



Ministry of Housing,  
Communities &  
Local Government

# Changing Futures participant outcomes at 6, 12 and 18 months: supplementary analysis to final evaluation report



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December 2025

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# 1. Summary of key points

This report provides additional analysis to complement the final Changing Futures evaluation report. It explores change in key outcomes between participants' baseline questionnaire and their first, third, and fifth follow-up questionnaires, completed approximately 6 months, 12 months and 18 months after participants start the programme, respectively. Baseline questionnaires were completed, on average, 60 days after people start the programme. The final evaluation report focuses solely on change between baseline and third outcomes (12 months).

Caution is required when looking at change for some outcomes between baseline and fifth follow-up as some sample sizes are small. This is due to people leaving the programme, for a variety of reasons, before fifth follow-up. Also, those who started later in the programme would not have been receiving support for long enough to be eligible to complete a fifth follow-up survey.

While the three cohorts (6-months, 12-months and 18-months) contain some of the same people, they are not identical. As a result, some differences in change over time may reflect differences between these groups, including differing starting points on certain measures. Some of the evidence suggests that members of the baseline to 18-month group may have more complex needs than the other groups.

## 1.1. Key findings

With the exception of contact with the criminal justice system, there are positive outcomes for most of the measures related to the key areas of disadvantage Changing Futures was designed to address: homelessness, domestic abuse, drug and alcohol problems, and mental health.

There are often significant improvements at 6, 12, and 18-month timescales, suggesting a positive impact in the short term and continued or maintained improvements in the medium term.

The pattern and scale of change varies between outcome measures. Some outcomes show a greater degree of positive change over time indicating ongoing progress is made. The proportion of people whose mental wellbeing is in the range considered to require clinical intervention continues to decrease over time. Similarly, the proportion of participants assessed by staff as having reduced levels of need and risk grows between baseline and first, baseline and third, and baseline and fifth follow-ups.

The areas where participants showed the most improvement were homelessness, ability to cope without misusing drugs or alcohol, and violent crime victimisation. There were significant reductions in the proportion of people with recent experience of homelessness generally between baseline and first, baseline and third, and baseline and fifth follow-ups. The reduction in homelessness is greater at each time point, indicating ongoing progress is being made. Establishing stable housing is highlighted elsewhere in the evaluation as an important foundation on which to build other changes. There were also significant

reductions of increasing size in experience of domestic violence between baseline and all follow-up points, with the largest change between baseline and fifth follow-up.

In contrast, some measures 'plateau', with similar levels of change between baseline and third follow-up and baseline and fifth follow-up. There were statistically significant improvements in rough-sleeping and social inclusion outcomes between baseline and all follow-up points. The scale of change is generally slightly larger between baseline and third than between baseline and first, but with little further improvement between baseline and fifth. Some measures may have a natural ceiling. For example, when a participant improves significantly, they may move on from the programme and thus will not be included in later sampling points. Conversely, those with more entrenched issues may be more likely to stay on the programme and make slower progress. As discussed in the final evaluation report, qualitative evidence suggests some social inclusion outcomes, such as rebuilding relationships with family, can require progress to be made in other areas first, such as addressing drug and alcohol problems.

In the case of ability to cope with problems without misusing drugs or alcohol, the greatest change occurs in the baseline to fifth follow-up group. Between baseline and fifth follow-up the proportion of people with a drug or alcohol problem who said they could cope without using drugs or alcohol increased from roughly a tenth to a quarter. This would seem to support other evidence that addressing drug and alcohol problems is a long-term endeavour.

Some measures show smaller or no significant change between baseline and fifth follow-up. There are similar statistically significant reductions in average number of A&E visits and ambulance call outs between baseline and first and third follow-ups. However, there are no significant changes between baseline and fifth follow-up. It is notable that those in the baseline to fifth follow-up group have a worse starting point on these measures, potentially indicating this group have more complex needs.

There were significant reductions, of a similar size, in the proportion of people reporting severe or very severe health problems between baseline and first and third follow-up. The change between baseline and fifth follow-up was not significant. However, the lack of significant change between baseline and fifth follow-up is not necessarily evidence of progress stalling and could be due to the particularly small sample sizes.

There is limited evidence of change in relation to offending-related contact with the criminal justice system. The only significant change in overall contact with the criminal justice system is between baseline and first follow-up. This reflects quantitative findings throughout the evaluation. This could be due to a number of factors: the time lag between offending taking place and interactions with the justice system (such as arrest, conviction etc.), as well as small changes being difficult to detect with small sample sizes, particularly over the longer term. Analysis of longitudinal administrative data on contact with the criminal justice system may be useful here to further investigate the relationship between offending and engagement with Changing Futures.

## 1.2. Summary of outcome changes

Table 1.1 below summarises the changes in key outcome indicators over each of the three timescales. Most changes are expressed as percentage point change. Changes in NDTA score, A&E attendances and ambulance call outs are shown as changes in mean average. Note that the baseline levels for some of the indicators are different for the three cohorts. Only statistically significant changes are shown.

