation evidence indicates that the short-term system outcomes of increased awareness, understanding and commitment can plausibly be achieved through the mechanisms identified, and these are important preconditions. Greater resourcing and different/additional activities may be required to achieve greater strategic alignment.

There is a tension between generating and using data to build strategic commitment and needing strategic commitment first to unlock access to the data and analytical resources to be able to use the data. The multidirectional relationship between these data-related activities and outcomes could be reflected in the theory of change.

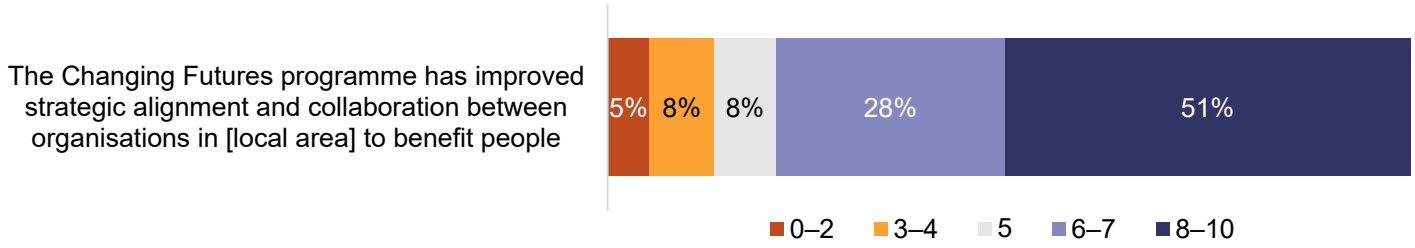
Identifying and tapping into relevant forums and initiatives, and integrating strategic development work on multiple disadvantage into these has proved an effective strategy in several areas. This should be reflected within the theory of change, as creating new structures is not always necessary and could be counterproductive.

4.1. The extent and nature of change

Most of the latest partners survey respondents (79 per cent) agreed that the Changing Futures programme had improved strategic alignment and collaboration in their local area (Figure 4.1), with over half (51 per cent) showing strong agreement. This first section

unpacks this overarching view to explore specific areas of change, including commitment to multiple disadvantage, partnerships and local strategies.

Figure 4.1: On a scale of 0-10, where 0=strongly disagree and 10=strongly agree, to what extent do you agree or disagree that…



Base = 362. Source: Second follow-up partners survey.

Understanding of and commitment to multiple disadvantage across the system

There is evidence from interviews and workshops across the evaluation to suggest that within local partnership areas, there is now a greater understanding of multiple disadvantage and the barriers that prevent people from engaging with services and getting the help that they need. With this has come increased commitment to make changes to address some of these barriers, along with recognition that there is a need and responsibility for organisations to start doing things differently and to work together to better support people experiencing multiple disadvantage. An example of this from Bristol is provided in the box on the following page. However, the changes observed have particularly occurred at the operational level rather than the strategic level, and have mainly been achieved with organisations that have been closely involved with Changing Futures:

What it's led to is a focus across the system on multiple complex needs. Getting people to understand that this is a very vulnerable group that needs an approach which is different from other service users. So, I think that's been a really useful thing. Changing Futures has obviously pushed up multiple complex needs among all the partner organisations' agendas. I think there's a far better understanding of complex needs than there was prior to Changing Futures.

Strategic stakeholder

Understanding of and commitment to multiple disadvantage at a strategic level has developed, with greater engagement of strategic stakeholders and commissioners across most local partnerships. However, stakeholders from most partnerships described the pace of change at the strategic level as slower than hoped for and noted that important gaps in strategic buy-in remain. Interviewees reported that it has often proved harder to gain tangible support from strategic decision-makers than from those in senior operational and frontline delivery roles:

What we are seeing, if I'm being totally candid, is lots of buy-in from that operational level… because they are the people doing the dos… but it can sometimes be a little bit tricky, when you're working a little bit higher up and you're trying to change some theories that people have around this…

Changing Futures programme team member

The programme has had more success in encouraging commitment from strategic decision-makers when they can see how better supporting people experiencing multiple disadvantage helps to address their strategic priorities. Similarly, targeting a particular sector or part of the system with additional resource has also helped to secure strategic-level engagement (see the case studies or working with adult social care and the criminal justice system in section 3.3).

Strategic alignment in Bristol
In Bristol, there has been increased strategic buy-in to and engagement with multiple disadvantage, which has been building for a long time. Bristol was one of the areas that participated in the Fulfilling Lives programme, so it has been engaged in work to improve support and systems for people experiencing multiple disadvantage for over ten years.

Strong local progress to improve strategic alignment on multiple disadvantage has continued since the initiation of the Changing Futures programme in Bristol. The area now has a dedicated multiple disadvantage strategy with a delivery plan attached, a multiple disadvantage transformation board at which all key organisations and services are represented, and separate but linked manager and practitioner meetings happening alongside to ensure strategic decisions can be implemented. There is also a multiple disadvantage commissioners board, and commissioners have participated in and valued training on multiple disadvantage. This has resulted in housing and adult social care jointly commissioning a housing pilot for people who are homeless and require support under the Care Act.

Multi-agency partnerships and governance

Stakeholders in most local partnership areas indicated that the focus on multiple disadvantage at multi-agency partnerships at a strategic level has improved over the course of the Changing Futures programme, and that Changing Futures has contributed to this. See the box on strategic partnerships in Sussex on the next page for an example. Areas emphasised improved engagement, dialogue and relationships between strategic stakeholders in different organisations. Often, this partnership building had been taking place within pre-existing multi-agency structures and networks, both formal and informal, with an increase in the extent to which multiple disadvantage is a focus. All areas were required to have a partnership steering group/board to govern the Changing Futures programme, some of which were existing structures and some of which were newly established.

There is also evidence that a wider range of perspectives and insights are being fed into strategic spaces. Stakeholders in some areas, such as Sheffield, Stoke-on-Trent and Lancashire, reported that the make-up of relevant strategic boards has changed and is now more diverse, including representation of people with lived experience. Several areas also indicated that the connection between strategic and operational roles and forums has improved. For example, in Essex, feedback from delivery staff was routinely fed into

quarterly strategic meetings for Changing Futures. Nevertheless, this connection between strategy and service delivery remains a challenge in several areas.

However, beyond improved relationships and changes relating to the programme governance, evidence of concrete and longer-term changes to partnership structures was more limited. Some areas highlighted that it has proved challenging to find a strategic 'home' for multiple disadvantage, that is, to agree which multi-agency strategic board and which organisation(s) will take longer-term ownership of ensuring that multiple disadvantage is addressed effectively.

Strategic partnerships in Sussex
In Sussex, Changing Futures has helped to establish Multiple Compound Needs (MCN) Boards in East Sussex, West Sussex and Brighton & Hove. These sit independently of Changing Futures programme governance structures and provide dedicated spaces for cross-sector strategic planning. They are helping to support more effective partnership working at the strategic level and greater integration of activity to address multiple disadvantage. The intention is that the Boards will be sustained beyond Changing Futures, and they are therefore an example of a longer-term structural change catalysed by the programme.

Something that has come about during the programme, and arguably because of the programme, is that there have been established boards set up for MCN in Brighton and Hove, East Sussex [and West Sussex], which I don't think would have come about had we not had the Changing Futures programme. These boards are a multi-agency strategic group that comes together to think about commissioning, funding, service development, that sort of thing.

Changing Futures programme team member

Availability and use of data at a strategic level

There is some evidence from interviews and workshops that Changing Futures has contributed to the increased availability and use of data to help inform strategic decisions around service development and delivery. However, this varies by Changing Futures area, with some reporting little change in this regard.

One area of relatively clear progress in several areas is in the increased availability of up-to-date data providing a more comprehensive picture of local need, demand and pathways through the system. Several areas, such as Essex, Hull, Surrey and Westminster, have undertaken multiple disadvantage needs assessments (the box below describes an example from Hull). These have often centred on or incorporated insights from people who use services or who have lived experience of multiple disadvantage, and this has helped to generate recommendations for service transformation. In other areas, strategic reviews are underway on topics of relevance to people experiencing multiple disadvantage, such as the strategic housing review in Sheffield.

Using data to understand the need in Hull
In Hull, the Changing Futures resource has enabled the production of the Break the Cycle Report, a multiple unmet needs assessment. This report draws on qualitative data from a range of interviews with people experiencing multiple disadvantage, as well as national and local quantitative datasets. It has provided a more extensive picture of need, demand and pathways through the system than was available previously. Importantly, it includes needs statements gathered directly from people with lived experience, as a means of directly reflecting what people want.

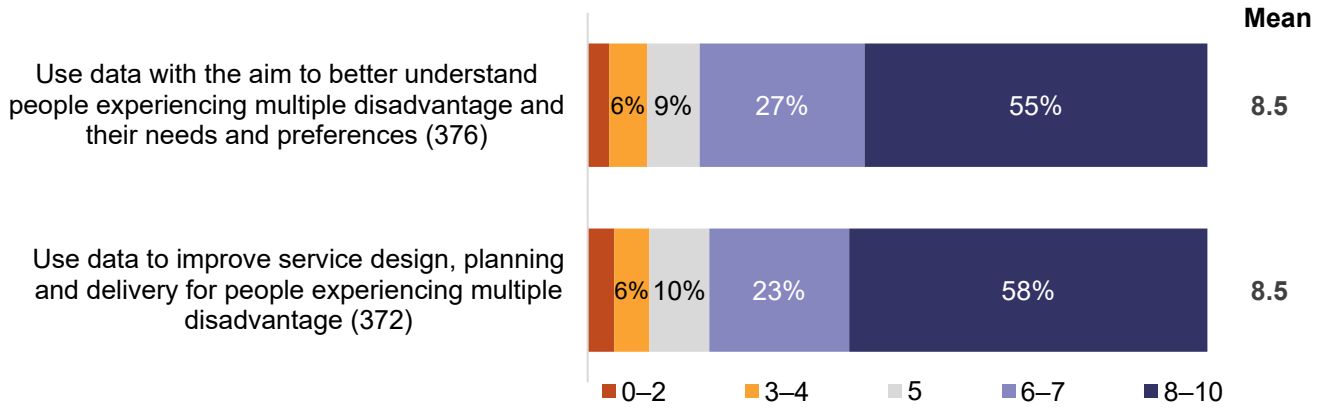
The needs assessment generated twelve recommendations for service transformation, for which strategic oversight and action plans are being established. Hull is thus in the process of translating their research on need and demand into strategic plans to improve services and systems.

In several areas, cross-organisation datasets and action learning sets have been used at the strategic level to help improve partners' understanding of the needs, preferences and experiences of people experiencing multiple disadvantage, the impact of different support models, and the costs and negative experiences associated with ineffective support.

Monitoring data on people supported by Changing Futures has been used to understand who the programme is reaching. This has helped to identify possible gaps and informed programme delivery, particularly in terms of where greater efforts are needed to better reach certain sectors and/or groups of people. For further details about this aspect of the programme, see the fourth interim report (CFE with Cordis Bright, 2025).

Over 80 per cent of respondents to the latest partners survey agreed that their organisation used data to better understand the needs of people experiencing multiple disadvantage and to improve service design and delivery (see Figure 4.2). For context, 74 per cent of respondents to the baseline survey agreed with the same statement (CFE with Cordis Bright, 2022).

Figure 4.2 On a scale of 0-10, where 0=strongly disagree and 10=strongly agree, to what extent do you agree or disagree that…



There is no single source of data on people experiencing multiple disadvantage, and so accessing and collating the full range of data held by multiple organisations, and then identifying people within that data to understand the scale of multiple disadvantage locally is a key challenge. Stakeholders reflected that strategic understanding and commitment

are important for unlocking access to data or resource to make the best use of it. It takes resources, time and persistence for local partnerships to improve the availability of data for strategic use.

Local strategies and policies

Stakeholders reported that overall progress to embed multiple disadvantage into local strategies and policy has been limited, and there is a lack of evidence that plans are fully aligned across all relevant sectors. It takes time for changes to be made in strategies and policy, and multiple disadvantage is one of many potential priorities competing for attention, with some organisations and sectors placing greater emphasis on this than others. Some stakeholders also reflected that the geographical size and complexity of some areas can create additional challenges to trying to achieve strategic alignment. One strategic stakeholder responding to the latest partners survey suggested a narrower focus in their area may have been more fruitful:

There have been pockets of excellence delivered through Changing Futures in [area], but the programme has struggled to cohesively influence strategic work and plans. There are so many other factors at play!! In hindsight, I think a narrower, more manageable slice of the system should have been focused on.

