Ministry of Housing, Communities & Local Government

From social exclusion to multiple disadvantage and systems change:

Precursors and context for the Changing Futures programme

August 2026

August 2026
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 contact 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 @mhclg

August 2026

Contents

Foreword

The Changing Futures programme works with local public service partnerships to improve support for people experiencing multiple disadvantage, including combinations of homelessness, substance misuse, mental ill health, domestic abuse and contact with the criminal justice system. A new 3-year £55.8 million phase of the programme launched in April 2026 and works with 18 of the most deprived areas of the country. This second phase of the programme builds on learning from the first phase which worked with 15 local partnerships across England over a 5-year period from July 2021 to March 2026.

The Ministry of Housing, Communities & Local Government (MHCLG) appointed a consortium of organisations, led by CFE Research, and including Cordis Bright, Revolving Doors, and The Sheffield Centre for Health and Related Research (SCHARR) at the University of Sheffield, to undertake an independent evaluation of the Changing Futures programme. This report is part of a series of evidence and literature reviews produced for the Changing Futures programme by the evaluation team. The report was written by CFE Research in June 2025. My gratitude goes to the authors CFE Research and colleagues for their work on this report and the Changing Futures evaluation.

This report presents a narrative overview of programmes and initiatives from the last 20 years focusing on improving support for people experiencing multiple disadvantage. While the focus is on the UK, it also draws on examples from North America and Australia to offer wider context. The purpose of this review is to provide context to the Changing Futures programme and inform future multiple disadvantage policy.

For over two decades, there has been sustained interest in improving outcomes for people experiencing multiple disadvantage. Definitions and terminology of multiple and overlapping disadvantage have evolved. Nevertheless, core elements making up the Changing Futures Programme definition, which are lack of effective support and high use of public services, appear to have remained constant. Programmes such as Changing Futures have built on this understanding, combining person-centred casework, multi-agency collaboration, and involvement of people with lived experience to drive systems change. The evidence reviewed here shows that features of effective practice appear to be well established. However, universal and sustainable implementation of what is known to work is slow and often constrained by barriers such as capacity of wider services, entrenched ways of working, lack of strategic-level collaboration, and time-limited initiatives and funding. While these issues are complex, the learning captured through day-to-day delivery of programmes like Changing Futures offers practical insights and learning to continue and accelerate progress.

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

ACE	Adults facing Chronic Exclusion
A&E	Accident and emergency
HUD	Department of Housing and Urban Development
IDVA	Independent Domestic Violence Adviser
ISP	Integrated Services Project
L&D	Liaison and Diversion service
LGBT	Lesbian, gay, bisexual and trans
MACNI	Multiple and Complex Needs Initiative
MCN	Multiple and complex needs
MEAM	Making Every Adult Matter
MHCLG	Ministry of Housing, Communities and Local Government
SMD	Severe and multiple disadvantage

Executive Summary

This report is a narrative overview of programmes and policy initiatives of the last 20 years that have aimed to improve support for people experiencing multiple disadvantage. It focuses on the UK, but also includes selected examples from North America and Australia. It is not a comprehensive assessment of the quality or quantity of evidence but is designed to provide context to the Changing Futures programme and inform thinking about next steps.

The Changing Futures programme 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. It seeks to achieve change for individuals, services and in the wider system. Funded areas vary in their approaches, but these generally include working in partnership, co-ordinating support, creating flexibility in service responses, involving people with lived experience and adopting a trauma-informed approach.

Improving support for people experiencing multiple disadvantage has had long-standing policy interest in the UK. While terminology and precise definitions vary over time and place, concepts of multiple disadvantage over the past 20 years share the same three key elements as the Changing Futures programme: overlapping experiences of disadvantage, lack of effective support and high service demand.

Narrow definitions that focus on a few specific forms of disadvantage risk excluding people facing equally severe but different forms of social exclusion. In recent years, greater focus has been placed on understanding the experiences of people from minoritised groups, such as people from ethnic minority backgrounds and lesbian, gay, bisexual and transgender (LGBT) people.

Over the past 20 years in England there has been a series of system-wide initiatives to address multiple disadvantage, from the Social Exclusion Action Plan and associated Adults facing Chronic Exclusion pilots, through to the Making Every Adult Matter (MEAM) Approach, the Fulfilling Lives programme and most recently Changing Futures. It might be argued that the focus on systems-change has grown over the course of these programmes, but a recognition of the need for transformation in how wider services operate has been there from the start.

In addition to these system-wide initiatives, there have been a range of programmes targeting people experiencing multiple disadvantage but with specific policy concerns or roots. These include the inclusion health agenda, the Blue Light approach, which focuses on ‘high impact drinkers’, and problem-solving courts.

Different states in Australia have implemented a range of projects to tackle similar issues over the same timeframe. In North America, the nearest equivalent concept to multiple disadvantage is ‘chronic homelessness’ and many of the approaches adopted here appear to be housing-focused, such as Housing First.

The programmes reviewed in this report frequently combine a range of approaches and these align closely to the Changing Futures model. Caseworker co-ordination in some form often features. The programme evaluations and learning concur that casework support should be person-centred, flexible and built on trusting relationships. This requires small caseloads and professional training and support across a range of service areas.

Multi-agency working and workforce development are core parts of the Changing Futures model and are highlighted by the evidence reviewed here as important too. Multi-agency working is crucial for ensuring holistic support for people experiencing multiple disadvantage. As well as enabling effective support, workforce development activities such as communities of practice can play a role in building the relationships and understanding that supports partnership approaches. Involvement of people with lived experience, both in the design and delivery of services and in creating systems change is also consistently identified as important.

Some of the initiatives reviewed have elements that are less of a feature of Changing Futures. These include direct provision of housing, use of courts and the criminal justice system as agents for change and use of legislation as a mechanism to compel collaboration (as in the case of the Multiple and Complex Needs Initiative in Victoria, Australia).

The effective features shared with Changing Futures are evident throughout programmes of the past 20 years. Indeed, even some of the earliest reports covered by this review acknowledge that the approaches are not new. The challenge is implementation of what is known to work. Again, the barriers to change are remarkably consistent over the timeframe. Some of those most often mentioned include entrenched ways of working, particularly in the statutory sector, a lack of strategic-level collaboration, limited capacity within wider services, and insufficient appropriate and affordable housing.

1 Introduction

1.1 Purpose of this review

This report is a narrative review of initiatives and associated learning on tackling multiple disadvantage from the past 20 years. It forms part of the evaluation of the Changing Futures programme. The report provides a descriptive overview of selected national and international programmes, interventions and policy thinking designed to improve support for people experiencing multiple disadvantage.

The review situates the Changing Futures programme findings within the context of wider evidence on multiple disadvantage. It is not designed to be a comprehensive assessment of the quality or extent of the evidence base. Instead, it is intended to inform policy thinking and conversations as to the next steps following the Changing Futures programme, highlighting which aspects of multiple disadvantage have been thoroughly explored previously and where work is still needed.

Three rapid evidence assessments have also been produced as part of the Changing Futures evaluation, focusing on frontline support models (Cordis Bright with CFE Research, 2023), trauma-informed approaches (Revolving Doors with CFE Research, 2023) and domestic abuse interventions for women experiencing multiple disadvantage (CFE Research, 2024).[1] This review was designed to complement and not to duplicate these assessments, and references the overarching findings from these other reports where relevant.

1.2 Research questions

The review aims to answer the following questions:

1. What are the different ways multiple disadvantage has been conceptualised?
    a. How does the Changing Futures definition compare to other/previous definitions? What types of disadvantage have been included in concepts of multiple disadvantage? What other factors have been included in definitions (such as lack of engagement, burden on public services)?
    b. How has the emphasis shifted over time? What difference does definition make to understanding multiple disadvantage?
    c. How has multiple disadvantage been quantified within the UK?

[1] All outputs from the evaluation of the Changing Futures programme can be found at www.gov.uk/government/publications/evaluation-of-the-changing-futures-programme

2. How does the Changing Futures model compare to other key UK initiatives of the last 20 years that have attempted to improve support for people experiencing multiple disadvantage?

    a. What form have initiatives taken? What were their main aims and mechanisms?

    b. To what extent have initiatives focussed on individual support and outcomes versus systems change?

    c. Which initiatives in other countries with similar contexts to the UK have adopted similar approaches and/or aims?