<b>Metric</b>	<b>Baseline to first follow-up</b>	<b>Baseline to third follow-up</b>	<b>Baseline to fifth follow-up</b>	<b>Comment</b>
	Percentage point change	Percentage point change	Percentage point change	
<b>a) Overall quality of life:</b> Change in proportion with ReQoL score in clinical range.	-6.8	-12.1	-16.2	Consistent and increasing improvement.
<b>b) Someone to talk to:</b> Change in proportion who report that they have someone to talk to	4.9	11.1	13.9	Improvement plateaus after 12 months.
<b>c) Feel connected to family members:</b> Change in proportion who report that they feel connected to family members they don't live with	6	9.7	11.5	Improvement plateaus after 12 months.
<b>d) Ability to manage debt:</b> Change in proportion who agree or strongly agree that they are able to manage paying off debts or overdue bills.	7.4	9.9	Not significant	Increasing improvement from baseline to 12 month only.
<b>e) Problems with drug or alcohol:</b> Change in proportion reporting drug or alcohol problems in the last three months.	-4.3	-6.7	Not significant	Similar levels of improvement to 12 months only.
<b>f) Cope with problems without misusing drugs or alcohol:</b> Change in proportion who agree or strongly agree that they are able to cope with problems without misusing drugs or alcohol.	6.7	10.1	15.2	Consistent and increasing improvement.

<b>g) Physical health:</b> Change in proportion with severe or very severe health problems.	-3.6	-4.3	Not significant	Similar levels of improvement to 12 months only
<b>h) Mental health difficulties in last three months:</b> Change in proportion reporting mental health difficulties.	-3.1	-8.7	-8.5	Improvement plateaus after 12 months.
<b>i) Ability to manage mental health difficulties:</b> Change in proportion who agree or strongly agree that they are able to manage their mental health difficulties.	8.4	11	13.5	Consistent and increasing improvement.
<b>j) Homelessness:</b> Change in proportion experienced any type of homelessness experienced in last three months.	-7.2	-12.8	-16.5	Consistent and increasing improvement.
<b>k) Rough sleeping:</b> Change in proportion experienced rough sleeping in last three months.	-6.9	-13.5	-10.1	Improvement plateaus after 12 months.
<b>l) Criminal justice system:</b> Change in proportion experienced offending-related contact with the criminal justice system in last three months	-4.4	Not significant	Not significant	No significant change after 6-months
<b>m) Victim of violent crime:</b> Change in proportion that have been a victim of violent crime in last three months.	-10	-16.4	-17.2	Improvement plateaus after 12 months.
<b>n) Victim of non-violent crime:</b> Change in proportion that have been a victim of non-violent crime in last three months	-8.3	-17	-14.6	Improvement plateaus after 12 months.
<b>o) Domestic abuse:</b> Change in proportion that have experienced domestic abuse in last three months.	-6.3	-6.9	-11.1	Increasing improvement.

	Change in mean	Change in mean	Change in mean	
<b>p) Need and risk:</b> Change in mean New Directions Team Assessment score (a lower score indicates an improvement).	-3.4	-5.3	-6.6	Consistent and increasing improvement.
<b>q) A&amp;E visits:</b> Change in mean numbers of visits in last three months.	-0.4	-0.4	Not significant	Similar levels of improvement to 12 months only
<b>r) Ambulance call outs:</b> Change in mean number of call-outs in last three months.	-0.3	-0.4	Not significant	Similar levels of improvement to 12 months only

- a) Base: baseline and first follow-up=691, baseline and third follow-up=315, baseline and fifth follow-up=117  
b) Base: baseline and first follow-up=668, baseline and third follow-up=306, baseline and fifth follow-up=115  
c) Base: baseline and first follow-up=632, baseline and third follow-up=288, baseline and fifth follow-up=113  
d) Base: baseline and first follow-up=338, baseline and third follow-up=151, baseline and fifth follow-up=56  
e) Base: baseline and first follow-up=974, baseline and third follow-up=436, baseline and fifth follow-up=171  
f) Base: baseline and first follow-up=519, baseline and third follow-up=237, baseline and fifth follow-up=92  
g) Base: baseline and first follow-up=744, baseline and third follow-up=348, baseline and fifth follow-up=132  
h) Base: baseline and first follow-up=902, baseline and third follow-up=426, baseline and fifth follow-up=153  
i) Base: baseline and first follow-up=549, baseline and third follow-up=237, baseline and fifth follow-up=89  
j) Base: baseline and first follow-up=988, baseline and third follow-up=439, baseline and fifth follow-up=170  
k) Base: baseline and first follow-up=999, baseline and third follow-up=467, baseline and fifth follow-up=179  
l) Base: baseline and first follow-up=671, baseline and third follow-up=295, baseline and fifth follow-up=122  
m) Base: baseline and first follow-up=732, baseline and third follow-up=341, baseline and fifth follow-up=134  
n) Base: baseline and first follow-up=731, baseline and third follow-up=336, baseline and fifth follow-up=130  
o) Base: baseline and first follow-up=772, baseline and third follow-up=364, baseline and fifth follow-up=143  
p) Base: baseline and first follow-up=990, baseline and third follow-up=371, baseline and fifth follow-up=132  
q) Base: baseline and first follow-up=630, baseline and third follow-up=283, baseline and fifth follow-up=107  
r) Base: baseline and first follow-up=642, baseline and third follow-up=288, baseline and fifth follow-up=102



## 2. Introduction

This report presents additional analysis to complement the final evaluation report of the Changing Futures programme.

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.

As part of the programme evaluation, repeated outcomes questionnaires were administered to programme participants by programme staff. Baseline questionnaires were completed, on average, approximately two months after participants joined the Changing Futures programme. Follow-up questionnaires were to be completed at three monthly intervals, although in actuality questionnaires were completed at a range of intervals.