Strategic stakeholder

Nonetheless, there is some evidence that engaging strategy owners and building on strategic partnerships can be an effective way to contribute to local strategies and influence policies so they are more aligned and responsive to multiple disadvantage. For instance, a few areas, such as Bristol and Sheffield, have recently introduced a dedicated multiple disadvantage strategy. See also the example from Nottingham in the box below. Multiple disadvantage now also features explicitly in wider strategies in some areas, in particular within health and wellbeing strategies, and homelessness and rough sleeping strategies. Several areas also gave examples of changes to organisational policies that reflect a better understanding of people experiencing multiple disadvantage. In some instances, people with lived experience have also been able to review and influence relevant policy:

We've devised a new mental health and suicide strategy that takes into account multiple disadvantage and equity of access to mental health services. That was completely co-produced with people with lived experience.

Changing Futures programme team member

Aligning commitment to multiple disadvantage in Nottingham
In Nottingham, consideration of multiple disadvantage has been embedded into key local mental health plans and the forthcoming Health and Wellbeing Strategy. There has been a shift within the police toward a more preventative and understanding approach, for example, working with Changing Futures to help address homelessness and substance use rather than prosecuting people for begging. Changes have also been made to ensure universal GP registration for homeless people and to align prison discharge processes with local mental health team protocols. These efforts reflect a long-term commitment to addressing multiple disadvantage across the city.

4.2. Supporting strategic alignment: mechanisms for change

Changing Futures areas have, broadly, adopted four main strategies to promote greater strategic alignment: effective senior leadership, partnership convening, generating and using data differently, and demonstrating the success and value of different service models and approaches to wider stakeholders.

Leadership

Strategic leaders have played a key role in bringing people together, promoting understanding of multiple disadvantage and advocating for systems change. Stakeholders indicated that creating the infrastructure alone, such as partnerships and forums, is insufficient without senior-level engagement:

I do see at a strategic level that they [the Changing Futures team] are very much involved in opening up those conversations and putting forward a different way of thinking around people with multiple disadvantage. Supporting, encouraging people to work differently and being more flexible and proactive…

Strategic stakeholder

To be effective, leaders need to be sufficiently senior, visible, credible, consistent and driven to make a difference. A good understanding of the local system and relationships with key stakeholders has also enabled Changing Futures leaders to advocate on multiple disadvantage. The positioning of leadership roles in different partnerships affected their ability to do this. For example, area leads situated within the local authority were often effective at engaging strategic stakeholders within other local authority departments and voluntary and community sector stakeholders. On the other hand, it was sometimes more challenging for them to engage strategic leaders within health or criminal justice organisations. Equally, in some partnerships, some lead roles were more operationally focused. This helped the post-holders to be effective at engagement and advocacy at a senior operational level, but sometimes inhibited their capacity to engage strategic leaders.

Partnership convening

Strategic boards and multi-agency forums have been important structures through which engagement, collaboration, decision-making and oversight of work on multiple disadvantage have been achieved. The Changing Futures programme necessitated structures to manage the programme, and, in many cases, these have provided a forum for building relationships and understanding. In the main, however, it has proved more pragmatic and efficient for the programme to tap into existing boards and forums, using these to build profile and increase the awareness and understanding of multiple disadvantage among members. The programme has supported and bolstered networks and initiatives focused on systems improvement and workforce and service development, whose principles or target beneficiaries overlapped with those of Changing Futures.

The same multidisciplinary teams and forums that have contributed to greater collaboration and coordination at the operational level (see section 3.3) have also provided a space and springboard for addressing systemic issues. These groups and forums have, in some areas, been used for learning and adaptation. Information about local strengths,

barriers and gaps identified in these groups is often fed through to more strategic roles and forums.

Generating and using data differently

Research, data analysis, and coordinated strategic needs assessments have helped to develop understanding of multiple disadvantage and how best to address it. In some areas, data has been used to help highlight the costs of service use by people experiencing multiple disadvantage, barriers in the system and associated negative outcomes. For an example of this from Northumbria, see the Spotlight box below.

In Plymouth and Sussex, data is being generated and used strategically through journey mapping activities. This involved bringing together people from various local organisations/services and drawing on their knowledge to map out how and when individuals have accessed these services and the outcomes of this. These activities have helped to build professionals' understanding of people's experiences of the system, generated buy-in, strengthened relationships, and provided reflective spaces to promote systems change activity to improve journeys. In some instances, this work has led to further discussion and helped to bring different organisations together to reflect on topics, such as domestic abuse:

…what people have really responded well to is our facilitation of what we broadly call journey mapping, but what we're doing is following a system-based approach to how you create change…

Changing Futures programme team member

Stakeholders from several areas highlighted the vital importance of being able to provide evidence to secure senior-level buy-in, both in terms of understanding the scale of the issue, why it is important and which approaches are likely to be effective in achieving better outcomes:

I believe that Changing Futures has highlighted the issues and collected data, which means it is being listened to more at a commissioning level - echoing what services and charities have been saying for years…

Operational stakeholder

As discussed in section 4.1, strategic understanding and commitment to multiple disadvantage is an important enabling factor in facilitating access to data. The absence of strategic commitment sometimes acted as a barrier to this.

Spotlight on learning and adaptation
Highlighting the cost of system failure in Northumbria
In Northumbria, the Changing Futures team have evidenced the need for a more relational approach to supporting people experiencing multiple disadvantage through their Burning Platform project. Detailed analysis of three Changing Futures participants' service use since adulthood demonstrates how not adequately addressing a person's needs leads to high levels of emergency service use and contact with the criminal justice system. The data shows service use dramatically decreasing with support from Changing Futures. This was visualised for additional impact.

The project has helped organisations recognise the challenges that people experiencing multiple disadvantage face, as well as the costs to the system represented by ineffective engagement and support for people. This has started to create buy-in for future work. Stakeholders indicated that it can be challenging to access data from across the system and that good relationships are often needed to make progress; however, the work itself can lead to strengthened relationships.

This is an example of a dedicated learning activity that aimed to develop a much deeper understanding of people's journey through the system and the impact on the public purse, and to elicit future transformation of the system in response. The work was exploratory, experimental and resource-intensive. The project methodology also contains useful learning on aspects such as gaining client consent for the research and sourcing data (see Charlton, 2023).

Demonstrating the value of different service models

A key part of most Changing Futures local programmes has been the delivery of support for people experiencing multiple disadvantage. As discussed in the previous chapter, in this way, the programme has modelled a different way of working and shown it to be successful. For example, areas have successfully engaged people where other services have failed to do so, have achieved positive outcomes for people and, importantly, been able to evidence this through data. Getting results that help other organisations and contribute to their goals and targets has clearly helped to get people's attention and made them want to find out more.

In addition, caseworkers and other roles that are embedded in or working closely with organisations within the local system have supported strategic buy-in and movement towards alignment from some of these organisations. Although they are working most closely with operational staff, the demonstrable benefits of the resource they provide for both filling gaps in service delivery and improving outcomes for participants often filter through to more strategic stakeholders:

I've observed a change in that because obviously the probation service are dealing with a lot of these adults who are coming out of prison and the fact that they've got navigators with lived experience to do that interface with the client, because of that I've really observed probation are a massive fan of this programme.

Strategic stakeholder

4.3. Contribution of Changing Futures and implications for the theory of change

The Changing Futures programme resourced roles such as area leads, systems change leads, lived experience leads and data leads, injecting vital leadership and resources to focus on partnership building.

Changing Futures has helped to fund and coordinate research and other data-gathering and analysis activities. Accessing data can be resource-intensive and challenging. By providing dedicated roles, resources and time for this activity, the programme has directly contributed to a key driver of increased understanding and support for addressing multiple disadvantage.

Though the programme has made use of existing structures to work within, it has created capacity to engage strategic stakeholders, to create discussion and reflection opportunities, and to identify and follow through on potential joint initiatives. This has likely increased the pace at which strategic alignment around multiple disadvantage is taking place.

There are also policy initiatives and funding streams relating to groups who commonly experience multiple disadvantage operating in Changing Futures areas, such as rough sleeper and criminal justice initiatives around diversion and whole system approaches. These are also likely to be contributing to movement towards more strategic responses to multiple disadvantage. Stakeholders in some areas also highlighted the role of the COVID-19 pandemic, which generated impetus for greater collaboration across sectors and a focus on entrenched rough sleepers. This also helped demonstrate the value of greater partnership working to tackle systemic challenges.

Implications for the theory of change

Overall, Changing Futures activities, along with other contributing factors, have made progress towards increasing strategic alignment. However, stakeholders from most partnerships indicated that the pace of change at the strategic level was slower than hoped for and support had been ‘hard won’.

Greater progress has been made against shorter-term outcomes, in particular increased awareness and understanding of multiple disadvantage and its impact on demand. During the programme, this has translated in some areas to a greater strategic commitment to addressing multiple disadvantage, better use of data, and the incorporation of multiple disadvantage into key strategies and policies. Generally, these further changes in strategic alignment were not widespread across organisations in local systems. More work is needed to achieve fuller strategic alignment across all key organisations in local systems.

The evaluation evidence gathered suggests that the desired interim system-level outcomes relating to strategic alignment can plausibly be achieved through the activities identified in the theory of change: skilled strategic leadership, multi-agency forums to build relationships and effective use of data to make a compelling case for change. The extent of change would also indicate that longer programme timescales, greater resourcing and additional/different programme activities may be required to achieve greater progress and

more embedded change in relation to strategic alignment. Developing awareness and understanding appear to be important early preconditions for greater strategic alignment.

The theory of change indicates that greater availability of data should help increase understanding of the impact of multiple disadvantage on demand and help build commitment. However, the evidence indicates a tension between generating and using data to build strategic commitment and needing strategic commitment first to unlock access to the data and analytical resources to be able to use the data. The multidirectional relationship between these data-related activities and outcomes could be reflected in the theory of change.

The theory of change also assumes that leadership roles within Changing Futures have the right skills and are well-positioned to deliver strategic engagement, development and alignment work; the evidence supports this. Strategic leadership roles need to be appropriately funded and suitably senior to be effective – roles focused more on the operational level have not achieved the same strategic outcomes.

Identifying and tapping into relevant forums and initiatives, and integrating strategic development work on multiple disadvantage into these has proved an effective strategy in several areas. This should be reflected within the theory of change, as creating new structures is not always necessary and could be counterproductive.

5. System level: Achieving better commissioning

This chapter examines the programme's impact on commissioning. Commissioning of services has a vital role to play in transforming the system of support for people experiencing multiple disadvantage. It facilitates or constrains what support is available, how it is delivered and the extent to which it is joined-up and holistic. Challenges the programme was seeking to address included siloed funding and commissioning, resulting in services focused on single issues that are not responsive to the needs of people experiencing multiple forms of disadvantage, and a lack of involvement of people with lived experience in commissioning decisions.

The evidence in this chapter is drawn from the final partners survey, the latest round of qualitative research, the systems mapping and evidence review workshops and previous evaluation reports. Further information on commissioning can be found in the second interim report (CFE with Cordis Bright, 2024a).

The box below summarises how Changing Futures was expected to contribute to changes in commissioning and assesses the extent to which this has been achieved. These expectations (or 'contribution claims') are based on the theory of change. See page 3 for further details.

System-level programme contribution assessment (Better commissioning)

Contribution claims

The theory of change expected that:

1. Creation of **lived experience** teams and collaboration with lived experience groups would lead to lived experience involvement, guiding and becoming embedded within commissioning practice.

2. Increased understanding of multiple disadvantage would result in **new services or specifications** that work flexibly around individuals, focus on outcomes and better reflect people's needs.

3. The programme would contribute to the alignment of local strategies (see Chapter 4). Strategic alignment across local strategies would, in turn, lead to **more co-commissioning, pooled budgets and shared KPIs** across services.

The final two points (2 and 3) are outside the accountability ceiling for Changing Futures, that is, beyond what the programme was expected to be able to directly influence within the timeframe of the evaluation. However, progress towards these outcomes was expected and evidence gathered, so they are explored in this report.