3. What are the key conclusions and learning points from the initiatives identified under research question 2?

    a. To what extent does the evidence and learning from these initiatives support the Changing Futures model?

    b. What wider systems changes are required to enable effective support for individuals? What are the barriers to provision of effective support?

1.3 Method

A protocol for searching for and selecting evidence to include in the review was developed and agreed with the Ministry of Housing, Communities and Local Government (MHCLG).

Changing Futures evaluation consortium members collectively have previous experience of researching multiple disadvantage and evaluating related programmes. Several of these research projects and evaluations included literature reviews. These were used as a starting point to create an initial list of key programmes and studies. This was then supplemented with a search using Google for non-academic literature sources in the public domain, and Google Scholar for academic papers. Initial sifting of search results was limited to the first three pages. Bibliographies of selected studies were reviewed to identify additional relevant sources.

The list of search terms used is provided in Table 1.1. These were combined in different search strings using Boolean operators (e.g. AND, OR, NOT) to identify studies that directly relate to the research questions.

Table 1.1: Search terms

Population search terms	Problem and intervention search terms
Multiple disadvantage	Understand
Complex needs	Defin*
Multiple exclusion homelessness	Count
Social exclusion	Map
Severe disadvantage	Policy
Chronic exclusion	Programme
Combinations of three of the following	Strategy
	Intervention
Rough sleep	Approach
Homeless	Innovat*
Drug / alcohol	Evaluat*
Dual diagnosis	Learn
Street sex work	Effective
Vulnerable	Barrier
Trauma	System
Criminal justice	
Offend	
Mental health	
Domestic abuse	(* = wildcard character, a placeholder for
Neurodiversity	any set of characters, allowing for variations of words in search terms)

Inclusion criteria

The review includes both academic and wider non-academic literature (including research and evaluation published by government departments and voluntary sector organisations).

The review only includes material published in English within the last 20 years, with a particular focus on government programmes, reviews and landmark studies.

Evidence from the UK is the focus for the review, with evidence from North America, and Australia included where the context and population being discussed is comparable to the UK. We are aware that there is value to policy makers in comparing their practice to that of similar nations.

Shortlisting

Titles and abstracts of all articles identified through the searches were reviewed and those that immediately appeared less relevant or that did not meet the inclusion criteria above were excluded

Shortlisted material was then reviewed in depth. Literature was prioritised that directly addressed one or more of the research questions. Within peer-reviewed literature, reviews and umbrella studies (which synthesise multiple reviews) were prioritised.

Part of the aim for this study is to set out how multiple disadvantage has been defined and how understanding has shifted over time. While the preferred terminology of Changing

Futures is ‘experience of multiple disadvantage’, other programmes and partners use other terms, such as ‘severe and multiple disadvantage’, ‘multiple complex needs’, and ‘multiple exclusion homelessness’ to define similar concepts and groups of people. While we did not limit evidence in this review to the exact same definition of multiple disadvantage as used in Changing Futures, material for inclusion had to relate to concepts of disadvantage that have both multiple facets and include at least one of the types targeted by Changing Futures.

Material was excluded where multiple disadvantage was purely conceptualised as disadvantage stemming from intersections of personal characteristics, such as gender and ethnicity. Initiatives and evidence that related to children and families were outside the scope of the review.

1.4 Structure of this review

The report begins in chapter 2 with an exploration of the concept of multiple disadvantage and how it has been defined by different initiatives (research question 1). The chapter focuses on the three elements of the definition used by Changing Futures: overlapping experience of disadvantage, lack of effective support and high levels of service demand. It also briefly considers what multiple disadvantage might mean for different demographic groups and how different definitions of multiple disadvantage can reveal a different profile of people.

Chapter 3 then provides an overview of key UK and selected overseas initiatives of the last 20 years (research question 2). The chapter begins with initiatives that operate across service sectors without a particular issue-based focus. It then moves on to consider approaches that emerged from specific policy areas such as healthcare or homelessness, even though many of these also span different sectors and/or are concerned with creating system-wide change.

Chapter 4 summarises evidence and learning from the initiatives outlined in chapter 3 by key themes (research question 3). It demonstrates the extent to which these themes map onto approaches adopted by the Changing Futures programme and provides a few selected examples that are not included in the Changing Futures model. The chapter concludes with a summary of some of the commonly cited barriers to change.

2 Understanding the problem: defining multiple disadvantage

This chapter aims to answer research question 1 by exploring the different ways multiple disadvantage has been conceptualised and comparing the Changing Futures definition to those used by other programmes.

The Changing Futures programme aims to improve outcomes for the most excluded adults. These are defined in the programme prospectus (MHCLG, 2021) as those:

- experiencing multiple disadvantage (combinations of three or more of homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system;
- placing a high demand on local response services;
- but for whom current systems of support are not working.

The programme prospectus highlights that people may also experience other forms of disadvantage, including trauma, physical ill-health, and a lack of family connections or support networks.

The three core elements of the definition above are all evident as we trace earlier initiatives in the UK over the previous two decades.

2.1 Overlapping experiences of disadvantage

A central premise of concepts of multiple disadvantage is the overlapping, inter-related and mutually reinforcing nature of certain types of severe disadvantage. There has been longstanding political interest in this group of people, although the precise types of disadvantage that are mentioned in definitions, how tightly the group is defined and the terminology adopted varies across time and place (Lemkes, 2022).

An early quantitative study into ‘Multiple Exclusion Homelessness’ or MEH (Fitzpatrick, Johnsen and White, 2011) aimed to develop a better understanding of extreme social exclusion. This study focuses on seven localities in the UK and defined MEH as experience of homelessness along with one or more of institutional care, substance misuse, or ‘street culture’ such as street drinking, begging and sex work. The study provides early evidence to support arguments about the high level of overlap between these domains and the need for co-ordinated interventions. Indeed, the report suggests that the levels of trauma and vulnerability were higher than previously thought. The authors also conclude that the central focus on homelessness was appropriate given how common experience of homelessness is amongst people using ‘low threshold’ local services, including non-homelessness support.

The seminal Hard Edges report (Bramley and Fitzpatrick, 2015) uses the term ‘severe and multiple disadvantage’ or SMD to describe people with experience of the homelessness, substance misuse and criminal justice systems, though they also recognise that poverty and mental ill-health were likely widespread among this group. The authors acknowledge that the term ‘multiple disadvantage’ had been used by the then coalition government to describe up to 5.3 million people facing combinations of disadvantages, but wanted to focus on those on the ‘extreme margins’. The report again highlights the way the different types of disadvantage are mutually reinforcing and ‘interlocking’ and result in particular isolation and ‘dislocation from societal norms’.

At the time, Hard Edges offered the most robust and accurate estimates of the prevalence of multiple disadvantage across England, estimating that approximately 58,000 people annually experienced all three forms of disadvantage (contact with the homelessness, substance misuse and criminal justice systems). The report also broke down estimates to the local authority level, indicating that SMD is an issue everywhere, but particularly prevalent in some areas, including northern urban areas, some coastal areas (seaside resorts and former ports), and central London boroughs.

Like Changing Futures, some programmes that aim to improve support and systems for people experiencing multiple disadvantage adopt a tight definition of multiple disadvantage, with eligible participants needing to have experienced a minimum number of a set list of disadvantages. For example, the Fulfilling Lives programme (CFE Research & University of Sheffield, 2022) targeted people with experience of at least two of homelessness, substance misuse, reoffending and mental ill health. The Australian Multiple and Complex Needs Initiative (MACNI) eligibility criteria include requiring at least two of four ‘diagnoses’: mental disorder, drug and/or alcohol dependence, intellectual impairment and acquired brain injury (Victoria State Government, 2023).

One of the potential limitations of this approach, as set out in the Changing Futures evaluation (CFE Research with Cordis Bright, 2025) is that it can exclude people experiencing equally severe combinations of disadvantage that are not on the prescribed list. Anderson (2012) highlights how several of the Australian services she describes adopt a flexible approach to eligibility, focusing on complexity itself and including those with ‘apparent or confused diagnoses’.