In the final report, key outcomes are compared between baseline and the third follow-up questionnaire (completed roughly 12 months after programme start). This follow-up period was agreed with MHCLG since it aligned with funded areas' expectation of an average engagement period of approximately 12 months. This supplementary analysis also compares participant outcomes between baseline and first follow-up (roughly 6 months in) and between baseline and fifth follow-up (roughly 18 months in). Baseline questionnaires were completed, on average, 60 days after people start the programme – see Table A1.3 in the final report for full details of timeframes for questionnaire completion. All changes reported and shown in the figures are statistically significant at the five per cent level.

The three longitudinal samples (baseline to first, third and fifth follow-up) overlap but are not identical. Furthermore, there are some differences between the sampled groups and the whole population of Changing Futures participants for whom we have demographic data. The baseline to first group is more likely to be aged under 30 (19.9 per cent compared to 15 per cent in the other longitudinal samples).<sup>1</sup> The baseline to fifth group is more ethnically diverse (17.3 per cent are from an ethnic minority background) than the baseline to first group (9.8 per cent are from an ethnic minority) and the sample as a whole (11.9 per cent).<sup>2</sup>

The baseline to fifth group is more likely to have a cognitive disability than the wider population (36 per cent compared to 29.1 per cent).<sup>3</sup> The average number of forms of disadvantage experienced is slightly but statistically significantly greater than those not included in the analysis sample (3.6 for baseline to first and 3.7 for baseline to third and fifth, compared to 3.5 for the wider cohort). The baseline to fifth group includes a greater

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<sup>1</sup> Base sizes for age group: baseline to first follow-up = 992, baseline to third follow-up = 447, baseline to fifth follow-up = 191, whole population = 2123. See Table 2.1

<sup>2</sup> Base sizes for ethnicity: baseline to first follow-up = 971, baseline to fifth follow-up = 185, whole population = 2,059. See Table 2.3

<sup>3</sup> Base sizes for cognitive disability: baseline to fifth follow-up = 189, whole population = 2,080. See Table 2.5

proportion of people with experience of 4 or 5 forms of disadvantage (68.8 per cent) compared to the baseline to first group (61.4 per cent).<sup>4</sup> This could indicate that those with higher levels of need require longer-term support.

As a result of the differences outlined above, some differences in change over the different time periods may reflect differences between the sampled populations, including differing baseline positions. Some of the sample sizes for baseline to fifth follow-up are particularly small and should be treated with caution. This may also explain why some outcomes show no significant change between baseline and fifth follow-up

For further information about the Changing Futures programme and the evaluation, including data collection and analysis methods, see the final report.

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<sup>4</sup> Base sizes for number of forms of disadvantage experienced: baseline to first follow-up = 1131, baseline to third follow-up = 515, baseline to fifth follow-up = 215, whole population = 2,737. See Table 2.6.

## 3. Change in participant outcomes

### 3.1. Overall quality of life

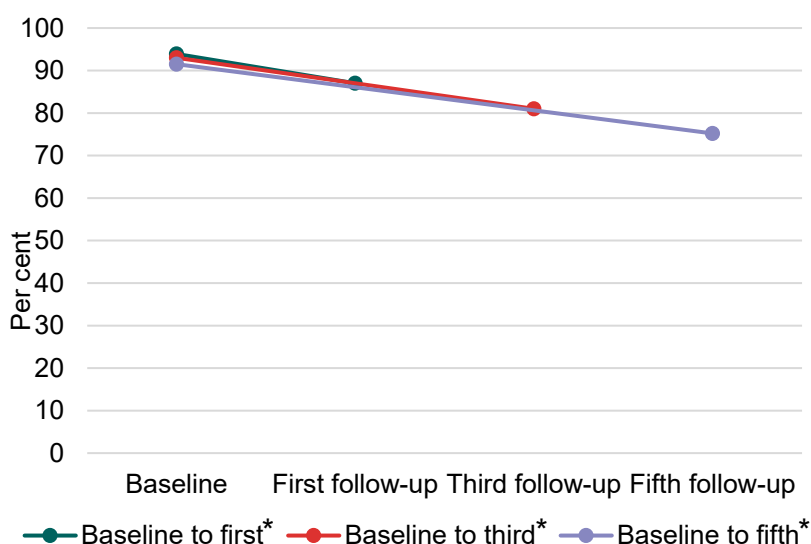
A key outcome measure used by the evaluation is the Recovering Quality of Life or 'ReQoL'. This is a participant reported outcome measure designed to assess quality of life for people with different mental health conditions.

Between baseline and first follow-up 36 per cent of participants reported a clinically meaningful improvement in their mental wellbeing, as measured by the ReQoL. At third follow-up this has increased to 45 per cent of participants. Of those participants who completed a fifth follow-up questionnaire, a similar proportion (44 per cent) reported a clinically meaningful improvement in overall mental wellbeing.<sup>5</sup>

The possible scores for ReQoL range 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).

The proportion of participants in the clinical range fell over time, from 93.9 per cent at baseline to 87.1 per cent at first follow-up. There was a greater decrease between baseline and third follow-up, from 93 per cent to 81 per cent, and even greater between baseline and fifth follow-up, from 91.5 per cent to 75.2 per cent. This is illustrated in Figure 3.1. This suggests that ongoing progress in improving overall mental wellbeing can be achieved over time.