Assessment of claims

1. **Lived experience involvement:** The evidence supports the theory that lived experience groups and related activity would contribute to greater involvement of people with lived experience in commissioning. However, this change is yet to be embedded across all sectors and stages of the commissioning cycle.

2. **New services or specifications:** Specialist support for people experiencing multiple disadvantage has been commissioned using Changing Futures funding. This has provided trauma-informed, coordinated and holistic support to people. These support services have demonstrated the feasibility and success of an alternative approach. Data and research insight generated or collated by the programme have also been used to inform commissioning decisions. In some areas, new services have been commissioned to fill gaps, and there are a few examples of elements of the Changing Futures programme being integrated into other locally commissioned service specifications. Changes are largely limited to what is within the direct control of the programme. Changing Futures activity has not led to sustainable or widespread changes in wider commissioning priorities.

3. **Co-commissioning, pooled budgets and shared KPIs:** Despite evidence for greater multi-agency working at the strategic level and support for working towards more integrated commissioning, there is not yet evidence of widespread co-commissioning or pooled budgets. However, this was not necessarily expected to be achieved within the timeframe of the programme. The strategic roles, multi-agency structures and partnership building support funded by Changing Futures have been key in providing the necessary space to think about doing commissioning differently and have laid the foundations for developing improved commissioning.

Alternative explanations and other contributory factors
Other initiatives seeking to improve the system of support for people experiencing multiple disadvantage, such as Fulfilling Lives and the MEAM Approach, provided foundations and momentum on which Changing Futures could build. Similarly, lived experience groups exist outside of the programme and may also have contributed to increases in lived experience involvement in commissioning.

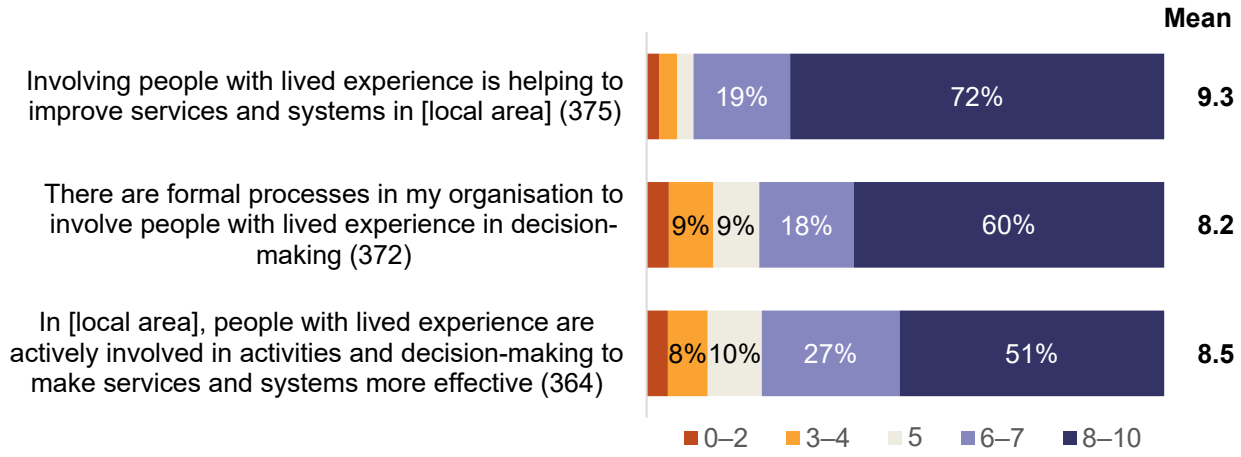
Implications for the theory of change
In the theory of change, outcomes relating to co-commissioning, pooled budgets and joint KPIs are shown as beyond what the programme was likely to be able to directly influence; the evidence indicates that this is indeed the case. Improving commissioning is clearly a challenging issue to address. Further research could usefully explore some of the other preconditions and contextual factors that affect the achievement of transformation in commissioning and use these to develop the theory in this regard.

5.1. The extent and nature of change – the commissioning process

The involvement of people with lived experience

Responses to the partners survey show high levels of agreement that people with lived experience are helping to improve services and systems in Changing Futures areas, with just over 90 per cent of respondents agreeing with this statement, and nearly three-quarters indicating strong agreement (Figure 5.1). While lower proportions of respondents agree that there are formal processes in their organisation to involve people with lived experience in decision-making or that people with lived experience are actively involved to make services and systems more effective, most respondents still tended to agree with these statements. Furthermore, the mean scores and proportion of respondents agreeing are higher now in this final survey than for the same statements in the baseline survey (see CFE with Cordis Bright, 2022).

Figure 5.1: On a scale of 0-10, to what extent do you agree or disagree with the following (where 0=strongly disagree and 10=strongly agree)



Bases in parentheses. Source: Second follow-up partners survey.

Workshop attendees and interviewees from current and previous rounds generally echoed these sentiments and provided further insight into the role of people with lived experience in commissioning. There is evidence of a greater recognition of the importance of involving people with lived experience in the commissioning of services. In several Changing Futures areas, people with lived experience have been involved in commissioning and/or decision-making on service development. Members of lived experience groups are consulted on service design plans, specifications, tenders and other work. For example, in Nottingham, Changing Futures has ensured that people with lived experience form an integral part of the programme's governance and decision-making processes. The Experts-by-Experience Panel co-designs specifications for commissioned services and has contributed to the redesign of services and strategies, ensuring they reflect the needs of people experiencing multiple disadvantage.

The design of the spec for the substance use services was co-designed by users of the service, including the Experts-by-Experience Panel. So, the Experts-by-Experience Panel is actually getting a say over the bits of the system that matter to it.

Operational stakeholder

The examples of greater involvement of people with lived experience in commissioning are mostly specific to Changing Futures partner organisations. It does not appear to be the case that people with lived experience are now widely involved as standard and across all stages of the commissioning process. Some stakeholders flagged that to be done properly, co-production requires time and resources to ensure that the insights of people with lived experience are incorporated in a meaningful way into service design. There is still more to be done in this space, as not all professionals or organisations fully understand or value the potential contribution of people with lived experience to the commissioning process. See CFE with Cordis Bright (2023), which highlights some of the ways that people with lived experience have been involved in commissioning processes.

Co-commissioning and pooled budgets

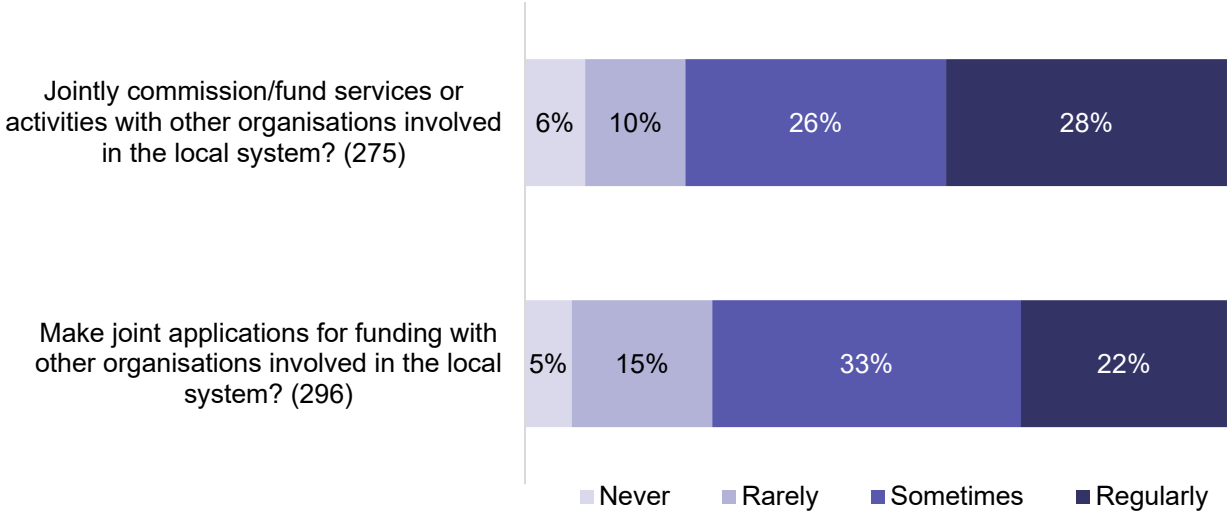
There is evidence that Changing Futures has promoted more collaborative relationships between different commissioners and service providers. In some areas, this has led to greater commitment to and planning for more integrated, less siloed commissioning. The foundations have thus been laid for changes to commissioning processes in the future, but these are generally at early stages.

A few areas have successfully brought together Changing Futures funding with other funding strands to provide a single, coherent multi-disciplinary service. For example, in Sussex, the Changing Futures team has integrated funding streams, such as domestic abuse grants, into the wider multi-disciplinary approach. Leveraging these funding streams has enabled the continuation of aspects of the Changing Futures beyond the programme's end.

The Plymouth Alliance is an example of a more advanced integrated commissioning model. An integrated co-commissioning team administer pooled funding from the city council and the Integrated Care Board (ICB). This has resulted in a single service contract and longer-term funding focused on multiple disadvantage. However, this was set up in 2017, prior to the Changing Futures programme. See CFE with Cordis Bright (2024) for further information.

Just over half of respondents to the latest partners survey (54 per cent) reported that their organisation regularly or sometimes jointly commissions with other local organisations. A similar proportion (55 per cent) reported that their organisation regularly or sometimes makes joint applications for funding with other local organisations (Figure 5.2). The response to the same questions in the baseline survey was almost the same (CFE with Cordis Bright, 2022).

Figure 5.2: How often does your organisation…



Bases in parentheses. Source: Second follow-up partners survey.

Despite evidence for greater multi-agency working at a strategic level and support for improving system-wide responses to multiple disadvantage via commissioning, there is not yet evidence of widespread co-commissioning or pooled budgets. The limited progress made suggests changing commissioning processes is a longer-term endeavour that takes time to achieve. The wider public finance context was said by Changing Futures staff and stakeholders to make things more challenging; local financial pressures were said to result in poor commissioning decisions and a reversion to siloed commissioning. A major theme of discussions was the lack of incentives from central government, as funding streams remain fragmented and short-term. This is well illustrated by the fact that at the time of writing, there were 16 different initiatives directed at addressing homelessness and rough sleeping funded by just one directorate of MHCLG alone (see Appendix 2 of Centre for Homelessness Impact, 2025), although this is set to change with the simplification of funding. In addition, commissioning cycles are not synchronised and thus, there is not always an opportunity to introduce a joint initiative at a moment that works for all involved.

5.2. The extent and nature of change – commissioned services

New service specifications or models

Across all but one of the programme areas, specialist support for people experiencing multiple disadvantage has been commissioned using Changing Futures funding.[57] In some areas, this has involved a continuation or expansion of pre-existing models. These services worked to a different specification and model from most other local services, as the dedicated caseworkers have low caseloads and provided specialist trauma-informed support. Services have provided a more seamless experience, providing access to holistic support through a single referral. Further information on the support provided by

[57] Plymouth's model focussed on systems change rather than direct delivery of support to people experiencing multiple disadvantage.

caseworkers can be found in *The role of Changing Futures caseworkers: a deep dive* (Cordis Bright with CFE, 2025).

A few areas have successfully secured funding to sustain these services. For example, Nottingham has successfully secured funding from the ICB to support core programme elements. While there has not been widespread change in the types of support services being commissioned, in some areas, elements of the Changing Futures service have been built into other local commissioned services, helping to better meet people's needs. In this way, learning and insight from the programme can be seen to have influenced other services. For example, in Stoke-on-Trent, personal budgets[58] are now being included by public health in some of their contracted services, providing additional resource that enables support to be better tailored to individuals' needs.

There are also examples of new services being commissioned to help fill gaps. In Lancashire, for example, a need for more follow-on support for people who no longer require intensive casework support:

We've identified through the Changing Futures programme that there's a lot of stuff set up for people who are really struggling, finding them a way into services, helping them with accessing services, and then when they're eventually ready to move on, there's nothing after that… So, we're in the process now of opening our Blackpool recovery hub, which will have all the aftercare stuff.