Other UK initiatives have adopted broader, more indicative definitions. The 2006 Social Exclusion Action Plan (HM Government, 2006) identified ‘adults living chaotic lives’ as a particular challenge.[2] Unlike Changing Futures and Fulfilling Lives, this group were not tightly defined in terms of their experiences. Instead, the report suggested a range of problems that such ‘high-need individuals’ may face, including a lack of basic skills, mental health problems, substance misuse, debt and homelessness. The target client groups of the resulting Adults facing Chronic Exclusion (ACE) pilots (Cattell and Mackie, 2011) varied across projects; some pilots focused on homelessness, while others principally addressed domestic abuse, unemployment or the needs of young adults. Similarly, the inclusion health policy agenda (see Chapter 3, page 13) uses broad terms (Luchenski et al, 2018), targeting people with common adverse life experiences and risk factors including

[2] Terms such as ‘chaotic lives’ are generally no longer used but this report retains the terminology used in the reports cited. This is an example of how terminology and what is considered appropriate has changed over time.

trauma, substance use, rough sleeping, imprisonment, and sex work, and it emphasises how these experiences and factors overlap and intersect.

In the US and Canada, the nearest equivalent concept to multiple disadvantage is ‘chronic homelessness’ (Lemkes, 2022). The Department of Housing and Urban Development (HUD) considers people who have been homeless for more than a year and have a ‘disabling condition’ and/or a substance use problem as chronically homeless (Soucy, Janes and Hall, 2024). Kuhn and Culhane (1998) developed a typology of homelessness using data from New York City shelters. Those in the chronic homeless category were much more likely to have a substance use problem, mental health problems and/or poor physical health. They were also more likely to be black and aged over 50 years. A limitation of this model is that it is centred on a specific form of disadvantage (homelessness) and using data on users of shelters may result in people less likely to use shelters (such as women) being under-represented in the resulting typology.

Co-occurring substance use and mental health disorders

Co-occurring substance use and mental health disorders (sometimes referred to as ‘dual diagnosis’) focuses on the two forms of disadvantage most commonly experienced by Changing Futures participants (CFE Research with Cordis Bright, 2023). The particular barriers this group faces in accessing effective treatment have long been highlighted, particularly in the US (Gafoor and Rassool, 1998), but also more recently by the Making Every Adult Matter (MEAM) Coalition and the Fulfilling Lives programme (CFE Research and The University of Sheffield, 2020; MEAM 2022). Guidance from Public Health England published in 2017 states that people with co-occurring conditions were often excluded from services, despite shared responsibility for their care by the NHS and local authorities. This guidance and a more recent report from the Royal College of Psychiatrists (2025) acknowledges that this combination is most likely to affect vulnerable and marginalised groups and is often experienced alongside issues such as homelessness, contact with the criminal justice system and poor physical health.

The demographics of multiple disadvantage

The conceptualisation of SMD as used in the Hard Edges report results in a cohort of people that is largely white, male and aged between 25 and 44 (Bramley and Fitzpatrick, 2015). Subsequent reports have explored what multiple disadvantage means for different demographic groups and how shifting the defining experiences can reveal a different profile.

While domestic abuse did not feature as part of the Fulfilling Lives programme definition of multiple disadvantage, it was included by Changing Futures as an explicit defining element of multiple disadvantage (MHCLG, 2021). The Gender Matters report (Sosenko et al., 2020) aimed to develop a profile of women affected by SMD. This took as its definition experience of four types of disadvantage: homelessness, substance misuse, being a victim of interpersonal violence and abuse, and poor mental health. The report also considers whether people had ever experienced these rather than whether they were currently experiencing them (as was the case for Hard Edges), as women highlighted the cumulative impact of disadvantage over their life course. This revised definition (with different method and data sources) radically changed the profile of multiple disadvantage compared to Hard Edges. The report indicates that among those with experience of three

or four of the defining disadvantages there are roughly equal proportions of men and women. Among those experiencing all four, around 70 per cent were female.

The Hard Edges report identified some nuance in relation to ethnicity. Black people and people from a mixed ethnic background were over-represented among those with experience of only homelessness or the criminal justice system or both, while people of Asian background were under-represented in all groups except homelessness only.

A recent, small-scale but valuable study from Nottingham (Fazil et al, 2024) challenges the assumption that multiple disadvantage is less prevalent among people from ethnic minorities and suggests that these groups are just less visible within services. It finds that racial trauma is a common experience of people from ethnic minority communities with experience of other forms of disadvantage and can exacerbate or lead to other forms of disadvantage. For example, losses related to forced migration and the resulting stress of navigating immigration and asylum processes can lead to mental health problems, experience of violence, substance misuse and homelessness. The authors recommend that racial trauma is recognised as a distinct form of severe disadvantage in its own right.

The LGBT Foundation's 2020 report adopts the Hard Edges definition of SMD, but highlights the additional and different types of disadvantage experienced by lesbian, gay, bisexual and trans people. These include experience of bullying, harassment, violence and parental rejection related to their sexuality, loneliness and social isolation, risks related to street sex working and the prevalence of drugs on the gay scene.

2.2 Lack of effective support

Critiques of focusing on multiple experiences or needs (for example, Hamilton, 2010; Lemkes, 2022) highlight how this fails to recognise the impact of services and systems. In a paper reflecting her experiences as chair of the MACNI panel (see page 13), Margaret Hamilton (2010) eloquently sets out the challenge 'based on their historic experience, the mutual perception and disinclination of clients and services to be involved with one another makes for mutually low expectations'. She concludes that 'the issue of complexity resides more in the service system than inherently in the people it services.'

Lemkes, (2022) argues that there is evidence of a shift in recent years, demonstrated by the Changing Futures programme, away from individualised accounts of multiple disadvantage that focus on people's 'deficits' – that is, the personal characteristics and needs that prevent them from changing their lives and/or engaging with services – to one that recognises the need for structural change. She cites research that shows deficit models have led to interactions that 'make the individual feel worthless, experience isolation and loneliness within services' and discourage re-engagement with services. She also highlights the ways in which emphasis on deficiencies has not gone away.

Yet even the earliest UK initiative covered in this report (The Social Exclusion Action Plan, HM Government, 2006) recognises that the way services are funded and configured plays a role in failing people experiencing multiple exclusion. It highlights the problem with services designed to meet mainstream and singular needs when it comes to supporting a smaller number of people with complex and multiple needs. Funding is described as

‘fragmented along service lines’. The problem of people not meeting individual service thresholds is also raised:

Individual agencies do generally focus on improving outcomes for the neediest within their services … but often miss those who have multiple needs but need less help from any one service. Thus, people may not meet the threshold of any given agency to trigger a fuller intervention – despite the scale of their problems or the harms caused to the communities in which they live.

HM Government, 2006, p74

The same issue is highlighted in the Changing Futures baseline evaluation report (CFE Research with Cordis Bright, 2023) almost 20 years later.

Several of the initiatives described in this report include a lack of support from services as part of eligibility criteria or descriptions of target cohorts. However, these can often be expressed in a way that identifies the issue as the individual rather than the system of services. For example, the Blue Light approach (see pages 14–15) criteria include ‘non-engagement with treatment’ (Ward and Holmes, 2014). The Integrated Service Project (ISP – see page 12) in Australia targets people with ‘challenging behaviour’ that puts themselves or others at risk, and as a result means they have very limited access to essential services (Anderson, 2012).

People from marginalised groups can face additional stigma and barriers in accessing services. For example, the LGBT Foundation (2020) highlights high levels of distrust in services among LGBT people experiencing multiple disadvantage, with services often perceived as judgemental and ineffective, with mental health services in particular highlighted as challenging. The authors cite research suggesting LGBT people face additional barriers in accessing services. Similarly, Fazil et al. (2024) describe how racial stereotyping by services and a lack of literacy and knowledge of rights and services act as barriers to people from ethnic minority groups accessing support.

MEAM’s current definition of multiple disadvantage in contrast, while outlining the combinations of problems people face, including long-term experiences of issues such as poverty and racism, makes it clear that multiple disadvantage is a systemic rather than individual issue (MEAM, 2025a). It also highlights the role or racism, sexism and homophobia, arguably offering a more inclusive conceptualisation of multiple disadvantage.

People facing multiple disadvantage experience a combination of problems. For many, their current circumstances are shaped by long-term experiences of poverty, deprivation, trauma, abuse and neglect. Many also face racism, sexism and homophobia.

These structural inequalities intersect in different ways, manifesting in a combination of experiences including homelessness, substance misuse, domestic violence, contact with the criminal justice system and mental ill health.

MEAM, 2025

2.3 High service demand

Alongside a lack of effective support, the high demand on public services and associated cost have long formed part of policy arguments for a need to prioritise multiple disadvantage. Several reports have made attempts to monetise this high demand.