**Figure 3.1: Proportion of participants with ReQoL scores within the clinical range**



\* indicates statistically significant difference

<sup>5</sup> Base sizes as follows: baseline and first follow-up = 691, baseline and third follow-up = 315, baseline and fifth follow-up = 117. See Tables 3.1 to 3.6.

There were also significant reductions in levels of need and risk as measured by the New Directions Team Assessment or NDTA. The NDTA is completed by caseworkers and assesses participant behaviours across ten areas, including engagement with services, self-harm, risk to self and others and housing. The proportion of participants with an improved NDTA score was 27 per cent at first follow-up, 44.2 per cent at third follow-up, and 48.2 per cent at fifth follow-up.<sup>6</sup>

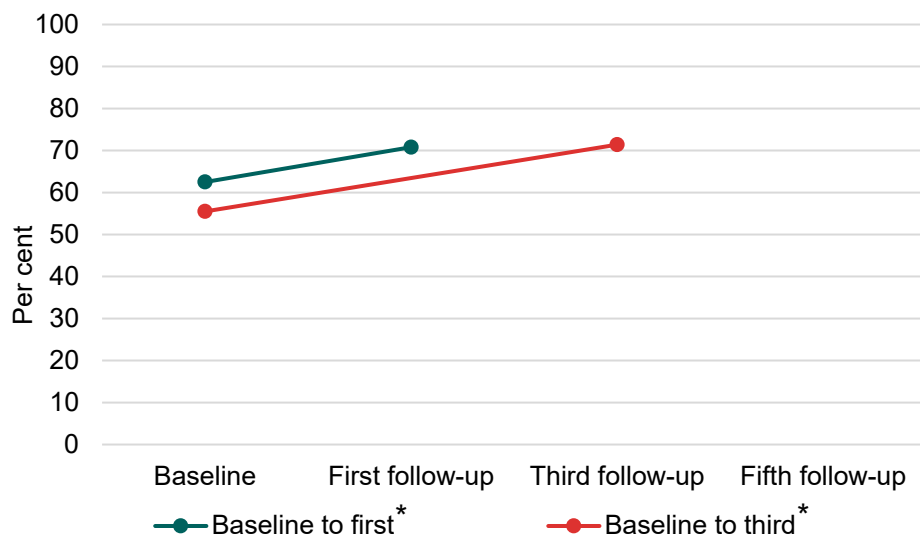
Between baseline and first follow-up, mean average scores decreased from 24.3 to 20.9 – a lower score indicating a lower level of need and risk. There was a similar decrease between baseline and third follow-up, from 24.4 to 19, and between baseline and fifth follow-up, from 25.9 to 19.3.

## 3.2. Changes in use of crisis services

The average number of A&E visits reduced from 1 to 0.6 between baseline and first follow-up. The same level of change also occurred between baseline and third follow-up. There was no significant change between baseline and fifth follow-up.<sup>7</sup>

The proportion of participants with no attendances in the previous three months increased between baseline and first and baseline and third follow-up, albeit from varying baseline positions. The proportion with zero attendances increased from 62.5 per cent to 70.8 per cent between baseline and first follow-up. Similarly, between baseline and third follow-up the proportion of participants with zero attendances increased from 55.5 per cent at baseline to 71.4 – see Figure 3.2.

**Figure 3.2: Proportion reporting zero attendances at A&E in the previous three months**



\* indicates statistically significant difference

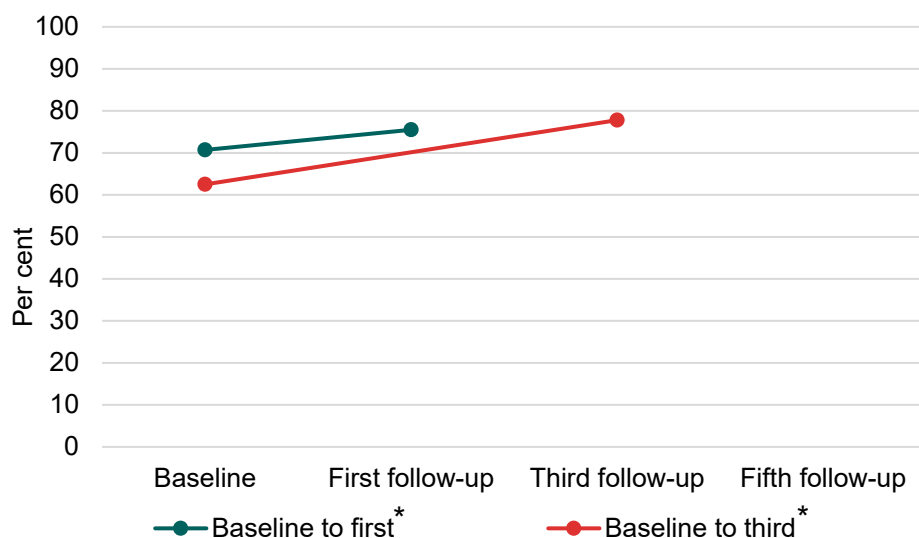
<sup>6</sup> Base sizes as follows: baseline and first follow-up = 990, baseline and third follow-up = 371, baseline and fifth follow-up = 132. See Tables 3.7 to 3.12.

<sup>7</sup> Base sizes as follows: baseline and first follow-up = 630, baseline and third follow-up = 283, baseline and fifth follow-up = 107. See Tables 3.13 to 3.18.