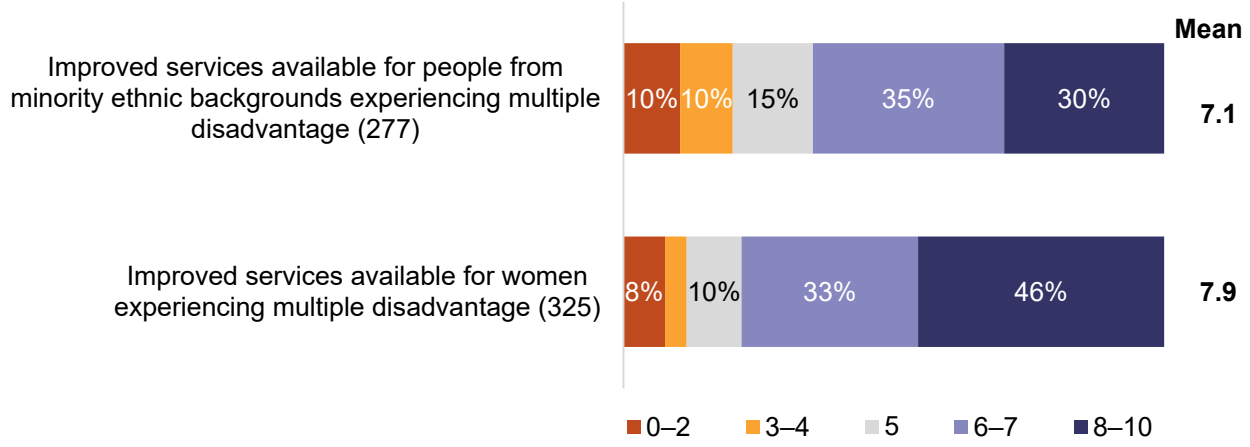
Changing Futures team member

Provision of services to meet unmet needs identified, for example, through reviewing programme data and outreach work, has included providing targeted support for women and ethnic minority groups. For example, an EU Navigator in Hull has been working to support Eastern European nationals experiencing multiple disadvantage to access services. The programme has employed dedicated workers, collaborated with specialised organisations, and created safe spaces to better reach and meet the needs of women and ethnic minorities. See the fourth interim evaluation report (CFE with Cordis Bright, 2025) for a full discussion of this work.

Most partners survey respondents (65 per cent) agreed that the Changing Futures programme had improved services available for people from minority ethnic backgrounds experiencing multiple disadvantage (see Figure 5.3). However, this statement received lower levels of agreement than some other similar statements in the survey. A larger proportion (79 per cent) agree that the programme has improved services available for women experiencing multiple disadvantage.

[58] Personal budgets are amounts of money allocated to individuals that can be used to purchase essential items, additional support or to enable people to take part in positive activities.

Figure 5.3: On a scale of 0-10, where 0=strongly disagree and 10=strongly agree, to what extent do you agree or disagree that the Changing Futures programme has…



Bases in parentheses. Source: Second follow-up partners survey.

5.3. Better commissioning: strategies for change

Partnership building appears to be key to providing the foundations for developing collective ambitions around improved commissioning. The multi-agency structures created or supported by Changing Futures work to bring funders together and provide a space to discuss joint approaches to commissioning. These structures may have broader strategic purposes or be something more focused. For example, in Sussex, there is a pan-Sussex Commissioners Network facilitated by the Changing Futures Sussex team. The network meets quarterly and includes commissioners from the NHS, local authority and criminal justice. There is an online learning community where the sharing of insights and information on trends is encouraged:

The board has brought together stakeholders from across the different sectors, and we're still working things through, but it's brought together budget holders from housing, from public health, and adult social care to actually collaborate and think about how we can jointly commission for this group.

Changing Futures team member

Data and insight generated or collated by the programme have been used to inform commissioning decisions. Programme expertise and learning have been used in the design of service specifications. Having **a direct support service** as a core part of Changing Futures has been an important part of demonstrating to commissioners and other funders the feasibility and success of different models of support. Support services provided by Changing Futures have been important sources of learning and data that have been used to influence the design and commissioning of other services.

Analysis undertaken by some Changing Futures areas has been key to identifying gaps in services or demonstrating that services are not reaching particular groups, such as women or ethnic minorities. For example, as described in the fourth interim report (CFE with Cordis Bright, 2025), Sheffield identified a need for greater support for women who had experienced child removal following analysis of cohort data. Data analysis can also be effective in highlighting the need for a different approach to commissioning. In Stoke-on-

Trent, Changing Futures has coordinated work to demonstrate the overlap between users of different services, helping to highlight the need for a more collaborative approach to commissioning.

An innovative approach that two areas have found valuable is **a dedicated Changing Futures commissioner**. In Nottingham, the Changing Futures team appointed a commissioner solely dedicated to the programme, who has significantly increased capacity. Unlike traditional roles, where commissioners may disengage after contracts are signed, the Changing Futures Commissioner stays actively involved throughout the process and works closely with providers to ensure plans are delivered and feedback is gathered for continuous improvement. The role has helped shift the relationship between commissioners and providers from being purely transactional to one based on collaboration and partnership. The embedded commissioner has contributed to a more strategic approach by consolidating contracts, improving data alignment, and understanding the interconnectedness of services:

We've got somebody who doesn't just leave once the commissioning is done; there is that kind of ongoing involvement in working with providers to make sure the plan is delivered and to take feedback.

Strategic stakeholder

5.4. The contribution of Changing Futures and implications for the theory of change

Changing Futures has funded area leads and other strategic roles that are able to focus on partnership building, identifying and cultivating opportunities to explore changes to commissioning. It has, in some areas, created the necessary space to be able to begin to think about commissioning differently. The multi-agency structures that have played a key role in this are generally created or supported by Changing Futures funding. The delivery of new service models has not just helped to meet needs but has also demonstrated efficacy and enabled learning. Changing Futures programme teams have also supported and promoted co-production in commissioning.

While other initiatives seeking to improve the system of support for people experiencing multiple disadvantage, such as Fulfilling Lives and the MEAM Approach, provided foundations on which Changing Futures could build, this appears to have had less impact when it comes to transforming commissioning. The final evaluation reports for both these initiatives (CFE and The University of Sheffield, 2022 and Cordis Bright, 2022) highlighted commissioning as an area where less progress had been made, and this continues to be the case with Changing Futures. This is clearly a challenging issue to address. One area highlighted how difficult it had been simply to map out the number of different funding streams in this space. Faced with a complex system and finite time and resources, some Changing Futures areas chose to focus their attention on other parts of the system. It may be that dedicated attention is needed to progress this issue. Evidence review workshop participants speculated about what the 'missing ingredient' might be; suggestions included a lack of shared vision for what transformed commissioning would look like, and senior political leadership whose stated role it is.

Implications for the theory of change

It is noteworthy that outcomes relating to the commissioning of new services and co-commissioning, pooled budgets and joint KPIs are shown in the updated theory of change as longer-term changes that are beyond what the programme is likely to be able to directly influence. It is perhaps not surprising, then, that overall, there is less evidence of change in commissioning practice and commissioned services compared to some other aspects of systems change.

Positive movements have been made towards greater involvement of people with lived experience in commissioning decisions. The evidence supports the theory that lived experience groups and related activity would contribute to greater involvement of people with lived experience in commissioning. However, this change is yet to be embedded across all sectors and stages of the commissioning cycle.

The programme has commissioned specialist support that is flexible and holistic. Data analysis and insight generated by the programme have helped inform commissioning decisions; consequently, the programme has delivered support to meet identified unmet needs. However, these changes are largely limited to what is within the direct control of the programme. Changing Futures activity has not led to sustainable or widespread changes in wider commissioning practice and priorities. Further research could usefully explore some of the other preconditions and contextual factors that affect the achievement of transformation in commissioning.

The programme has helped to develop relationships between commissioning organisations and build a consensus on the need for change. The programme has thus helped to lay the foundations for further work on integrating commissioning. Partnership building and greater strategic alignment can generate conversations around and ambition for more integrated commissioning, but this alone is insufficient to transform commissioning, at least in the short term.

The theory recognises the need for government support for areas to join-up programmes and funding. Evidence from stakeholders indicates that more than support, local partners need incentives and for government funding to be less fragmented.

6. Value for money analysis

This chapter considers the value for money of the Changing Futures programme by presenting a cost-benefit analysis (CBA), which compares the cost of the programme to a range of monetised net benefits.

Key points

- The cost-benefit analysis considers the cost of the programme against a monetised net benefit per participant, incorporating a range of outcomes including violent and non-violent crime victimisations, domestic abuse, rough sleeping and health-related quality of life.
- The costs included the programme costs of direct support. Benefits are measured over a 12-month follow-up period. Three scenarios are employed for the sustainability of benefits beyond 12 months.
- A 30 per cent allowance for deadweight (the change that might have occurred in the absence of the programme) is included. This is the same as the evidence-based deadweight adjustment used in the evaluation of Housing First (MHCLG, 2024).
- The cost of the programme per participant is estimated to be £5,769. In the central scenario for sustainability, the total fiscal, economic and social benefit per participant is estimated to be £10,127, giving a benefit-cost ratio of 1.8. This suggests the Changing Futures programme is value for money.
- In the pessimistic scenario, the benefit-cost ratio is still positive.
- The analysis is subject to a number of assumptions and limitations. In particular, it is assumed that the sample of participants included in the analysis is representative of all participants.

6.1. Method

This CBA adopts standard HM Treasury Green Book best practice, and specifically, it extends analysis initially conducted by MHCLG using interim Changing Futures data from May 2024.

Thirteen (of the fifteen) Changing Futures areas are included in this analysis; Northumbria and Plymouth are excluded because they are implementing a different service delivery model.

The evaluation results show significant changes to several participant outcomes between baseline and 12-month follow-up (see Chapter 2). The net impact of these reductions can be monetised to derive an overall benefit value. The following outcomes are included:

- Violent crime – reduced number of victimisations;

- Non-violent crime – reduced number of victimisations;
- Domestic abuse – reduced number of victimisations;
- Rough sleeping – reduced prevalence;
- Health-related quality of life – measured in Quality Adjusted Life Years (QALYs).[59]

The evaluation data also revealed significant changes in the use of A&E departments and ambulance call-outs, but these are not included in the monetisation of benefits, as this would result in double-counting. The use of these services is already reflected in the unit cost estimates for rough sleeping, violent crime and domestic abuse.

Scenarios for future benefits

There is a degree of uncertainty around how long any benefits are likely to be sustained into the future, beyond the 12-month follow-up period. Here, we adopt the same assumptions used in the CBA of the Supporting Families programme (MHCLG, 2019), a programme that has some similarities to Changing Futures.[60] The three scenarios are:

- Optimistic – the full benefit is sustained for three years.
- Central – benefits reduce over three years, where year two is 75 per cent of year one and year three is 50 per cent of year two.
- Pessimistic – benefits reduce to zero over three years, where year two is 50 per cent of year one and year three is zero.

Benefits are discounted in line with Treasury Green Book guidance; QALYs and other health-related benefits at 1.5 per cent per year, and other benefits at 3.5 per cent per year. Costs are only incurred in year one.

Deadweight loss adjustment

The Changing Futures evaluation does not have a comparison group, so it is not possible to directly estimate how much of the change in outcomes can be attributed to the programme. Instead, a 30 per cent allowance for deadweight is included (the change that might have occurred in the absence of the programme) based on that used in the CBA of the Housing First pilots (MHCLG, 2024); the cohort for Housing First has some similarities to the Changing Futures cohort.[61]

---

[59] QALYs are a composite measure of quantity and quality-of-life used to value improvements in health. The method for calculating QALYs is provided in Appendix 1.

[60] Supporting Families was previously called Troubled Families. The programme has some similarities to Changing Futures, but there are also reasons why the assumptions about benefit sustainability may not be appropriate. As well as the difference in intervention, the Supporting Families cohort included children, which may result in longer-term benefits.

[61] The 30 per cent deadweight assumption used in Housing First was derived from published evaluation studies that included comparison or control groups.

Limitations

As well as the deadweight loss adjustment, a number of other limitations should be noted.

Steps have been taken to minimise the double-counting of benefits; however, it has not always been possible to separate duplicate elements of unit cost estimates (see Appendix 1). Equally, there are likely to be other outcomes that are not included in the estimate of costs and benefits, such as changes in welfare benefits, as data on this was not collected as part of the evaluation.

Some outcomes data is only available for a relatively small sub-sample of participants (see Table 6.1), and in the case of the data used for calculating QALYs, this group is not representative of the Changing Futures target population as a whole. However, it is difficult to predict the direction of any consequent bias in the estimates with any certainty (see Appendix 1, Table A1.10).