Many of the papers reviewed for this report (for example, Patterson, Somers and Moniruzzaman, 2012; Wood, 2020) highlight the high levels of service use and resulting costs that ensue from not effectively supporting people experiencing multiple disadvantage. High levels of service use include presentations at accident and emergency (A&E), unplanned hospital admissions and criminal justice interactions.

Some initiatives make high levels of service use a specific eligibility criterion. For example, ‘burden on public services’ is part of the Blue Light approach 3-part definition of target clients (Ward and Holmes, 2014).

The Social Exclusion Action Plan (HM Treasury, 2006) cites evidence from a small number of case studies suggesting the average annual cost to public services of adults with chaotic lives and multiple needs was £23,000. Part of the driver for the research reported in Hard Edges (Bramley and Fitzpatrick, 2015) was to evidence the belief that people were creating a significant cost burden on public services. The report estimates annual costs of around £19k per adult compared to £4,600 per adult in the general population for the same range of services. It estimates a total cost of £4.3billion per year for those experiencing 3 or 4 forms of disadvantage.

3 Tackling multiple disadvantage

This chapter addresses research question 2. It provides a narrative overview of the key UK initiatives of the past twenty years, along with selected overseas programmes and approaches designed to improve support and outcomes for people experiencing multiple disadvantage. The chapter begins with approaches that are less rooted in a particular policy area and work across the system of services. It then looks at programmes that have emerged from a specific sector, such as the criminal justice system, even though many of these also involve cross-sector working and effort to change the wider system.

3.1 System-wide approaches

Within the UK

One of the earliest English policy initiatives within the timeframe of this report is Reaching Out, the 2006 **Social Exclusion Action Plan** (HM Government, 2006). The Labour government launched the plan in a context of improving socio-economic conditions. It recognised that the benefits of these conditions were disproportionately experienced by those who were better off.

The **Adults facing Chronic Exclusion** (ACE) pilots were the result of the commitment in the action plan. A total of £6 million over three years was invested in 12 projects across England, largely delivered by voluntary and community sector organisations. Projects were required to focus on three things: helping people to navigate the system, supporting people through transitions, and effecting local systems change – ensuring changes in the local delivery of services are universal (Cattell and Mackie, 2011). Despite this final aim, only 5 of the 12 projects explicitly aimed to create system change. And from the descriptions in the final evaluation report, the focus of the pilots appears to have been on the delivery of individual-level support, for example, therapies, mentoring or practical assistance. Most of the systems-change achieved related to the operational rather than strategic level.

Formed in 2009, **Making Every Adult Matter (MEAM)** was initially a campaigning coalition between Homeless Link, Clinks, DrugScope and Mind (MEAM, 2009). The MEAM Approach developed from this and comprises seven principles to help local areas deliver more coordinated support. The principles are not prescriptive, can be adapted to local circumstances and include partnership, co-production and vision; flexible responses; service improvement and workforce development; measurement of success; and sustainability and systems change (MEAM, 2019). Areas that have adopted the MEAM Approach have steadily grown over time and there are currently partnerships in 50 areas receiving support from the MEAM Approach network (MEAM, 2025). Unlike other initiatives such as Changing Futures, Fulfilling Lives and the ACE pilots, there is no external funding for local areas, but much of the support provided by MEAM is covered by grant funding and free to use (Cordis Bright, 2022).

Fulfilling Lives (CFE Research and University of Sheffield, 2022) was one of several strategic investments made by the National Lottery Community Fund. A total of £112 million was invested in 12 local partnerships across England, each led by a voluntary

sector organisation. Running between 2014 and 2022 the programme was notable not just for the size of the investment but its longer-term nature. Partnerships were free to pilot different approaches and the programme combined provision of personalised support to people experiencing multiple disadvantage with action on systems change, all underpinned by meaningful involvement of people with lived experience of multiple disadvantage.

At the same time as the Fulfilling Lives programme and growth of the MEAM Network, there were a few other more locally-focused initiatives across England, several funded by the National Lottery Community Fund. For example, the **Tackling Multiple Disadvantage** project was delivered across 17 London Boroughs between 2017 and 2020 (Friel et al., 2020). Unlike many of the other initiatives described in this paper, this one sought very specifically to support people into training and employment. The evaluation acknowledges this was an ambitious goal given the level of support people needed before they were ready for employment.

In Scotland, the **Multiple and Complex Needs (MCN) Initiative** (Hirst et al. 2009) invested £4.8 million in 14 **MCN pilot projects** between 2006 and 2009. The programme aimed to generate learning on how to improve services. Some projects provided direct support to clients while others focused on service redesign and change management.

Outside the UK

Along with the UK, Australia appears to be the main country that has recognised people experiencing multiple disadvantage as a group and implemented policy and initiatives to address this.

Victoria's **Multiple and Complex Needs Initiative (MACNI)** adopts a whole system approach to support people with multiple needs who are a risk to themselves or others. Introduced in 2004, the initiative aims to stabilise housing, health, safety and social connection (Victoria State Government, 2023). Anderson (2012) describes the programme as both delivering assessment, care planning and co-ordination and a way for bringing together and galvanising services to support people experiencing multiple disadvantage. An evaluation was carried out in 2007 but the authors of this review have been unable to access a copy. Hamilton (2010) cites the findings, concluding that the programme improved client outcomes and service co-ordination and highlights in particular a reduction in hospital-related service use.

The **Integrated Services Project (ISP)** in New South Wales provided intensive, flexible and holistic support to people with 'challenging behaviour' with the aim of improving outcomes and reducing inappropriate use of services and thus costs (McDermott et al., 2010). The model includes supported accommodation, case management and clinical support (Anderson, 2012). An evaluation of the ISP (McDermott et al., 2010) reports that most clients had experienced improved outcomes, including greater independence, improved health and wellbeing and increased involvement in society. There was also a reduction in use of hospital and criminal justice services.

An example of a relevant project from Canada was also identified. British Columbia's **Homeless Intervention Project (HIP)** (Patterson, Somers and Moniruzzaman, 2012) supported homeless people with complex needs through interagency teams. Teams consisted of a range of services, including mental health, probation, addiction and income

assistance. A ‘before and after' evaluation using administrative data reported significant improvements in health and social service involvement and reductions in offending.

3.2 Healthcare centred approaches

Inclusion health, as the name suggests, is a UK initiative that focuses on the extreme inequality in health outcomes that result from adverse experiences and risk factors, such as rough sleeping, substance misuse and sex work, and multiple barriers to accessing healthcare (Luchenski et al., 2018). A set of standards for health commissioners and service providers was first published in 2011 for healthcare for homeless people. These have since been followed by standards of care for other marginalised groups, including Gypsy, Roma and Traveller groups, vulnerable migrants and sex workers.

Inclusion health is a research, service, and policy agenda that aims to redress extreme health and social inequities among the most vulnerable and marginalised in a community.

Faculty for Homeless and Inclusion Health, 2018, p4

A particular approach to inclusive health is **Pathway**, an example of a homeless hospital discharge model. This model, championed by the charity of the same name, is an enhanced GP- and nurse-led approach to supporting people experiencing homelessness (Hewitt et al., 2016). Developed in 2010 at University College Hospital London, the approach involves regular visits to homeless hospital inpatients by specialist GPs and nurses who provide advocacy, advice, and help establish links in the community as well as medical care. This is complemented by weekly multi-agency meetings where care plans are devised to meet people’s discharge needs. A randomised controlled trial of the Pathway model (Hewitt et al., 2016) found that while there was no evidence of impact on length of hospital stay or reattendance at A&E, it made a significant difference to levels of street homelessness and quality of life and was cost-effective based on conservative assumptions. A more recent quasi-experimental evaluation of the King’s Health Partners Pathway Homeless Team (Tulloch et al, 2023) found a marked reduction in length of hospital stay but no significant change in readmission rates.

In 2020, the Department for Health and Social Care launched the **Out-of-Hospital Care Models Programme for People Experiencing Homelessness (OOHCM).** This provided funding and support to 17 test sites across England to understand more about how to use specialist services to prevent people being discharged from hospital to homelessness (Cornes et al., 2024). The models include multi-disciplinary teams providing specialist co-ordination of discharge, step-down intermediate care and floating support. The evaluation found that the services improved outcomes and reduced the number of people discharged to the street (Cornes et al., 2024).