There were also significant reductions in the average number of ambulance call outs. Between baseline and first follow-up average number of call outs in the last three months decreased from 0.8 to 0.5.<sup>8</sup> There was a similar decrease of 0.9 to 0.5 between baseline and third follow-up. There was no significant change in ambulance call outs between baseline and fifth follow-up.

The proportion of participants with zero ambulance call outs in the last three months increased from 70.7 per cent at baseline to 75.5 per cent at first follow-up. There is also an increase in the proportion of participants with zero call outs between baseline and third follow-up (62.5 to 77.8 per cent).

**Figure 3.3: Proportion reporting zero ambulance call outs in the past three months**



\* indicates statistically significant difference

For both A&E attendances and ambulance call outs, the picture is largely positive. Worse baseline positions and non-significant increases between baseline and fifth follow-up potentially highlight that the population of those still receiving support by fifth follow-up may be those with more complex needs. This sample is also small, particularly between baseline and fifth follow-up, so the measures are more easily skewed.

### 3.3. Social inclusion and economic outcomes

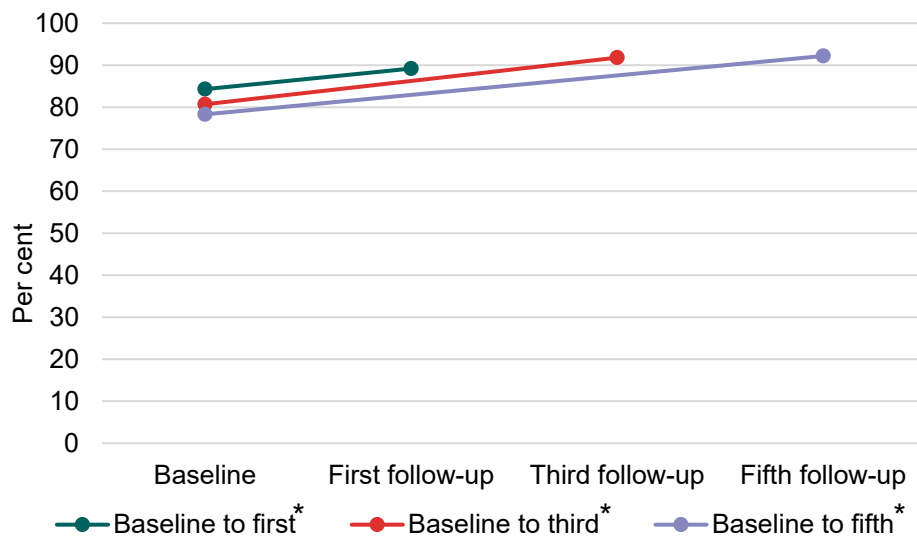
Key indicators of social inclusion are participants feeling connected to family members, and having someone to talk to other than a support worker. The main economic outcome indicator is the extent to which people are able to manage paying debts or overdue bills.

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 first follow-up. At baseline, 84.3 per cent of participants said they had someone to talk to; this rose to 89.2

<sup>8</sup> Base sizes as follows: baseline and first follow-up = 642, baseline and third follow-up = 288, baseline and fifth follow-up = 102. See Tables 3.19 to 3.24.

per cent at first follow-up.<sup>9</sup> There were similar significant increases between baseline and third follow-up (from 80.7 to 91.8 per cent) and baseline and fifth follow-up (78.3 to 92.2 per cent) – Figure 3.4 illustrates these changes.

**Figure 3.4: Proportion indicating they have someone to talk to, other than their support worker if needed**



\* indicates statistically significant difference

The proportion of participants who felt well connected to members of their family also significantly increased over time. The proportion of participants who felt well connected to their family rose from 55.4 per cent at baseline to 61.4 per cent at first follow-up.<sup>10</sup> There were similar increases from baseline to third follow-up (53.1 to 62.8 per cent) and baseline to fifth follow-up (49.6 to 61.1 per cent).

Unlike the quality of life measure which shows increasing improvement over time, the social inclusion outcomes tend to ‘plateau’ with similar levels of change between baseline and third and baseline and fifth. There may be a natural ceiling to these measures. Those who make substantial progress may leave the programme and not be included in later samples. In relation to connection to family members, qualitative research reported elsewhere in the evaluation indicates other issues need to be addressed, such as drug and alcohol problems, before this can happen.

Between baseline and first 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.<sup>11</sup> At baseline 23.7 per cent felt they could manage paying off their debt, which rose to 31.1 per cent at third follow-up. There was also a significant increase in the proportion of people who felt they were able to manage paying off their debts between baseline and third follow-up (25.8 to 35.8 per cent). There was no statistically significant change between baseline

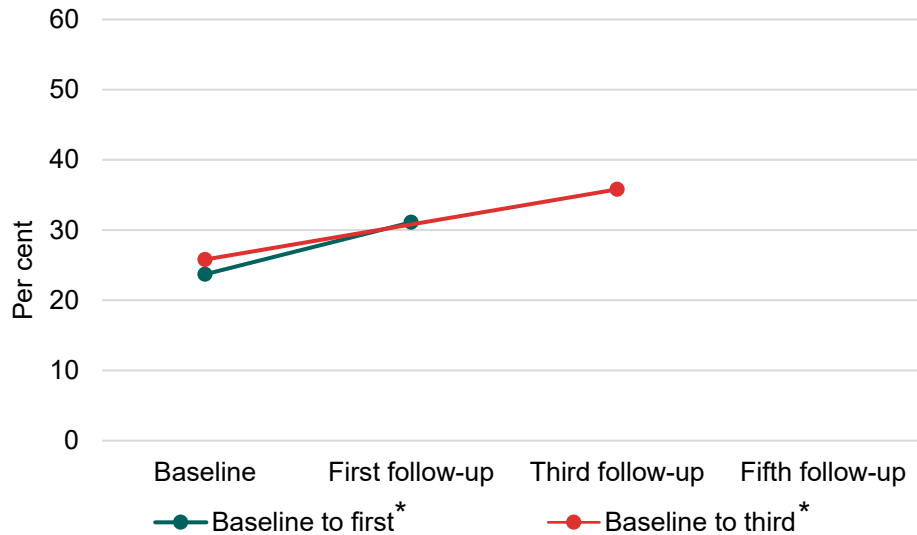
<sup>9</sup> Base sizes as follows: baseline and first follow-up = 668, baseline and third follow-up = 306, baseline and fifth follow-up = 115. See Tables 3.25 to 3.27.