There is a large degree of uncertainty around the cost and benefit estimates, in particular the extent to which benefits are sustained beyond 12 months. As discussed above, a range of estimates is produced for three different scenarios – optimistic, central and pessimistic.

6.2. Costs

Cost data are derived from monitoring returns provided in November 2024. The base price year is 2021/22 to align with the date that budgets were allocated to partnerships. The expenditure is assumed to be distributed across years in the following way: 10 per cent in 2021/22 and 30 per cent in each of the following three years to 2024/25.[62] The costs included are mainly funds provided by MHCLG and the National Lottery Community Fund, which jointly funded the Changing Futures programme.[63]

The CBA considers the cost of providing *direct* support to participants; this excludes 'system change' costs.[64] System change relates to costs incurred to bring about changes in the way the local system responds to people with multiple disadvantage. It is expected that any benefits incurred as a result of these costs will take longer to realise and are therefore unlikely to impact existing participants' quality of life during the period in question.

The average direct cost per participant is calculated as the total spend on direct service delivery (£27,845,828 divided by the number of participants that the partnerships report

---

[62] This allocation was agreed with MHCLG. It reflects lower expenditure in year one (2021/22) due to funding being released part way through the year and mobilisation. Costs for all years 2022/23 to 2024/25 are deflated to 2021/2022 prices using the GDP Deflator series (HM Treasury, 2025).
[63] No costs incurred by other sectors, or to the participants themselves, are included in this analysis. In the case of one partnership, South Tees, there is also a significant contribution of costs covered by the local authority and Integrated Care Board. No costs incurred by other sectors, or to the participants themselves, are included in this analysis.
[64] The relevant cost items were agreed in consultation with the partnerships. The cost estimates are subject to some uncertainty due to the difficulties that some partnerships had in classifying all cost components and in particular separating direct costs from system change costs.

(n=4,827); this gives an average cost of £5,769. The average direct cost figure varies widely across partnership areas. For comparison, the average total delivery cost (including system change costs) is the total spend (£43,376,822) divided by the number of participants, which gives £8,986.

6.3. Monetising the outcomes

The net benefits for participants have been monetised as set out in Table 6.1. The unit costs are sourced from estimates published by central government and have been inflated to 2021/2022 prices to align with the partnership budget allocation year that provides programme costs. Full details on the sources and derivation of unit costs are provided in Appendix 1.

Table 6.1: Summary of monetisation of participant outcomes

Outcome	No of participants in the analysis sample	Unit cost	Average cost per participant at baseline	Average cost per participant at follow-up	Net benefit per participant per year
Violent crime victimisations	341	£5,061 per victim per year	£2,343	£1,513	£830
Non-violent crime victimisations	336	£661 per victim per year	£261	£149	£112
Domestic abuse	364	£10,804 per victim per year	£2,614	£1,869	£745
Rough sleeping	467	£13,680 per rough sleeper per year	£4,104	£2,257	£1,847
Health-related quality of life	222	£69,590 per QALY	-	QALYs generated = 0.049 (see Appendix 1).	£3,393
Total					**£6,927**

When these benefits are aggregated, in a 12-month period the total fiscal, economic and social benefits are estimated at £6,927.

Economic benefits

Before making assumptions about deadweight, the total economic benefit is £999 per person. These economic benefits represent 14 per cent of the total benefits.

Theoretically, Changing Futures has an economic benefit because crime victimisations and domestic abuse result in injuries and sickness that mean that victims are not able to work or have reduced productivity when they can return to work. In this case, these unit costs may be too high since only a minority of participants report ever having been in paid employment (35 per cent). However, there are also reductions in economic costs associated with damage to property.[65]

Fiscal benefits

Again, before making assumptions about deadweight, the total fiscal benefit (benefits to public services) is £2,535 per person, per year, representing 36 per cent of the total benefit.

The reduction in rough sleeping drives most of the reductions in fiscal costs because published research (MHCLG, 2020) shows that people sleeping rough are more likely to be victims of crime, more likely to need A&E and require more ambulance call-outs. They also incur other costs to the criminal justice system, such as arrests, convictions and imprisonment; the latter being the most significant cost. These benefits are not necessarily 'cashable', that is, they do not necessarily result in a reduction in spending, but instead create the potential for public bodies to use the resource differently.

Quality-of-life benefits

The QALY gains (at £3,393) are the biggest benefit attributable to the programme, accounting for almost half of the total benefits. Full details of how QALYs are estimated are provided in Appendix 1. Four different but similar QALY estimates were generated. The base case estimate is used in the CBA because it is the most readily interpretable. The next section outlines a significant sensitivity analysis for quality-of-life benefits that does not use QALYs.

6.4. Benefit cost ratio per participant

The cost of the programme per participant is estimated to be £5,769. In the 'central' scenario for sustainability, the total fiscal, economic and social benefit per participant is estimated to be £10,127 (over three years, discounted and with a 30 per cent adjustment for deadweight loss). This gives a social benefit-cost ratio of 1.8, suggesting the Changing Futures programme is value for money.

The fiscal benefit-cost ratio is 0.6 based on a cost per participant of £5,769 and a fiscal benefit of £3,682 (over three years, discounted and with an assumption for deadweight). The economic benefit-cost ratio (over three years, discounted and with an assumption for deadweight) is 0.3 (based on a cost per participant of £5,769 and £1,451 in economic benefits). This illustrates that the programme's value for money is largely driven by gains in quality of life, rather than resource use savings.

[65] Note also that there may be some double-counting with QALYs; when valuing quality-of-life benefits for the ReQoL utility index respondents may have incorporated expected employment and productivity benefits that arise from quality-of-life improvements.

If it is assumed that there are no benefits beyond two years – the pessimistic scenario – then the social benefit-cost ratio is still positive at 1.3 and the total benefits would be £7,214 per participant over two years (allowing for deadweight).

Sensitivity analyses

There is some uncertainty around the valuation of QALYs (see page 100). The social benefit-cost ratio for Changing Futures was also calculated by omitting the estimated QALY gains and instead including the quality-of-life benefits in the unit costs for violent and non-violent crime victimisation and domestic abuse (these costs were omitted to avoid double-counting in the initial analysis, see Appendix 1). The value of social benefits at 12 months using this alternative approach is £6,568, and the social benefit-cost ratio after 3 years in the central case is 1.7. These estimates are very close to the 12-month total benefit of £6,927 and social benefit-cost ratio of 1.8 when the QALY estimates are used.

Note also that if total delivery costs (including system change costs) for Changing Futures are used, rather than only direct delivery costs (an average cost of £8,986 vs. £5,769), the social benefit-cost ratio in the central case is still positive.

6.5. Comparison with other social programmes

It is difficult to compare the findings from other evaluation studies because of differences in programme criteria, data collection methods, methodologies, coverage, underpinning assumptions, and overall quality. However, the following programmes are arguably close equivalents to Changing Futures.

The Lead Worker Peer Mentor Programme provided personalised support to people facing multiple and complex needs in Birmingham. The final evaluation (Kiberd, 2019) reported a similar benefit-cost ratio of 1.78 for those who stayed on the programme for at least 12 months.

Greater Manchester Combined Authority's Working Well programmes provide personalised, holistic and intensive support to unemployed people, including those facing complex barriers, using a key worker model. An annual report from 2019 (SQW, 2019) reported a total fiscal return (mainly in the form of benefits associated with reduced worklessness) from the pilot of 1.31.

Neither the Working Well nor the Lead Worker Peer Mentor evaluations have a counterfactual. Interestingly, both suggest there would be minimal or no deadweight as the challenges facing clients mean they would be unlikely to achieve outcomes without programme support and may even get worse.

Housing First is an intervention which supports homeless people with multiple and complex needs. Pilot Housing First programmes were established in Greater Manchester, Liverpool City Region and the West Midlands. The Housing First (MHCLG, 2024) reports a benefit-cost ratio of 1.1 based on estimated benefits after 12 months, with the ratio for expected benefits of 2.1. This study also does not include a counterfactual but makes a 30 per cent reduction in benefits to account for deadweight.

The Supporting Families programme evaluation (MHCLG, 2019) reported an overall benefit-cost ratio of 2.28, driven mainly by the programme's impact on children's social care and youth offending, which do not apply to Changing Futures because it is focused on adults. The evaluation also reports a fiscal benefit-cost ratio of 1.51 and includes a counterfactual.

Overall, Changing Futures has a social benefit cost ratio that compares well with other similar programmes.

7. Conclusions

7.1. Supporting individual outcomes through specialist services

Almost all Changing Futures areas had a dedicated support service for people experiencing multiple disadvantage at the heart of their programme. These services, though different in set-up from area to area, generally share some common features. The support is:

- Provided by a team of caseworkers with small caseloads, some of whom have lived experience of multiple disadvantage themselves.
- Trauma-informed, personalised, flexible, and built on trusting personal relationships.
- Coordinated across services by way of a multi-disciplinary structure, such as a forum and/or co-located team.

The evidence from the Changing Futures evaluation indicates that this type of service is effective in engaging people with the most entrenched and complex forms of multiple disadvantage where other services have failed and in supporting them to improve their wellbeing and quality of life. This is supported by evidence from other evaluations, such as the Fulfilling Lives and MEAM Approach (CFE Research, 2022; Cordis Bright, 2022b).

The programme has largely reached its target audience, with 94 per cent of participants receiving intensive support who had experienced three or more of homelessness, drug or alcohol problems, contact with the criminal justice system, domestic abuse and mental health problems. More concerted and targeted effort is required, however, to reach women and people from ethnic minority groups. Some areas have been more successful in this regard, and there is useful learning from Changing Futures on this, but additional insights into barriers and how to address them would be beneficial.

Substantial proportions of participants have improved housing situation, health, wellbeing and resilience, with reductions in experience of domestic abuse and victimisation. There were statistically significant reductions in homelessness and rough sleeping in particular. Stable accommodation provides an important foundation on which people can build progress in other parts of their lives. However, a shortage of accessible and appropriate accommodation has presented a barrier to greater progress here.

There were statistically significant reductions in the proportion of people unable to cope without using drugs or alcohol, and reductions in the use of opioids in particular. There were increases in the proportion of people reporting improved health and clinically meaningful improvements in mental health-related quality of life.

The quantitative data alone cannot attribute these changes to the Changing Futures programme. However, qualitative evidence from participants, caseworkers and other local stakeholders indicates that the support provided by Changing Futures teams has been

instrumental in helping people to navigate and access the services they require and build the self-confidence and motivation needed to progress in their recovery.

A few have gone on to thrive, (re)building connections with family and giving back to the community through volunteering, using their lived experience to support others. These experiences are not typical across all participants on the Changing Futures programme, but illustrate what can be achieved with time and the right support.

Yet, while overall outcomes generally show positive change, there are not insubstantial proportions of participants who have not progressed, at least in terms of the quantitative measures used by the evaluation. As discussed in earlier evaluation reports, progress towards recovery is highly individualised and small changes can represent major steps forward for some people (CFE with Cordis Bright, 2025). It may be that some people need more time to show progress on outcomes measured by the evaluation. In addition, we do not know how sustainable the changes observed are once participants have left the programme. It is important that future research shares the experiences of people who have not progressed with programmes such as Changing Futures and explores the reasons why. Understanding what happens to people over the longer term would also be valuable.

Despite these limitations in who has progressed, overall, the cost-benefit analysis indicates that the programme offers value for money, and the cost-benefit ratio compares well to other similar programmes.

7.2. Transforming the system

The programme theory of change correctly identified that the provision of direct support alone would have a limited impact at the system level. What teams of caseworkers can achieve is constrained by wider factors, such as the stigma associated with multiple disadvantage, a lack of prioritisation of the issue, and uncoordinated services that are difficult to access and inflexible.

The programme sought to address some of these factors through systems change activities: workforce development, building strategic understanding and support, embedding co-production with people with lived experience, aligning local strategies and transforming commissioning so that it delivers joined-up services that are responsive to people’s needs.

The evidence indicates the programme overall has made progress towards some of the short to medium-term systems change goals. There is greater awareness of multiple disadvantage and better understanding of trauma-informed practice. The programme has successfully engaged a wide range of organisations and sectors in workforce development activity. The direct support services funded by Changing Futures have shown their potential as useful mechanisms for change beyond the individual level, modelling to other services what is possible and helping to create interest in working differently.