Outside the UK, the **Homelessness Outreach Dual Diagnosis Service** (HODDS) initiative in Perth, Australia (Wood, 2020) is also delivered by specialist healthcare professionals. Designed to address the problem of siloed services, the HODDS model comprises a specially trained doctor and nurse embedded within GP practices, offering drop-in and outreach services. There is limited detail in the report, but the service is integrated with other healthcare services (such as homelessness healthcare, and mental health) and connects and advocates with housing services.

3.3 Criminal justice centred approaches

Spanning both healthcare and the criminal justice system are **Liaison and Diversion (L&D) services.** Part of the NHS in England, these services work with people who come into contact with the criminal system who have other vulnerabilities, including mental health problems, substance use, or learning disability. First created in 2010, the service has since undergone a number of transformations. The service aims to improve access to healthcare, reduce reoffending, divert people from the criminal justice system into support services and create efficiencies in the system (Disley et al., 2021). L&D services provide assessment of needs, referral to other interventions, support to attend a first appointment with new services, and outreach provided by multi-disciplinary teams during people's criminal proceedings (NHS England, no date). Although the most recent evaluation of the service (Disley et al., 2021) reports a high level of variation in how the service is delivered across England, the service is said to have been effective in reaching vulnerable people. The service was said to be effective at diverting people from custody, but uptake of the support was limited and there was no evidence of a reduction in subsequent offending.

Problem-solving courts have developed over the last 35 years and are an approach to criminal justice that puts judges at the centre. They draw together a range of community treatment services and use the court, and particularly the authority of the judge, to drive behaviour change (Bowen and Whitehead, 2015). Different specialist problem-solving courts exist, including courts dedicated to people whose use of substances drives their offending. The first adult drug court was created in 1989 in the US, where there are now over 3,000. The model has also been replicated in Australia, Canada, New Zealand, Norway and Scotland. Less widespread, there are also specialist problem-solving courts to address mental ill health, domestic violence and the particular needs of female offenders.

Scotland has piloted drug courts at two sites (Bowen and Whitehead, 2015) with the Glasgow court still in operation. In 2023 the Ministry of Justice launched pilot **Intensive Supervision Courts**, a type of problem-solving court. Three of the pilot courts are substance misuse courts and the fourth, in Birmingham, is a women's court (CFE Research and Revolving Doors, 2024). The pilots are currently being evaluated.

3.4 Substance misuse centred approaches

The **Blue Light approach**, developed by Alcohol Change UK, is designed to effectively support 'high impact' drinkers who are not in contact with services and have complex needs with the aim of reducing costs on public services (Alcohol Change UK, no date). The webpage states the approach was initially co-produced with 23 local authorities and has since been adopted by 'a large number of local authorities across England and Wales'. A Blue Light project forms part of the Changing Futures programme in Westminster.[3]

The approach challenges the perception that it is essential for people with alcohol problems to want to change in order for treatment programmes to be effective. Blue Light is based on seven key principles, many of which are shared by Changing Futures, such as taking a whole-system approach, providing support for holistic needs, and learning lessons

[3] See https://www.westminster.gov.uk/leisure-libraries-and-community/communities-hub/projects/changing-futures/blue-light-project

(Ward and Holmes, 2014). The accompanying manual includes tools and advice for screening, building motivation and harm reduction techniques, and recommends elements such as outreach and multi-agency planning and co-ordination.

Although there is no overarching evaluation of the Blue Light approach, there are several evaluations of local projects, for example in Lincolnshire, Nottinghamshire, Sandwell and Surrey. All are small-scale and focus on a caseload of between 9 (Sandwell; Ward and Bailey, 2017) and 84 (Notts; Ward and Booker, no date) clients. The Nottinghamshire alcohol-related long-term condition team (Ward and Booker, no date) provided assertive case management and promoted better care co-ordination. The nursing staff that made up the team developed individual care plans within a multi-agency framework. It is clear from the evaluation report that the team drive the co-ordination of care across the partnership. The evaluation of this relatively small-scale project reports post-intervention reductions in service use, such as ambulance call-outs, presentations at A&E and unplanned hospital admissions, with examples of positive engagement with the services, such as reduced 'did not attend' rates for healthcare appointments.

3.5 Domestic abuse centred approaches

As discussed in the rapid evidence assessment on domestic abuse interventions for women experiencing multiple disadvantage (CFE, 2024), there is evidence that domestic abuse may not only lead to experience of disadvantage (such as homelessness), but also that disadvantage can increase the risk of victimisation. A range of multi-agency responses to domestic abuse have been introduced in the UK over the past two decades. These include **Independent Domestic Violence Advisers (IDVAs**), Specialist Domestic Violence Courts and Multi-Agency Risk Assessment Conferences (Cleaver et al., 2019).

IDVAs provide independent support to victims of domestic abuse. They advocate on their behalf with other professionals and provide emotional and practical support. They help people access a range of services, including help to access safe accommodation and support to navigate the criminal justice system (MoJ, 2025). Statutory guidance on IDVAs (MoJ, 2025) states that the support they provide should be victim-centred and trauma-informed, and should take a whole-person approach. IDVAs operate from a range of settings, including statutory services, such as courts and hospitals, but also voluntary and community organisations providing support for victims. A review of the evidence on domestic abuse interventions (Cleaver et al., 2019) finds that IDVAs and other advocacy services were highly valued by service users and professionals, in particular being able to obtain a 'whole package of support' including financial, educational, legal and health-related services.

While not explicitly targeted at people experiencing multiple disadvantage, there are specialist multiple disadvantage IDVAs, including some funded by Changing Futures. A qualitative evaluation of hospital-based IDVA services (Dheensa, et al., 2020) shows that survivors seen in hospital were more likely to experience multiple disadvantage, including mental health and drug and alcohol problems than those seen in community settings.

3.6 Housing-centred approaches

Given the conceptualisation of multiple disadvantage in terms of chronic homelessness, many of the responses in the US and Canada appear to be housing-focused.

Housing First, developed first in New York, has since been adopted more widely and is a key part of homelessness strategies in Canada, Denmark, Finland and France (Homeless Link, no date). This model provides immediate access to settled housing without preconditions (for example, engaging in treatment) along with long-term personalised support. In England, three Housing First pilots were established in Greater Manchester, Liverpool City Region and the West Midlands in 2017 (MHCLG, 2024).

Housing First is covered in detail in the rapid evidence assessment of support models for people experiencing multiple disadvantage (Cordis Bright with CFE Research, 2022). This review also identifies examples of small scale, housing-centred approaches in local areas of the UK. For example, the **Complex Needs Service**, run by a West Midlands housing association (Miller and Appleton, 2015) provided short-term accommodation (up to two years) with flexible and intensive 24-hour support for people who had been excluded from other homeless services.

3.7 Psychological and trauma-informed approaches

Research indicates that the majority of people experiencing multiple disadvantage as adults also experienced trauma (Bramley and Fitzpatrick, 2015). Interest in trauma-informed approaches has grown in recent years and in 2022 the Office for Health Improvement and Disparities (OHID) published a working definition of trauma-informed practice (OHID, 2022). The definition states that 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.

The working definition is accompanied by six principles of trauma-informed practice: safety, trust, choice, collaboration, empowerment and cultural consideration.[4]

Psychologically Informed Environments (PIEs) offer a related and complementary approach to trauma-informed working. PIEs are services that are designed and delivered in a way that takes into account the emotional and psychological needs for people using them (Homeless Link, 2025).

Evidence on PIEs and trauma-informed working is explored in detail in the rapid evidence assessment on trauma-informed approaches for supporting people experiencing multiple disadvantage (Revolving Doors with CFE Research, 2023).

[4] The full definition and expansion on the key principles can be found at https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

4 Evidence and learning on effective approaches

This chapter considers how the evidence and learning from the initiatives outline in the previous chapter, and others, aligns with and support the approaches taken by the Changing Futures programme (research question 3). The chapter also highlights some approaches described in the evidence reviewed that are not major features of the Changing Futures model. The chapter concludes by drawing out the major themes from the evidence on the barriers to change.

4.1 Alignment of evidence and learning to the Changing Futures model

Multi-component interventions

Like Changing Futures, many of the initiatives reviewed here combine a range of approaches. Luchenski et al.'s (2018) synthesis of systematic reviews finds that interventions with multiple components were generally more effective than stand-alone interventions. The strongest available evidence was for drug treatment and harm reduction; other interventions had generally lower levels of evidence quality, likely due to difficulties conducting controlled studies for complex interventions. Specialised models combining all the elements they found to be effective were yet to be systematically reviewed in 2018.