<sup>10</sup> Base sizes as follows: baseline and first follow-up = 632, baseline and third follow-up = 288, baseline and fifth follow-up = 113. See Tables 3.28 to 3.30.

<sup>11</sup> Base sizes as follows: Baseline and first = 338, baseline and third = 151, baseline and fifth = 56. See Tables 3.31 to 3.33.

and fifth follow-up. These results are illustrated in Figure 3.5. Note the baseline to fifth group have a much better baseline position and has a small sample size.

**Figure 3.5: Proportion agreeing or strongly agreeing that, if in debt or behind on bills, they are able to manage paying these off**



\* indicates statistically significant difference

### 3.4. 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 first follow-up. At baseline 86.6 per cent of participants experienced problems with drugs or alcohol in the previous three months.<sup>12</sup> This decreased to 82.2 per cent at first follow-up. There was a similar decrease between baseline and third follow-up, from 88.3 to 81.7 per cent. There was no significant change between baseline and fifth follow-up.

There was also a significant reduction in the proportion of participants reporting recent use of opiates (arguably the type of drug causing highest harm) from 48.2 per cent at baseline to 39.4 per cent at third follow-up.<sup>13</sup> There were no significant changes between baseline and first follow-up, and between baseline and fifth follow-up. There were no significant changes in the proportion of people reporting recent use of non-opioid drugs or misusing alcohol between baseline and first, third, or fifth follow-up.

Recovery from drug or alcohol problems is a long-term process. Encouragingly, among those with a drug and/or alcohol problem, there were significant increases in the proportion of people who said they could cope with problems without misusing drugs or alcohol for all three follow-up groups. Between baseline and first follow-up, the proportion who agreed

<sup>12</sup> Base sizes as follows: baseline and first follow-up = 974, baseline and third follow-up = 436, baseline and fifth follow-up = 171. See Tables 3.34 to 3.36.

<sup>13</sup> Base sizes as follows: baseline and first follow-up = 768, baseline and third follow-up = 353, baseline and fifth follow-up = 138. See Tables 3.37 to 3.45.

they could cope increased from 11.6 per cent to 18.3 per cent.<sup>14</sup> There was a similar increase between baseline and third follow-up. Between baseline and fifth follow-up the proportion who said they could cope without misusing drugs or alcohol increased from 9.8 per cent to 25 per cent.

### 3.5. Physical and mental health

There was a small but significant reduction in the severity of health problems experienced by participants. At baseline 25.4 per cent reported severe or very severe problems; this reduced to 21.8 per cent at first follow-up.<sup>15</sup> There was a similar decrease between baseline and third follow-up, from 24.4 to 20.1 per cent. Between baseline and fifth follow-up, there was no significant change.

There was a similar pattern in the proportion reporting slight or no health problems. Between baseline and first follow-up, the proportion increased from 49.5 per cent to 54.8 per cent, while between baseline and third follow-up the increase was from 44.3 per cent to 51.4 per cent. Again, there was no significant change between baseline and fifth.

The proportion of participants who reported experiencing mental health difficulties in the past three months decreased significantly from 96.8 per cent at baseline to 93.7 per cent at first follow-up.<sup>16</sup> Similarly, between baseline and third follow-up, the proportion experiencing mental health difficulties fell from 96.9 per cent to 88.3 per cent, and between baseline and fifth follow-up, it fell from 98.7 per cent to 90.2 per cent.

This is positive, but the overall proportion of participants experiencing mental health problems is high, and for many, mental health problems are unlikely to completely disappear. An alternative indicator of progress is ability to effectively manage mental health problems. This also shows significant change. 38.1 per cent of participants that were experiencing mental health difficulties reported an increased ability to manage mental health problems at first follow-up.<sup>17</sup> A similar proportion of participants reported an increased ability to manage mental health problems between baseline and third follow-up (37.2 per cent) with a slightly larger proportion between baseline and fifth follow-up (42.7 per cent) although the sample size for this group is particularly small (less than 100).

### 3.6. Housing stability

There was a significant reduction in the proportion of participants who had recent experience of any type of homelessness (including rough sleeping). At baseline, 64 per cent of participants recently experienced homelessness, which decreased to 56.8 per cent

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<sup>14</sup> Base sizes as follows: baseline and first follow-up = 519, baseline and third follow-up = 237, baseline and fifth follow-up = 92. See Tables 3.46 to 3.51.

<sup>15</sup> Base sizes as follows: baseline and first follow-up = 744, baseline and third follow-up = 348, baseline and fifth follow-up = 132. See Tables 3.52 to 3.57.