However, much of the impact of these activities appears to have been made at the operational level or largely confined to organisations and services that have been closely involved in the Changing Futures programme, either as partners in the delivery of the direct support or as members of programme boards.

Stakeholders agreed that, while those who are receiving support from Changing Futures are getting help that is trauma-informed and coordinated, the levels of need are greater than the programme was able to support. The wider system of services for people not getting Changing Futures help has not radically changed over the past three to four years. As reported in interim evaluation reports, there is concern about what will happen once the Changing Futures programme funding comes to an end (at the time of writing, Changing Futures had been extended until March 2026). Some stakeholders argued that the lack of wider transformative change highlighted the ongoing need for the types of caseworker teams and multi-agency structures funded by Changing Futures to coordinate and hold services to account for supporting people experiencing multiple disadvantage.

Greater strategic and senior support is required to create the necessary conditions for operational-level learning to be translated into sustained change. There is some evidence of increased awareness and understanding of multiple disadvantage and its impact on service demand. This has translated in some areas into greater strategic commitment to addressing multiple disadvantage and incorporation of multiple disadvantage into local strategies, but these changes do not appear to be widespread, with multiple disadvantage just one of many social policy issues vying for attention.

The programme has helpfully created space and provided a resource for some areas to build relationships between commissioners and kick-start conversations about transforming commissioning. This is positive, but any progress made is still in the early stages.

The changes in awareness and understanding and strengthened relationships outlined in this report provide important foundations on which to build further systems change. The original programme theory of change (see CFE with Cordis Bright, 2022) set out a number of external influencing factors and assumptions that would affect the ability of the programme to be successful. These included an assumption that there would be sufficient capacity within specialist services to support programme referrals. To this should be added the assumption that there is sufficient capacity within services to adopt more flexible and trauma-informed ways of working. The theory also acknowledged that limited suitable housing would limit the impact of individual-level support. The funding environment, particularly tight finances and short-term settlements, was recognised as affecting the extent to which strategic commitments could be made to change things.

The evaluation evidence indicates these assumptions and influencing factors were correct. These conditions do indeed appear to have affected the ability of the programme to transform the wider system. Early iterations of the theory of change also acknowledged that some of the key barriers experienced locally are driven by the national system, and change also needs to happen at a national level. This requires a national system that is open to change. This has not been a particular focus of the Changing Futures programme or the evaluation, but future initiatives may need to consider how to address these wider contextual factors to make progress towards the systems transformation envisaged.

Stakeholders recognised the limitations of what was likely to be achieved in terms of systems change within the relatively short period of the Changing Futures programme. However, evaluations of the MEAM Approach (Cordis Bright, 2022b) and Fulfilling Lives, which lasted for eight years (CFE Research and University of Sheffield, 2022), also drew

similar conclusions: that is, systems change takes time. Beyond simply more time, additional and/or different approaches may be needed. The evidence base for creating individual-level change would appear to be relatively well established. Future research and evaluation should focus on understanding the mechanisms of system change and how to incentivise and, if necessary, resource these.

References

Beaulieu, M., Tremblay, J., Baudry, C., Pearson, J. and Bertrand, K. (2021) A systematic review and meta-analysis of the efficacy of the long-term treatment and support of substance use disorders. *Social Science & Medicine*, vol. 285, 114289.

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.

Centre for Homelessness Impact, RSM and Cordis Bright (2025) *Systems-wide evaluation of homelessness and rough sleeping: preliminary findings.* Ministry of Housing, Communities & Local Government (MHCLG).

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

CFE Research (2024) *Understanding domestic abuse interventions for women experiencing multiple disadvantage – A Rapid Evidence Assessment* Department for Levelling Up, Housing & Communities (DLUHC).

CFE with Cordis Bright (2022) *Evaluation of the Changing Futures Programme – Baseline Report* Department for Levelling Up, Housing & Communities (DLUHC).

CFE with Cordis Bright (2024a) *Evaluation of the Changing Futures Programme – Second Interim Report* Department for Levelling Up, Housing & Communities (DLUHC).

CFE with Cordis Bright (2024b) *Evaluation of the Changing Futures Programme – Third Interim Report* Department for Levelling Up, Housing & Communities (DLUHC).

CFE with Cordis Bright (2025) *Evaluation of the Changing Futures Programme – Fourth Interim Report* Department for Levelling Up, Housing & Communities (DLUHC).

CFE Research and The University of Sheffield (2022) *The Fulfilling Lives programme: supporting people experiencing multiple disadvantage – A summary of programme achievements, evaluation findings, learning and resources.* CFE Research.

Charlton, Ronald. M. (2023) *The Burning Platform: Case file analysis & costing methodology,* Changing Futures Northumbria.

Chilton, S., Jones-Lee, M., Metcalf, H. et al. (2020) *A scoping study on the valuation of risks to life and health: the monetary Value of a Life year (VOLY).* Health and Safety Executive.

Cordis Bright (2022a) *Year 5 evaluation: Technical appendix (MEAM Approach evaluation)* Making Every Adult Matter (MEAM).

Cordis Bright (2022b) *MEAM Approach evaluation: final report.* Making Every Adult Matter (MEAM).

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

Cordis Bright with CFE (2025). *The role of Changing Futures caseworkers: a deep dive,* Ministry of Housing, Communities & Local Government (MHCLG).

Donaldson, C., Baker, R., Mason, H. et al. (2011) The social value of a QALY: raising the bar or barring the raise? *BMC Health Services Research* 11:8.

Heeks, M., Reed, S., Tasfiri, M. and Prince, S. (2018) *The economic and social costs of crime.* Research Report 99, Home Office.

HM Treasury (2020) *Magenta Book: Central Government guidance on evaluation.* Available at: https://www.gov.uk/government/publications/the-magenta-book

HM Treasury (2022) *The Green Book.* Available at: www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government/the-green-book-2020

HM Treasury (2025) *GDP deflators at market prices, and money GDP.* Available at: https://www.gov.uk/government/collections/gdp-deflators-at-market-prices-and-money-gdp

Hunter, R. Baio, G. Butt, T. et al. (2015) An educational review of the statistical issues in analysing utility data for cost-utility analysis, *Pharmacoeconomics.* 33(4): 355-66.

Keetharuth, A. D., Brazier, J., Connell, J. et al. (2018) Recovering Quality of Life (ReQoL): a new generic self-reported outcome measure for use with people experiencing mental health difficulties. *British Journal of Psychiatry*. 212(1):42-29.

Keetharuth A.D. Rowen, D. Bjorner, J.B. Brazier, J. (2021) Estimating a preference-based index for mental health from the Recovering Quality of Life measure: valuation of recovering quality of life utility index. *Value in Health*. 24(2):281-90.

Kiberd, E. (2020) *A Final Evaluation of the Lead Worker Peer Mentor Service.* NEF Consulting.

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

MHCLG (2019) *National Evaluation of the Troubled Families Programme 2015 - 2020 Family Outcomes – national and local datasets, Part 4*. Table 31.

MHCLG (2020) *Understanding the Multiple Vulnerabilities, Support Needs and Experiences of People who Sleep Rough in England: Initial findings from the Rough Sleeping Questionnaire.*

MHCLG (2024) *Evaluation of the Housing First Pilots: Cost Benefit Analysis – Final Report.*

Office for Health Inequalities and Disparities (2022) *Working definition of trauma-informed practice.* Available at https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

Oliver, R. Alexander, B. Roe, S. and Wlasny, M. (2019) *The economic and social costs of domestic abuse.* Research Report 107.

Peng, Y., Hahn, R., Finnie, R., Cobb, J., Williams, S., Fielding, J., Johnson, R., Montgomery, A., Schwartz, A., Muntaner, C. Garrison, V. Jean-Francois, B. Truman, B. Fullilove, M. (2020) Community Preventive Services Task Force. Permanent supportive housing with Housing First to reduce homelessness and promote health among homeless populations with disability: A Community Guide Systematic Review. *Journal of Public Health Management Practice*, 26(5) pp 404-411.

Burkinshaw, P., Knight, J. Anders, P. Eastwood, B. Musto, V., White, M. and Marsden, J. (2017) *An evidence review of the outcomes that can be expected of drug misuse treatment in England,* Public Health England.

ReQoL Group (2017) *How to interpret ReQoL-10 Scores.* The University of Sheffield.

SQW (2019) *Working Well – Annual Report July 2019.* Greater Manchester Combined Authority.

Appendix 1: Additional Method Detail

Evaluation in a complex system and challenges of attributing impact

The programme aimed 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, several other government funding programmes were running at the same time as Changing Futures and working with the same cohort in many of the same areas. These included 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 they 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 (see below), 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 (HMT, 2020), which states that theory-based evaluations are suited to situations in which there is a complex policy landscape or system. 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 before 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.

Use of the theory of change

A programme theory of change was developed by MHCLG and published in the Baseline evaluation report of April 2023. It set out how programme activities would bring about change for individual programme participants, local services and the wider system. This was used to develop the evaluation method and data collection instruments. In 2023, the theory was reviewed and updated. A series of hypotheses were generated based on the theory of change. These set out in a series of statements the expected relationships between programme activities, outputs and outcomes, and the expected national and local conditions within which the programme would operate. Evidence to support each hypothesis was reviewed by stakeholders at two workshops, resulting in a revised theory of change.

These hypotheses form the basis for the contribution claims used throughout this report. The extent to which these claims can be substantiated is assessed based on the available evidence. Evidence for a selection of the claims and emerging conclusions was shared and tested with key stakeholders at a series of evidence review workshops. Four workshops were held between February and March 2025 – three online and one in person in London. Sessions were attended by representatives of MHCLG, the National Lottery Community Fund, and other central government departments, staff from Changing Futures areas, and a small number of stakeholders from areas that did not take part in Changing Futures. Input from the workshops was used to further develop and refine the assessment of contribution claims and overall evaluation conclusions.

Qualitative research

The qualitative research in this report is based primarily on interviews with stakeholders and staff in 5 of the 15 funded areas, as well as some insight from previous rounds of qualitative research with other areas. The final round of qualitative fieldwork explored the topics set out in Table A1.1. 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.

In addition, two online workshops with caseworkers, two focus groups with lived-experience groups and interviews with 12 participants of the programme were conducted to explore how people experiencing multiple disadvantage can thrive with the right kind of support. Programme participants were identified by caseworkers in 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. Given the focus on thriving in this report, the evaluation team aimed to secure interviews with participants who were doing especially well.

System change workshops were conducted with each of the 15 funded areas to explore progress made since the original system mapping workshops at the start of the evaluation. A range of staff and stakeholders from each area were invited by area leads to attend the workshops. Workshop participants reviewed the original systems maps created by their area.

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

Theme	Research questions
Experiences of people thriving with support.	How can people experiencing multiple disadvantage thrive with support? What benefits does this have for the individual and society?
How have services changed to better support people experiencing multiple disadvantage?	How has the Changing Futures programme contributed to change within other services? What works to bring about improvements in other services in the local system? What strategies have been used to join up various services and initiatives? What impact has Changing Futures had on the criminal justice system and adult social care?
How has the system of support for people experiencing multiple disadvantage changed since the start of the programme?	How has the Changing Futures programme contributed to systems change? Have the changes set out in the definition of systems change been prioritised in the programme, and to what extent have they been delivered? What has worked in Changing Futures areas to achieve greater strategic support for multiple disadvantage?

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 recruited through an open invitation to funded areas. They completed accredited training (OCN London Level 2 in Peer Research) before 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 ensure that the process

ran smoothly, and all researchers involved in interviews felt prepared, the peer researcher and evaluation team researcher who would be conducting the participant interview met 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 A1.2 describes the different quantitative data collected by funded areas, the frequency of collection, and who provided the information.

This report draws on data from the baseline (or first) outcomes questionnaires/NDTA and the third follow-up questionnaire/NDTA.

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, 2022a 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.

Table A1.2: 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 a 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 a 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

Funded areas were 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 A1.2. However, the evaluators took a pragmatic approach and only excluded those questionnaires completed substantially outside expected timeframes to maximise the sample available for analysis. Table A1.3 sets out the completion timeframes for questionnaires included in this analysis.