Case working

The Changing Futures evaluation has identified the caseworker as a key component in supporting people to access services and providing emotional and practical help. Caseworkers also play an important role in co-ordinating support (Cordis Bright with CFE Research, 2025). This aligns well with findings from evaluations of many other initiatives described in this review.

The rapid evidence assessment of frontline approaches (Cordis Bright with CFE Research, 2023) explores the evidence for what is there described as the 'navigator model'. The assessment concludes that although the evidence is less plentiful than for some other approaches (such as Housing First) and is mainly drawn from qualitative sources, it consistently identifies the features of support that are effective and valued by people experiencing multiple disadvantage. These include person-centred support, flexibility, and trusting relationships. The necessity of building trust and rapport with clients is frequently mentioned in the reports reviewed here, for example Anderson (2012) and Wood (2020). The ACE pilot evaluation (Cattell and Mackie, 2011) describes pilot attitudes as 'pro-client' and characterises relationships as consistent, trusting, with the ability to empathise. A non-judgemental, supportive environment and shared goals are described by Luchenski et al. (2018) as best practice for working with people experiencing multiple disadvantage. Hirst et al. (2009) state that the Scottish Multiple and Complex Needs Initiative projects demonstrate the importance of flexible, client-centred approaches.

Tailored activity that focuses on building trust and confidence was also reported as a key strength by the evaluation of the Tackling Multiple Disadvantage programme (Friel et al., 2020). However, the high caseloads of programme 'coaches' – between 40 and 60 people – was identified as a challenge when trying to be responsive to the changing needs of people with complex needs. Such large caseloads contrast strongly with Changing Futures caseload sizes of between 7 and 12 (Cordis Bright with CFE Research, 2025) and other similar programmes. The rapid evidence assessment of frontline approaches (Cordis Bright with CFE Research, 2023) indicates that small caseloads are essential to enable workers to provide person-centred, flexible support built on trusting relationships.

The MACNI model employs a care coordinator with a very low caseload of three or four clients (Anderson, 2012). This role goes beyond case management to provide more of a leadership and systems-change function, holding services to account for delivering on care plans. Hamilton (2010) suggests the role is suited to social workers with post-graduate level training. The case co-ordinator's independence from a particular service is seen as crucial (Anderson, 2012). Hamilton (2010) highlights this role as 'one of the most important elements' to the success of MACNI.

Multi-agency working

Multi-agency working has been a core part of the Changing Futures model, providing the structure to engage partners, co-ordinate support and address systemic issues (CFE Research with Cordis Bright, 2025b).

Luchenski et al. (2018) highlight case management and case coordination with multidisciplinary teams as features of effective multi-modal approaches. However, they also suggest that these approaches require effective high-level partnership working. The Tackling Multiple Disadvantage programme coaches worked with external partners to provide holistic support for participants. The evaluation report (Friel et al., 2020) identifies this partnership working as both 'crucial' for this client group and 'a welcome change to normal ways of working (i.e., instructive, under-resourced, single-issue support). Patterson, Somers and Moniruzzaman (2012) in their evaluation of British Columbia's Homeless Improvement Project conclude interagency collaboration in the form of co-location, shared oversight and information sharing improve trust and coordination and outcomes for participants as a result. Similarly, strong partnerships between and commitment from stakeholders were particular strengths of the ISP and enabled the necessary holistic support (McDermott et al., 2010). In their evaluation of hospital-based IDVA services, Dheensa et al. (2020) conclude that co-location enabled direct referral of victims to support, thus making use of a crucial 'window of opportunity' to intervene and avoided the risk of victims being 'lost along the referral pathway'. The study also shows the importance of joined-up working across services through regular discussion and feedback on cases.

In addition to improved outcomes for service users, there is evidence of multi-agency approaches having wider impacts. For example, the evaluation of the Housing First pilots in England (MHCLG, 2024) reports that multi-disciplinary teams had promoted person-centred working and helped create co-ordinated service responses. The Sandwell Blue Light evaluation (Ward and Bailey, 2017) reports that the approach improved joint working between agencies, as well as offering benefits to clients and a return on investment. The partnerships developed to deliver the ISP were said to provide a 'strong foundation' for creating future systemic change (McDermott et al., 2010).

One of the potential benefits of multi-agency partnership working identified in the Changing Futures evaluation is the ability to share risk across services (CFE Research with Cordis Bright, 2025b). The need to find ways to manage the risks of supporting people experiencing multiple disadvantage is echoed in other reports. The ACE pilot evaluation (Cattell and Mackie, 2011) highlights the need for pilots to be willing to take on some of the risk (at an acceptable level) of working with people experiencing multiple disadvantage. Hamilton (2010) suggests that concerns of services in responding to high-risk people was often not about the risk to individual clients or staff safety, as strategies were often in place to address this, but more about risk to the organisation's reputation in the eyes of their government funders. The sharing of risk between participating organisations, facilitated by the authority of the MACNI, enabled services to jointly agree to care plans.

Trauma-informed approaches

Adopting a trauma-informed approach is one of the core principles of the Changing Futures programme (MHCLG, 2021).

The evidence assessment on trauma-informed approaches (Revolving Doors with CFE Research, 2023) demonstrates that there is a wealth of high-quality evidence of the negative impact trauma can have on different aspects of people's wellbeing. The evidence on the impact of trauma-informed support on outcomes is less robust as it is often difficult to isolate the specific contribution of trauma-informed approaches. However, there is evidence that trauma-informed support improves people's experiences of and engagement with services (Revolving Doors and CFE Research, 2023).

Personal budgets

In 2011, Cornes et al. investigated the advent of community care assessments and the associated personal budgets as a potential opportunity to provide more creative and flexible responses to multiple disadvantage. They point out that getting a needs assessment is the key to accessing the resources. VOICES, one of the Fulfilling Lives projects, took this opportunity forward, developing a Toolkit to support caseworkers to make effective referrals for assessment under the Care Act 2014. This helped ensure referrals were aligned with the Act eligibility criteria and as a result, clients were more likely to be recognised as eligible for care and support, including personal budgets and sheltered accommodation (Cornes et al., 2018).

Many Changing Futures projects have personal budgets or personalisation funds available for participants, and there is some evidence that these have been useful (CFE with Cordis Bright, 2025b). The Fulfilling Lives evaluation found personal budgets could play a role in helping to build trusting relationships with beneficiaries (CFE Research with the University of Sheffield, 2022).

The MACNI includes an element of personalisation funding, called 'brokerage funding' but as with the care co-ordinator role, this is far more substantial than the personal budgets available to Changing Futures participants. The brokerage funding is used to meet client needs above/beyond what services already offer (Anderson, 2012). Funding was substantial (an average of AU$72,740 or roughly £35,000 per person). This could be used for things like personal care, accommodation, specialist assessments, and training and

supervision of team members where necessary. Hamilton (2010) highlights this substantial funding as the part of the MACNI that enabled the necessary flexible and timely responses.

Workforce development

A key mechanism used by Changing Futures projects to support and embed more trauma-informed approaches across the system has been workforce development activities in the form of training programmes and communities of practice (CFE Research with Cordis Bright, 2025b).

As well as enhancing understanding of multiple disadvantage and how best to support people, activities like communities of practice can help build cross-sector relationships and understanding (CFE Research and the University of Sheffield, 2022). The Multiple Exclusion Homelessness Research Programme (Cornes et al., 2011) included an exploratory study of collaboration between agencies and professionals. In their summary of findings, they conclude that 'small steps that encourage good quality social relationships and collective learning at the frontline' may be the best way to make progress in an increasingly complex system. They suggest a range of 'bottom-up' workforce strategies to develop greater joint working. Communities of practice were piloted, where participants provided mutual support with practice challenges. These were found to be a practical solution to promoting more collaborative working and innovative solutions, Dedicated resource is required to co-ordinate, but this might be a relatively small amount.

The same study also recommends that housing support workers, who were said to often pick up support gaps left by social workers, require greater professional (rather than managerial supervision) from a range of perspectives (such as mental health, drug and alcohol recovery). Where this was piloted, it was appreciated by staff and equipped them with new knowledge that they could implement in day-to-day practice (Cornes et al., 2011).

Luchenski et al. (2018) make a similar argument: Ongoing staff training, technical support and monitoring is needed to ensure the wide range of service providers that people come into contact with are aware of the needs and rights of people experiencing multiple disadvantage. Dheensa et al. (2020) make the point in relation to healthcare professionals that one-off training would likely be insufficient to change attitudes and practice, particularly given the turnover of staff. Hirst et al. (2009) conclude that staff training and engagement are critical for improving service delivery in the MCN projects. The strongest evidence for change came when training was embedded in a wider process of change. There is also evidence of the impact of involving clients as 'trainers or witnesses' in training sessions.