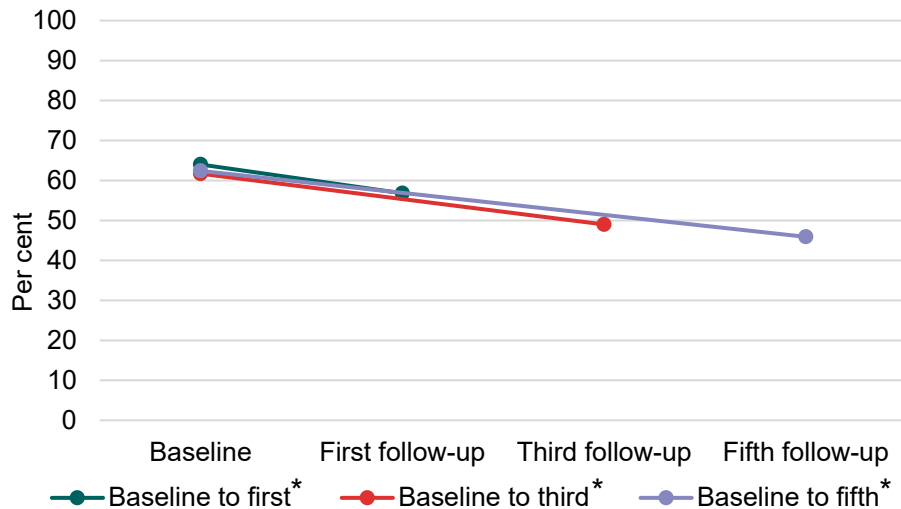
<sup>16</sup> Base sizes as follows: baseline and first follow-up = 902, baseline and third follow-up = 426, baseline and fifth follow-up = 153. See Tables 3.58 to 3.60.

<sup>17</sup> Base sizes as follows: baseline and first follow-up = 549, baseline and third follow-up = 237, baseline and fifth follow-up = 89. See Tables 3.61 to 3.66.



at first follow-up.<sup>18</sup> There were greater decreases in homelessness over time. Between baseline and third follow-up, recent experiences of homelessness decreased from 61.7 per cent to 49 per cent, and between baseline and fifth follow-up, it decreased from 62.4 per cent to 45.9 per cent.

**Figure 3.6: Proportions with recent experience of homelessness (in the past three months)**



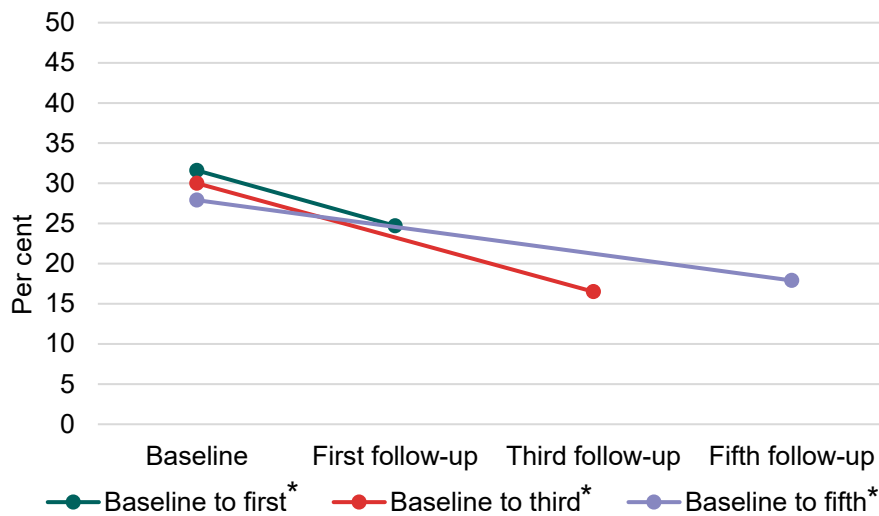
\* indicates statistically significant difference

There was also a significant reduction in the proportion of participants who had recent experience of rough sleeping. At baseline, 31.6 per cent of participants had slept rough in the previous three months, which decreased to 24.7 per cent at first follow-up.<sup>19</sup> Between baseline and third follow-up rough sleeping fell from 30 per cent to 16.5 per cent and between baseline and fifth follow-up from 27.9 per cent to 17.9 per cent.

<sup>18</sup> Base sizes as follows: baseline and first follow-up = 988, baseline and third follow-up = 439, baseline and fifth follow-up = 170. See Tables 3.67 to 69.

<sup>19</sup> Base sizes as follows: baseline and first follow-up = 999, baseline and third follow-up = 467, baseline and fifth follow-up = 179. See Tables 3.70 to 3.72.

**Figure 3.7: Proportions with recent experience of rough sleeping (in the past three months)**



\* indicates statistically significant difference

### 3.7. Contact with criminal justice system and victimisation

There was an overall significant reduction in recent contact with the criminal justice system relating to offending between baseline and first follow-up, falling from 30.7 per cent to 26.5 per cent.<sup>20</sup> Of the specific types of contact (caution, criminal behaviour order, arrest, conviction, prison), only the change in the proportion being cautioned between baseline and first follow-up was statistically significant, falling from 6.7 per cent to 4.3 per cent.