Table A1.3: Parameters for including questionnaires in the analysis

Outcomes questionnaire	Include questionnaires completed within…	Mean completion date after start of included questionnaires
Baseline	-60 to 150 days from the programme start date[66]	60 days
First follow-up	30 to 270 days from the programme start date	147 days
Second follow-up	120 to 390 days from the programme start date	235 days
Third follow-up	210 to 510 days from the programme start date	330 days

As of September 2024, the evaluation team had received 2,595 completed baseline questionnaires: 2,102 of these (81 per cent) were completed within the timescales above; 1,853 baseline NDTAs (77 per cent) were completed within the timeframes; 2,123 participants had completed a historical questionnaire.

Participants' 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 usable quantitative data are dominated by a small number of Changing Futures areas, with almost two-thirds (66 per cent) of participants represented in baseline outcomes questionnaire data from three areas: Greater Manchester, Lancashire, and South Tees, and one-third from Lancashire alone. However, this is broadly representative of the distribution of participants among areas — see Table A1.4.

[66] Some baseline questionnaires were completed in advance of participants official programme start date.

Table A1.4: Proportion of total baseline outcomes questionnaires completed within the accepted timeframe in each area compared to the proportion of overall participant numbers in each area

Area	Proportion of total completed baseline outcomes questionnaires from each area (per cent)	Proportion of total participants reported to MHCLG (September 2024) by area (per cent)
Bristol	2	1
Essex	5	4
Greater Manchester	17	14
Hull	2	3
Lancashire	34	28
Leicester	4	3
Northumbria	<1	1
Nottingham	4	6
Sheffield	4	3
South Tees	15	20
Stoke-on-Trent	3	3
Surrey	4	3
Sussex	2	6
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 were mandatory, with the option for participants to select ‘Don’t want to say’ throughout. Factual questions could 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 were provided for staff to give further details 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 asked for value judgements or assessments of emotion that were completed without input from the participant were excluded from the analysis. Approximately a quarter of baseline and third follow-up outcomes questionnaires were completed without input from the participant (26 and 23 per cent, respectively). The extent of participant involvement in the baseline and third follow-up questionnaires is detailed in Tables A1.5 and A1.6.

Table A1.5: Baseline outcomes questionnaire: How was this questionnaire completed?

Completion approach	Frequency	Percent
Entirely with the beneficiary	709	34%
Partially with the beneficiary, partially using existing staff knowledge	851	40%
No response available from the beneficiary	542	26%
Total	**2102**	**100%**

Table A1.6: Third follow-up outcomes questionnaire: How was this questionnaire completed?

Completion approach	Frequency	Percent
Entirely with the beneficiary	211	33%
Partially with the beneficiary, partially using existing staff knowledge	282	44%
No response available from the beneficiary	146	23%
Total	**639**	**100%**

Results were compared between baseline and the third follow-up. Longitudinal analysis involves comparing data for the same group of people at each time point; therefore, those without data at both time points are excluded from the analysis. Some participants were not eligible to complete a follow-up questionnaire if they had 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.

Regression analysis method

Regression analysis was used to explore the associates of change in 11 key outcomes set out in Table A1.7 below. The models reported here consider change from baseline to third follow-up (see Table A1.3 above for the periods this covers). For all change outcomes, the variables are coded so that a positive change represents an improvement.

Table A1.7: Key outcomes used in regression modelling

	Outcome	Scale	n
1	Change in ReQol score	integer	315
2	Change in physical health	integer	348
3	Change in ability to cope without using drugs or alcohol	integer	237
4	Change in ability to cope with mental health problems	integer	237
5	Change in the number of ambulance call-outs	integer	288
6	Change in the number of A&E attendances	integer	283
7	Change in NDTA score	integer	224
8	Improvement in recent experience of homelessness	binary	439
9	Improvement in recent experience of rough sleeping	binary	467
10	Improvement in recent experience with the criminal justice system	binary	295
11	Improvement in recent experience of domestic abuse	binary	436

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 were approximately normally distributed and were modelled using a linear model that treats the scale as if it were continuous; this is estimated via Ordinary Least Squares (OLS). All binary outcomes were estimated via non-linear probit models. For the binary outcomes 8 to 11, 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 were 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 were estimated to explore whether any input variables are associated with changes in the outcome. All models included individual demographic characteristics; additional models included experience of the five key forms of disadvantage and contact with core services (domestic abuse, mental health, homelessness, substance misuse and probation services) at some point during the period covered by the first four questionnaires (baseline to third follow-up). The models are summarised in Table A1.8.

Table A1.8 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; ethnic minority group; neurodiversity/cognitive disability; disability
(2)	Experience of key disadvantages	(1) plus dichotomous variables for experience (ever) of mental health problems, drug/alcohol problems, homelessness, domestic abuse, contact with the criminal justice system
(3)	Number of disadvantages experienced	(1) plus recent experience of key services (homelessness, domestic abuse, substance misuse, mental health or probation services) reported in any of the first four questionnaires

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. Furthermore, there are likely to be unobserved factors that influence both the explanatory variables and the outcome.

Monetisation of outcomes for cost-benefit analysis

Violent crime victimisations

The Home Office (Heeks et al., 2018) estimates the total cost of violent crime is c. £11,917 per victim per year, inflated to 2021/22 prices.[67] This includes combined fiscal, economic and social costs.[68] This estimate includes a significant cost (£6,856) from a loss of quality of life, and this element was removed as it is accounted for separately by the inclusion of QALYs in the cost-benefit analysis. This results in a unit cost of a violent crime of £5,061, comprising fiscal costs to the NHS and criminal justice system and economic costs.

At baseline, 46.3 per cent of Changing Futures participants had been a victim of a violent crime, giving an average cost of £2,343 per participant.[69] At the third follow-up (roughly 12 months later), the victim rate reduced to 29.9 per cent of participants, giving an average cost of £1,513, resulting in a net benefit of £830 per participant per year (£2,343 - £1,513).

[67] Prices are adjusted using the GDP Deflator series (HM Treasury, 2025).
[68] Fiscal value relates to public expenditure, such as the cost of providing healthcare. Economic value relates to individuals (such as earnings), employers, and the wider economy. Social value relates to benefits to individuals and wider society, such as improved health or increased safety.
[69] Average costs per participant are calculated using percentages calculated to more than one decimal place.

Non-violent crime victimisations

The same report estimating the costs of crime (Heek et al., 2018) estimated the combined fiscal, social and economic cost of non-violent crime as £988 per victim, per year (at 2021/22 prices). When the quality-of-life element is removed from this figure, the cost is £661.

At baseline, 39.6 per cent of Changing Futures participants had been a victim of a violent crime, giving an average cost of £261 per participant. At the third follow-up, the victim rate reduced to 22.6 per cent, with an average cost of £149 per participant. The net benefit is therefore £112 per participant per annum (£261 - £149).

Domestic abuse

The Home Office (Oliver et al., 2019) estimate the economic and social costs of domestic abuse as £37,829 per victim (inflated to 2021/2022 prices). Again, this includes a substantial element for physical and emotional harm that is removed to avoid double-counting with QALYS, resulting in a cost of £10,804.

At baseline, 24.2 per cent of Changing Futures participants had recent experience of domestic abuse, with an average cost of £2,615 per participant. At follow-up, the rate reduced to 17.3 per cent of participants at an average cost of £1,869 per participant. The net benefit is therefore £745 per participant per year (£2,615 - £1,869).

Rough sleeping

MHCLG (2020) estimates the fiscal and social cost of rough sleeping as £13,680 per rough sleeper, per year (inflated to 2021/22 prices).

At baseline, 29.9 per cent of Changing Futures participants had slept rough in the last three months, with an average cost of £4,104 per participant. At follow-up, the rate of rough sleeping reduced to 16.5 per cent of participants at an average cost of £2,257 per participant. The net benefit is therefore £1,847 per participant per annum (£4,104 - £2,257).

Quality-of-life

QALYs are used to value improvements in health; they are a composite measure of quantity and quality of life. The method for estimating the QALYs gained is reported in the following section. The quality-of-life component is derived from the Recovering Quality of Life (ReQol) instrument (Keetharuth et al., 2018).

The base case estimate gives QALYs gained over the 12-month follow-up period as 0.049 (see Table A1.12). Based on a willingness to pay methodology, the Treasury Green Book (HM Treasury, 2022) advises a monetary value for a QALY of £70,000 in 2020/21 prices; this is adjusted to £69,590 in 2021/22 prices, following deflation between these two years. The net monetised benefit of QALYs is therefore £3,393.

The QALY gains are the biggest benefit attributable to the programme, accounting for almost half of the total benefits (see page 79). Given the importance of the QALY gains, it is worth considering the following points.

Four different QALY estimates were generated using different samples and time periods. The estimates are very similar, ranging from 0.046 to 0.049 (see Table A1.12). The base case estimate (0.049) is used in the CBA because it is the most readily interpretable. Even using the lowest QALY estimate, the net monetised benefit of QALYs is £3,201.

QALYs have a strong theoretical foundation and are frequently used in healthcare evaluation. However, the evaluations of UK social programmes similar to Changing Futures (such as Supporting Families or Housing First) have not used QALYs, but instead measure health indirectly through change in the use of healthcare services. As a result, we do not have QALY estimates from other programmes for comparison.

The appropriate monetary value attached to a QALY is subject to a high level of uncertainty (Donaldson, 2011). A review for the Health and Safety Executive (Chilton et al, 2020) on the willingness-to-pay for a QALY, found a huge range of values used, from £970 to £912,835 per QALY (in 2017 prices). NICE uses a threshold value of around £20,000 to £30,000 to judge the value-for-money of potential NHS health care interventions; this is much lower than the Treasury Green Book value. This analysis applies the Treasury Green Book willingness to pay value, as per Green Book best practice guidance, which differs from the threshold value NICE applies.

Given the range of possible monetary values of a QALY, the CBA reported in Chapter 6 also employs an alternative method for monetising quality of life gains of Changing Futures. This omits the QALY estimates and instead includes the quality-of-life benefits included in the unit costs for violent and non-violent crime victimisation and domestic abuse, which are omitted in the main analysis to avoid double-counting (see discussion earlier in this Appendix). The results are reported in the sensitivity analysis section of the CBA (page 80), and the benefit estimates are very close to those estimated when QALYs are used.

Estimation of quality-adjusted life years (QALYs)

Changes to health-related quality of life for participants in the Changing Futures programme were measured via the Recovering Quality of Life (ReQol) instrument; this was developed by a team at the University of Sheffield for use with people experiencing mental health difficulties.[70] The ReQoL includes items that measure both mental and physical health, and the responses are used to calculate the ReQoL utility index. This is a preference-based measure for use in economic evaluation; it is distinct from the simple ReQoL score and is calculated using preference weights derived from primary work with service users (Keetharuth et al., 2021).[71]

[70] Specifically, we have data from the ReQoL-10. See Keetharuth et al. (2018).
[71] Note that while the ReQoL score does not include the physical health question, the ReQoL utility index incorporates physical health.

The ReQoL utility index is used to estimate QALYs, a composite measure of both quality and quantity of life. The ReQoL index allows tracking of the *quality* of life element. In the absence of any reliable evidence, the assumption is made that Changing Futures does not affect the *quantity* of life (mortality); i.e. it is assumed that, on average, mortality is the same in both the hypothetical comparator group and the Changing Futures group. This is likely to be a conservative assumption.

ReQoL data for the Changing Futures participants were collected via the baseline questionnaire that should be administered within six weeks of joining Changing Futures, and follow-up questionnaires administered approximately every three months thereafter. For the hypothetical comparator group, the same baseline is used, and it is assumed that their subsequent outcomes do not change. This is a very strong assumption; it is equivalent to attributing *all* of the estimated benefit to the Changing Futures programme. However, when the resulting QALY estimates are used in the CBA, a deadweight loss adjustment is employed to account for change that might have occurred in the absence of the programme.

QALY gains to the Changing Futures group are estimated based on an 'area under the curve' method; this estimates average quality of life across the 12-month follow-up period (Hunter et al., 2015). This produces an estimate of the 'average treatment effect on the treated' (often shortened to ATT); i.e. the average effect of Changing Futures on the outcomes of those participants who were present (with usable data) at both baseline and follow-up.