Both the MACNI and ISP (Anderson, 2012) include budgets for staff training and development. Interestingly, this is specifically targeted at those outside the core team who are involved in providing services for individuals on the programmes rather than more general training programmes as was the case in Changing Futures.

Given the importance attached to consistent support based on trusting relationships and small caseloads, effective staff recruitment and retention is particularly important. The English Housing First pilots (MHCLG, 2022) experienced challenges in recruiting and

retaining staff. McDermott et al.'s (2010) evaluation of the ISP found that low staff turnover was a factor in successful delivery of support.

Involvement of people with lived experience

One of the core principles of the Changing Futures programme is that people with lived experience of multiple disadvantage are involved in the design, delivery and evaluation of services and in governance and decision making (MHCLG, 2021). The evidence assessment of frontline approaches (Cordis Bright with CFE Research, 2023) highlights that involvement of people with lived experience is consistently identified as an important and a feature of effective support across the different models and approaches.

Peer support is a particular form of lived experience involvement. People with shared experience of multiple disadvantage can act as mentors, provide direct support and service navigation and act as role models. The rapid evidence assessment of frontline approaches (Cordis Bright with CFE Research, 2023) determines that there is a relatively strong international evidence base for the effectiveness of peer support in improving housing, substance use and quality of life outcomes for homeless people. A few of the reports reviewed here also highlight the role peer support can play. For example, Hirst et al. (2018) conclude that peer support can significantly improve clients' experience of services and outcomes. They also highlight the ways peer support workers can influence host and partner organisations, bringing a lived experience perspective to bear on organisational policies and processes.

People with lived experience can also play a role in **creating systems change**. Luchenski et al. (2018) flag involvement of service users as important part in addressing inequitable access to services. In their evaluation of the Scottish MCN, Hirst et al. (2009) highlight the value of including clients in service redesign and describe how this can be a powerful way to raise awareness and encourage change. The Fulfilling Lives evaluation (CFE Research, 2020) also provides evidence to demonstrate the different ways people with lived experience can contribute to systems change. These include helping to change attitudes and getting multiple disadvantage on the political agenda through gathering and sharing evidence and providing unique insights into system challenges. The authentic voice of people with lived experience can be powerful in motivating change.

4.2 Other approaches

Some of the initiatives reviewed for this report include elements that do not feature as part of the Changing Futures programme. Some of these more notable elements are summarised in this section.

Supported housing and Housing First

Although Changing Futures projects have supported participants to access accommodation, direct provision of supported housing and use of the Housing First model has generally not formed part of local Changing Futures projects.

As part of their evidence review on inclusion health, Luchenski et al. (2018) consulted people with lived experience, who ranked housing interventions as the most valued. The rapid evidence assessment of frontline approaches (Cordis Bright with CFE Research,

2022) identifies a large body of high-quality international evidence demonstrating that Housing First improves housing stability. The evaluation of the Housing First pilots in England (MHCLG, 2024 – published after the rapid evidence assessment) reports significant improvements in a wide range of client outcomes, including improved health and wellbeing and reduced loneliness and criminal behaviour over the first year. After three years, most participants remained in stable accommodation as part of the pilot. Some MEAM areas adopted Housing First in their areas and this was viewed as key to achieving positive accommodation outcomes (Cordis Bright, 2022).

Criminal justice as agents for change

In their 2015 review of evidence of problem-solving courts (see page 14), Bowen & Whitehead conclude that there is 'robust and extensive' evidence, including from studies with randomised or matched comparison groups, for the effectiveness of adult drug courts in reducing drug use and reoffending. The higher cost of these courts is covered through savings related to reductions in crime and prison time. The evidence for other types of problem-solving court is weaker, but they report that mental health courts are more likely to engage people in treatment, and domestic violence courts are likely to provide a better experience for victims as well as showing promise in reducing the frequency and seriousness of perpetrator reoffending. The key ingredients of success in problem-solving courts are the relationship between the judge and offender and the use of legal leverage – that is, the threat of sanctions such as prison time for non-compliance. The recent Independent Sentencing Review (2025) in England recommended the expansion of Intensive Supervision Courts, a type of problem-solving court.

Legislation

A particular feature of the MACNI in Australia is its legislative underpinning – the Human Services (Complex Needs) Act 2009 (Victoria).[5] The Act requires care plans to be developed for people who are eligible and consent. It describes how plans should be developed, including a comprehensive needs assessment and consultation with the person concerned, and when and with whom personal data can be shared. The Act includes guiding principles, such as that care is co-ordinated across services and the welfare of the individual concerned is paramount. The value of the legislation is highlighted by Anderson (2012) and Hamilton (2010). Anderson (2012) describes how the legislation provides a basis for information sharing and engaging stakeholders, a process for collaboration and gives services the authority to prioritise clients with complex needs. As Hamilton (2010) puts it, the underpinning Act 'facilitated a capacity to urge or even insist on certain processes; not with clients but with services… [it] acted as a lever in getting services to co-operate.'

4.3 Barriers to systems change

In Hirst et al.'s 2009 evaluation of the Scottish MCN projects, the authors comment on the findings that:

[5] Previously Human Services (Complex Needs) Act 2003. See https://www.legislation.vic.gov.au/in-force/acts/human-services-complex-needs-act-2009/012 for a copy of the latest Act.

None of this is new – these insights and principles have been championed for some time now. However, practical application of these principles has often proved elusive.

Hirst et al., 2009, p. v

In this section we outline a few of the barriers to change most frequently identified in the sources reviewed.

Entrenched ways of working

The ACE pilot evaluation (Cattell and Mackie, 2011) caveated the lack of progress with systems change, saying:

statutory services are bureaucratic, can be slow to change, have their own rules of procurement and need to meet their own performance measures and targets. Often, they were reluctant to engage with either the pilots or their clients and the pilots recognised that they had little influence to effect change.

Cattell and Mackie, 2011, p24

The evaluation of Housing First pilots in England (MHCLG, 2022) contrasts the flexibility of the pilot projects with rigid statutory health and social services and highlights the challenges this creates. In their review of domestic abuse interventions, Cleaver et al. (2019) cite research which identifies a range of barriers to effective multi-agency working. These include different professional cultures and approaches to risk, competing priorities, issues with communication, difficulties sharing information, and a lack of training across the workforce. Some of these are issues that the systems change activities of Changing Futures have explicitly sought to address.

Both the Fulfilling Lives evaluation (CFE Research with the University of Sheffield, 2022) and the MEAM evaluation (Cordis Bright, 2022) highlight the challenges inherent in systems change and the fact that progress can be slow and require considerable resource – the substantial funding of Fulfilling Lives over a much longer time period than usual was highlighted as important in enabling partnerships to understand and begin to address local system issues.

Strategic level collaboration

Engagement of the strategic level in systemic change was highlighted as both important and a challenge in the final Changing Futures evaluation report (CFE Research with Cordis Bright, 2025b). This conclusion is shared by other studies reported here.

Cornes et al. (2011) conclude that across the areas they studied, while there was evidence of collaboration in frontline practice, there was very little evidence of strategic commitment to integrated working. The year three evaluation of the MEAM Approach (Cordis Bright, 2020) reports that the strategic aspects of partnerships presented particular challenges. Strong strategic leadership and consistent representation from partners are identified as key ingredients, but maintaining strategic oversight, particularly once the operational side was up and running, is said to be difficult. The ability of senior stakeholders to dedicate the necessary time to strategic groups is also highlighted as a threat.

Canada's Homelessness Strategy, Reaching Home, is complemented by the Action Research on Chronic Homelessness (ARCH) initiative (Rivier, 2023). This recognises that there are still persistent barriers in addressing chronic homelessness. ARCH aims to investigate these barriers and test potential approaches in sites across the country. The priority themes of the initiative are indicative of ongoing challenges: improving collaboration, system alignment, data and indigenous support. Project descriptions align with many of the approaches adopted by Changing Futures, including multidisciplinary outreach, service navigation and case management.

In her reflections on MACNI, Hamilton (2010) notes that considerable work at many levels was required to achieve the necessary co-operation and overcome the specialist service 'silos' and that this required skill, authority, time and funding. Similarly, Hirst et al. (2009) report that the MCN project evidence supports the need for dedicated change facilitation roles.