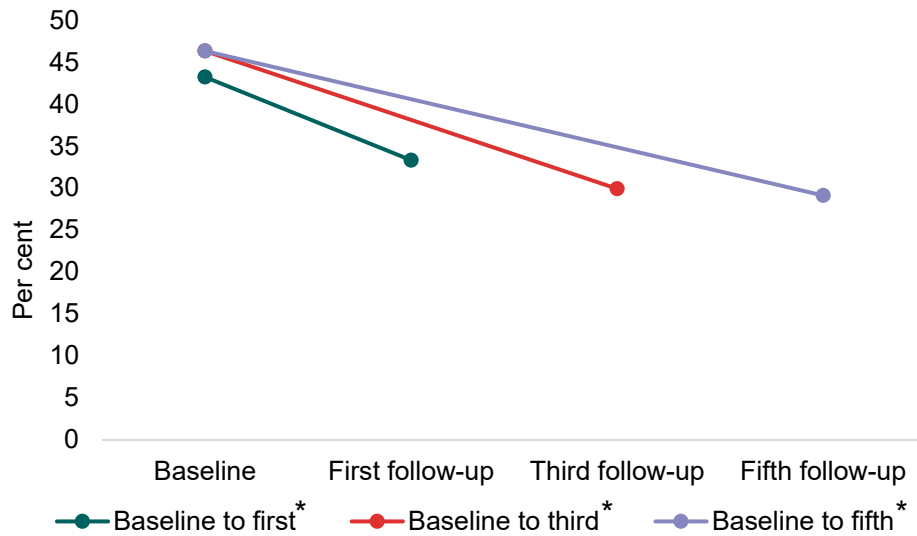
While there were further small reductions between baseline and third follow-up and baseline and fifth follow-up for overall contact with the criminal justice system, these were not statistically significant.

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, 43.2 per cent of participants had been the victim of violent crime in the last three months. This fell to 33.3 per cent at first follow-up.<sup>21</sup> There were similar reductions in recent experiences of violent crime between baseline and third follow-up (46.3 per cent to 29.9 per cent), and between baseline and fifth follow-up (46.3 per cent to 29.1 per cent).

<sup>20</sup> Base sizes as follows: baseline and first follow-up = 671, baseline and third follow-up = 295, baseline and fifth follow-up = 122. See Tables 3.73 to 3.78.

<sup>21</sup> Base sizes as follows: baseline and first follow-up = 732, baseline and third follow-up = 341, baseline and fifth follow-up = 134. See Tables 3.79 to 3.81.

**Figure 3.8: Proportion reporting recent experience of violent crime (in the past three months)**



\* indicates statistically significant difference

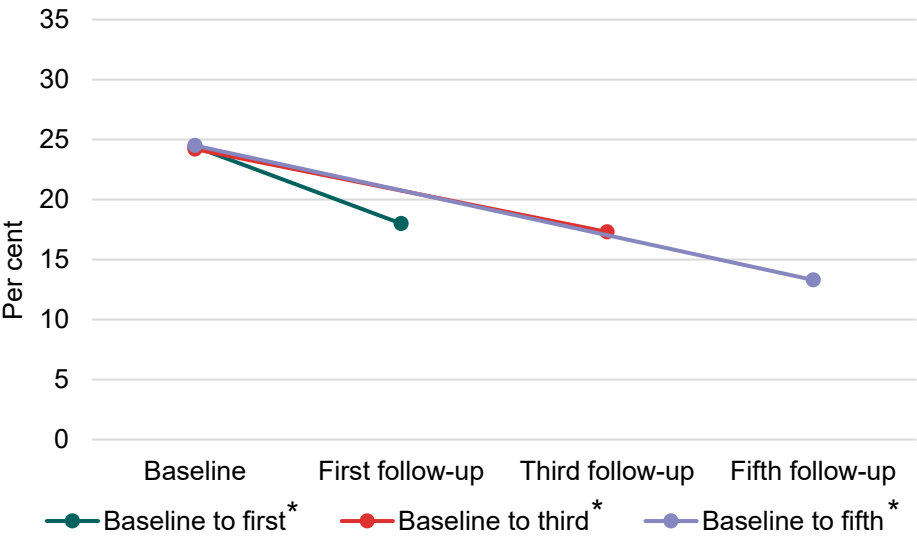
People who had been a recent victim of other types of crime, such as theft, reduced from 36.1 per cent to 27.8 per cent between baseline and first follow-up.<sup>22</sup> Between baseline and third follow-up, the proportion of participants who had been victim of other types of crime reduced from 39.6 per cent to 22.6 per cent, while between baseline and fifth follow-up, it reduced from 40 per cent to 25.4 per cent.

There were significant reductions in the proportion of participants who had recent experience of domestic abuse. At baseline, 24.4 per cent of participants had experienced domestic abuse in the previous three months; this reduced to 18 per cent at third follow-up.<sup>23</sup> A similar reduction in recent experience of domestic abuse was reported between baseline and third follow-up (24.2 per cent to 17.3 per cent), with a slightly greater reduction between baseline and fifth follow-up (24.5 per cent to 13.3 per cent).

<sup>22</sup> Base sizes as follows: baseline and first follow-up = 731, baseline and third follow-up = 336, baseline and fifth follow-up = 130. See Tables 3.82 to 3.84.

<sup>23</sup> Base sizes as follows: baseline and first follow-up = 772, baseline and third follow-up = 364, baseline and fifth follow-up = 143. See Tables 3.85 to 3.87.

**Figure 3.9: Proportion reporting recent experience of domestic abuse (in the past three months)**



\* indicates statistically significant difference

# References

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