Data available for analysis

A weakness in this analysis is the large amount of missing data due to people not opting to take part in the evaluation, attrition (lack of follow-up questionnaires) and unanswered questions. The 13 partnerships report (in monitoring returns) that they have engaged with n=4827 participants, and the main outcome database contains data for n=4,018 of these. To construct the sample to estimate QALYs, observations are excluded based on the criteria described in Table A1.9.

The usable sample size at baseline is n=1,259, just over one quarter of the participants that partnerships have engaged with. As well as missing data, there is also a high level of attrition, with approximately half of the sample lost from baseline to first follow-up and around 30 per cent at each subsequent follow-up.

Table A1.9: Constructing the analysis sample

Exclusion criteria	Remaining sample size
	4,018 (start sample)*
Missing or invalid start date (n= 394)	3,624
Recruited less than 12 months before 6 Sept 2024 (n=707)	2,917 (Group A)
No baseline questionnaire (n=694)	2,223
Baseline not in valid date window (n=463). See Table A5.1	1,760
No baseline ReQoL data (n=501)	1,259 (Group B)

*Excluding Northumbria and Plymouth.

Group A (Table A1.9) is the full target population of participants who have spent 12 months on the Changing Futures programme. Group B is the group for whom baseline outcome data is available. Group C (see below) is defined as a sub-sample of Group B for whom both baseline and follow-up outcome data are available – this group is used the estimate the QALY gains of Changing Futures.

Both missing data and attrition are unlikely to be random and hence will lead to potential bias in the estimated QALY benefits. A comparison of the characteristics of the three groups (A, B and C) is reported and discussed below (Table A1.10).[72]

An important assumption to enable the estimation of the QALY benefits is that 'treatment' status is defined by the presence of usable ReQoL data. This is not likely to be an accurate representation of the true treated group. To understand this, it is useful to consider the following participant groups in relation to the data held:

1) Engaged with Changing Futures at baseline and for 12 months:
    a) Have baseline ReQoL data (Group B)
    b) Do not have baseline data (around two-thirds)

2) After baseline, three things can happen to participants:
    a) Disengaged before 12-month follow-up
    b) Still engaged but with no follow-up data
    c) Still engaged and have follow-up data (Group C)

No attempt has been made to impute missing data or employ sampling weights to compensate for the data deficiencies; the levels of missing data are too high for these methods to be useful or practical. In addition, there is insufficient information about the underlying target population because the quantities of missing data on demographics and key disadvantages are also very high.

[72] Note that these comparisons can be made where information on other characteristics is available, and this is also subject to large amounts of missing data. For example, for Group A (n=2917) approximately 40% of beneficiaries have missing demographic data and around 20% have missing data on the 5 key disadvantages.

Instead, the differences between the analysis samples and the wider target population are explored in an attempt to understand more about how these differences may affect the QALY estimates. In addition, alternative QALY estimates are presented (Table A6.4) based on the baseline and final follow-up survey point only (ignoring intervening questionnaires); this has the advantage of increasing the analysis samples by about 50 per cent.

Comparing samples

Table A1.10 compares the characteristics of the target population (Group A), the baseline ReQoL sample (Group B) and the complete base case analysis sample (Group C). The first three columns report mean values for the characteristic in question, and the last three columns show whether these means are significantly different across samples (pairwise comparisons).

Table A1.10: Comparing characteristics of samples (Groups A, B and C)

	Group A (n=2,917)	**Group B (n=1,259)**	**Group C (n=222)**	**t-test significant p<0.01**		
	Mean	Mean	Mean	C vs A	C vs B	B vs A
Demographics						
Age <30	0.214	0.190	0.126	***		***
Age 30-49	0.579	0.593	0.663		***	
Age 50+	0.206	0.217	0.211			
Female	0.358	0.383	0.354			***
Ethnic minority	0.119	0.108	0.109			
Disabled	0.849	0.837	0.830			
Neurodivergent	0.174	0.233	0.347	***	***	***
Baseline disadvantage						
Mental health problems	0.802	0.991	0.986	***		***
Domestic abuse	0.490	0.667	0.611	***		***
Drug/alcohol problems	0.759	0.938	0.951	***		***
Homelessness	0.707	0.868	0.835	***		***
Criminal justice system	0.678	0.868	0.906	***		***
Number of disadvantages	3.531	3.654	3.733	***		***
Baseline circumstances						
Physical health	2.542	2.520	2.383			
Recent homelessness	0.666	0.658	0.590	***		
Recent rough sleeping	0.364	0.348	0.285	***		
Recent criminal justice system	0.231	0.288	0.197	***	***	***
Ability to cope without drugs/alcohol	2.031	2.018	1.947			
Ability to cope with mental health	2.083	2.046	1.989			***
ReQoL utility	0.622	0.622	0.607			

Notes: Group A is the target population of participants, Group B is the sample with baseline outcome data, and Group C is the value for money analysis sample (they have both baseline and follow-up outcome data).

Firstly, comparing the analysis sample to the target population (C vs. A). This comparison is important because outcomes for Group A are predicted from Group C. The analysis sample (C) is less likely to be aged under 30, but they are more likely to be neurodivergent/have a cognitive disability. They are more likely to have experienced all 5 key disadvantages and have a higher mean number of disadvantages. At baseline, they are less likely to have recent experience of homelessness, rough sleeping and the criminal justice system. While baseline ReQoL is lower in the analysis sample, it is not significant.

Conditional on providing outcome data at baseline (Group B), the comparison with the analysis sample (C vs. B) is useful because it shows how likely participants are to be successfully followed up for 12 months. Those who provide follow-up data are more likely to be aged between 30 and 49, and more likely to be neurodivergent/have a cognitive disability. They are also less likely to have recent experience with the criminal justice system.

Finally, comparing the target population to the sample of participants who have outcome data at baseline (B vs. A). Group B are less likely to be aged under 30, and more likely to be female or neurodivergent/have a cognitive disability. They are also a lot more likely to have all 5 key disadvantages and a higher mean number of disadvantages. At baseline, they are more likely to have recent experience with the criminal justice system and lower ability to cope with their mental health.

Comparing across all three columns, it is clearly the case that it is harder to engage and secure data from younger participants, those who have recent experience of homelessness, rough sleeping, and the criminal justice system, as well as those who are less able to cope with their mental health problems. In contrast, and perhaps counterintuitively, Changing Futures has had more success engaging with and obtaining data from participants who have a higher chance of having the 5 key disadvantages, and those who are neurodivergent or have a cognitive disability. Given this set of differences in characteristics, it is hard to predict the direction of any consequent bias in the outcome estimates with any certainty.

It is also worth noting that while all 13 partnerships are represented in Groups A and B, 3 have no participants in the analysis sample, Group C (Leicester, Stoke and Sussex), and of those included, 7 have fewer than 30 participants in Group C. The analysis sample is therefore dominated by Greater Manchester, Lancashire and Sheffield.

Results

Of the n=1,259 participants with usable ReQol data at baseline, n=222 (18%) provided data at all periods during 12-month follow-up (i.e. follow-up questionnaires 1, 2 and 3). The complete case analysis uses data for this group (Group C).

Table A1.11 reports the estimated ReQol utility values for this complete case sample, showing a steadily increasing quality of life throughout the follow-up period.[73] By way of comparison, the estimated ReQol utility values from all participants who have usable data at any time point are shown in the right-hand column. Again, this shows a similar steadily

[73] The change from follow-up period 2 to 3 is not statistically significant at $p<0.05$.

increasing quality of life throughout the period, but from a somewhat higher starting point.[74] These two utility trajectories are similar and hence give some confidence to our complete case approach.

Table A1.11: Comparing ReQol utility estimates from the complete case and full samples

	Base case **Complete case sample (Group C) (n=222)**	**All participants with data**	
	Mean ReQol (s.d)	N	Mean ReQol (s.d)
Baseline	0.607 (0.259)	1259	0.622 (0.255)
First follow-up	0.650 (0.246)	605	0.672 (0.237)
Second follow-up	0.676 (0.241)	420	0.684 (0.241)
Third follow-up	0.690 (0.244)	307	0.694 (0.236)

For the complete case analysis sample, the average QALY gain for the follow-up period using an 'area under the curve' approach is estimated as 0.049; this represents the improved quality of life (over the 12-month follow-up) of the treatment group compared to the hypothetical comparator group.[75] Monetising this at £69,590/QALY gives an average benefit value of £3,393 in the 12-month period.

Alternative QALY estimates

Table A1.12 presents a number of alternative estimates which use different samples to generate the QALY benefits.

A. Using data from the baseline to the fourth follow-up questionnaire instead of the third follow-up as an alternative estimate of outcomes at 12 months.

B. Using participants with usable data at baseline and third follow-up only, that is, ignoring first and second follow-up data, and simply calculating the change from baseline to endpoint. This has the advantage of a slightly larger sample of participants.

C. As B, but using participants with usable data at baseline and fourth follow-up only.

[74] All changes are statistically significant at $p<0.05$.

[75] In the assumed absence of mortality effects, comparing the Changing Futures group with the hypothetical comparator group (whose outcomes are assumed not to change), the differential QALY change over the 12-month period is (0.607+0.650+0.676+0.690)/4 – (4*0.607)/4 = 0.049, where the first term represents the Changing Futures group and the second term represents the comparator. The same 'area under the curve' QALY calculation using all participants who have ReQoL data gives an average QALY gain estimate of 0.046 i.e. slightly lower than for the complete case sample.

Table A1.12: Alternative samples for net monetary benefit estimates - direct costs

	Base case	A	B	C
	Complete case all 0-3	Complete case all 0-4	Complete case only 0-3	Complete case only 0-4
n	222	142	307	210
Average QALYs	0.049	0.047	0.046	0.047

Notes: Base case is complete case of all survey points 0 to 3. A is complete case using all survey points 0 to 4. B is complete case using survey points 0 and 3 only. C is complete case using survey points 0 and 4 only.

Compared to the base case, the alternative samples all give slightly lower QALY estimates. The base case is used in the main CBA, given that it is readily interpretable; there is a given number of participants, who are assumed to be the treated group, and as such, they both incur costs and generate outcomes.

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 the physical safety of others
- 6 = High risk to the physical safety of others as a result of dangerous behaviour or offending/criminal behaviour
- 8 = Immediate risk to the 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 create 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[76]

- 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 a significant effect on functioning; aggressive behaviour towards others
- 4 = Drug/alcohol dependence; daily abuse of alcohol or drugs which causes severe impairment of functioning; inability to function in the 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
- 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'

---

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

Appendix 4: Alternative definitions and features of ‘thriving’

As discussed in section 2.2, people with lived experience, including Changing Futures caseworkers who participated in the evaluation consultation, suggested different definitions of thriving; these are discussed further here. Whilst thriving looks different for everyone, people with lived experience highlighted several common features of what they consider to be thriving.

First, significantly reducing drug and/or alcohol use was a commonly suggested indicator of thriving. People with lived experience noted that, particularly for people who have long histories of addiction, reducing substance use to the point that it no longer takes over their life, both in terms of the single-mindedness they have about obtaining substances and on the physical and mental impact of taking them, could be considered thriving. Related to this, they suggested that people may be considered thriving if they had regularly been in crisis and/or using emergency services, and such instances had reduced significantly.

People with lived experience also suggested that people who are thriving are likely to have started to accept help and become proactive in seeking help and working towards change. This indicates that they have developed an understanding and trust that there are people and services who want to support them. They are also likely to have started to develop support mechanisms around themselves, not only people who have a professional responsibility to support them, but also peers, including friends who have a positive influence on them, possibly from the recovery community, and family with whom they have started to rebuild relationships.

Another potential indicator of people thriving suggested was increased levels of independence and self-reliance, including the ability to understand and navigate services themselves. Anxiety levels may have decreased, and physical and mental wellbeing improved as a result:

To be able to say to us as intensive support workers, 'Actually, I don't think I need you anymore and I think there might be somebody who needs you more than I do,' that's when you think, 'Actually, you know, this person is going to thrive.'

Changing Futures caseworker

Finally, it was suggested that people who are thriving have started to develop a sense of self-worth, thinking of themselves as important and deserving of a good life. This may help them to feel more comfortable in themselves in public and not ashamed of themselves. In some cases, they may have started to come to terms with their past, learn from their experiences, and think about how they could use these to support others. This may be one of a range of new opportunities people consider as they start to think about their options for the future in a positive way. Increased financial stability can open up new options for people to explore interests with money left after bills are paid.