Wider system capacity

A barrier repeatedly mentioned in the Changing Futures evaluation that it has been difficult for funded areas to address is the lack of capacity in the wider system (CFE Research with Cordis Bright, 2025b)

The evaluation of the ISP (2010) reports that the key challenge of the project was transitioning clients into mainstream services due to lack of capacity and resources.

The latest evaluation of L&D services (Disley et al., 2021) finds that while the service appears to increase referrals to services such as mental health and drug and alcohol treatment services, there is not necessarily evidence of increased attendance at these services. Qualitative insights from the evaluation indicate that long waiting times for onward referral services can contribute to lower levels of engagement with services. Sandwell's evaluation of their implementation of the Blue Light approach highlights engaging hospital and mental health service staff as a key challenge, along with high turnover of multi-agency representatives (Ward and Bailey, 2017).

The Tackling Multiple Disadvantage evaluation (Friel et al., 2020) also identifies gaps in external support, in particular immigration advice and drug and alcohol services, as challenges to effective delivery of the programme. The programme was not focused on systems change and so had to largely work with the system as it was. Single-issue provision was flagged as problematic along with a lack of preventative community support with mental ill health which could stop people reaching crisis. The final report recommends, among other things, the promotion of cross-sector collaboration and coordination between mental health, criminal justice and substance misuse services, with a focus on jointly commissioned specific services for people with severe and multiple complex needs.

Housing supply

Several of the papers reviewed here highlight the importance of safe accommodation as fundamental for people's stability. In the MACNI, provision of housing came to be seen as a necessary priority in care plans (Hamilton, 2010). Friel et al. (2020) recommend greater investment in social housing to address homelessness as their evaluation found

establishing stable accommodation was an essential pre-condition to people being able to sustain employment. Stable accommodation is central to the Housing First model, but securing sufficient suitable and affordable accommodation was a ‘major challenge’ for the three English pilots (MHCLG, 2022).

5 Conclusions

There has been long-standing interest in understanding how to improve outcomes for people experiencing multiple disadvantage in the UK – at least over the last twenty years. Terminology and definitions have shifted over time, but the core elements of multiple and overlapping disadvantage that make up the Changing Futures definition – that is, lack of effective support and high use of public services – have persisted in some form or another over this period.

Some programmes, like Changing Futures, have adopted a fairly tight definition of multiple disadvantage, with participants needing to have experienced combinations from a set list. However, this risks excluding people experiencing severe but different disadvantages. In recent years, greater emphasis has been placed on how multiple disadvantage might be experienced by people from marginalised groups, such as people from ethnic minority backgrounds or LGBT people. The most recent definition used by the MEAM Coalition (2025a) offers a more inclusive conceptualisation, with indicative types of disadvantage described and making clear that multiple disadvantage is a structural and not an individual problem.

Over the past 20 years in the UK there have been a series of initiatives, led by government and the voluntary sector, to both improve support and change the wider system. While earlier efforts such as the ACE pilots had an ambition to change the system as well as provide better support, more recent programmes, including Changing Futures, have been more effective in turning the ambition into action.

In addition to the major, cross-sector and country-wide programmes, there have been some more modest local efforts and a plethora of initiatives and programmes aiming to support similar target groups but rooted in particular policy fields such as criminal justice or healthcare. While some have very specific drivers, such as to divert people from custody, others include at least a tacit ambition to create broader change as well. It is notable, however, that many have fixed-term funding or are pilot programmes. Exceptions include the MEAM Approach (which is an approach without a dedicated funding pot and so is not bounded by time limits) and the MACNI in Victoria, which is still an active service after being established in the early 2000s.

Many of the elements of the programmes reviewed in this report, and the aspects highlighted as important, align well to the Changing Futures programme. Caseworkers, with small caseloads, providing flexible and personalised care based on trusting relationships, are at the heart of many of the services designed to support people experiencing multiple disadvantage. The necessary holistic support requires multi-agency collaboration and co-ordination. Workforce development is also important in equipping people with the necessary specialist and professional skills, but also as a mechanism to build the understanding and relationships required for more collaborative approaches. Involvement of people with lived experience is important in both ensuring support is effective and in helping to raise awareness and encourage change.

The programmes, associated evaluations, and research projects briefly described here are just the tip of a substantial body of evidence and learning relating to aspects of multiple

disadvantage. Much of it extends beyond the 20-year timeframe of this report's parameters. As the quotation from Hirst et al. (2009) in the previous chapter makes clear, very little of what is considered effective is new. Indeed, The Seebohm Committee on Local Authority and Allied Personal Social Services in England and Wales from 1968, in response to fragmented services and poor co-ordination, recommended that there should be 'one door on which to knock' (The University of Edinburgh, 2025). This is redolent of the 'no wrong door' model adopted by several Changing Futures areas.

The challenge is in converting this knowledge of what works into practice that is universal and sustainable, rather than part of time-limited and area-based pilots. Understanding the reasons why this is so challenging and identifying effective ways to address the problems should continue to be the focus of future work in this area.

Progress in creating systems change is slow, but many of the barriers to change encountered by Changing Futures are not new either. Strategic buy-in is both crucial and challenging to achieve and maintain. Greater consideration may be needed on how to incentivise and support this.

Factors such as insufficient capacity in mainstream services and a lack of affordable housing supply are intractable; they continue to adversely affect efforts to create a system that effectively supports people experiencing multiple disadvantage throughout their recovery journey. Yet in the day-to-day delivery of programmes like Changing Futures there is much learning in how to tackle more manageable challenges, and it is important that this continues to be captured and shared to help accelerate progress. The Changing Futures evaluation is accompanied by a toolkit that explores some of the issues faced by funded areas and how these were addressed and shares advice and resources that practitioners have found useful.

Most importantly of all, future work to improve support for people experiencing multiple disadvantage should take steps to thoroughly understand the precursors and context, some of which are outlined here, to ensure that it builds on and learns from previous efforts.

References

Alcohol Change UK (no date) *The Blue Light approach.* Available at: https://alcoholchange.org.uk/help-and-support/training/for-practitioners/blue-light-training/the-blue-light-project [Accessed 15th June 2025]

Anderson, S. (2012) *New and Innovative approaches to supporting people with complex needs.* Revolving Doors Agency

Bowen, P. and Whitehead, S. (2015) *Problem-solving courts: An evidence review.* Centre for Justice Innovation

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

Cattell, J. and Mackie, A. (2011) *Simple but effective: Local solutions for adults facing multiple deprivation – Adults facing Chronic Exclusion evaluation – final report.* Department for Communities and Local Government

CFE Research (2024) *Understanding domestic abuse interventions for women experiencing multiple disadvantage – a rapid evidence assessment.* Department for Levelling Up, Housing & Communities

CFE Research with Cordis Bright (2023) *Evaluation of the Changing Futures programme – Baseline report.* Department for Levelling Up, Housing & Communities

CFE Research with Cordis Bright (2025) *Evaluation of the Changing Futures programme – Fourth interim report.* MHCLG

CFE Research with Cordis Bright (2025b) *Evaluation of the Changing Futures programme – Final Report.* MHCLG

CFE Research and Revolving Doors (2024) *Process evaluation of Intensive Supervision Courts pilot – Interim report.* Ministry of Justice

CFE Research and The University of Sheffield (2020) *Improving access to mental health support for people experiencing multiple disadvantage.* CFE

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

Cleaver, K. Maras, P. Oram, C. and McCallum, K. (2019) A review of UK based multi-agency approaches to early intervention in domestic abuse: Lessons to be learnt from existing evaluation studies. *Aggression and Violent Behaviour,* Vol. 46, pp.140–155

Cordis Bright (2022) *MEAM Approach Evaluation: final report.* MEAM

Cordis Bright with CFE Research (2025) *The role of Changing Futures caseworkers.* MHCLG

Cordis Bright with CFE Research (2023) *Frontline support models for people experiencing multiple disadvantage – a rapid evidence assessment.* Department for Levelling Up, Housing & Communities

Cornes, M. Joly, L. O'Halloran, S. and Manthorpe, J. (2011) *Rethinking multiple exclusion homelessness: implications for workforce development and interprofessional practice: Summary of findings.* King's College London

Cornes, M. Ornelas, B. Bennett, B. Meakin, A. Mason, K. Fuller, J. and Manthorpe, J. (2018) Increasing access to Care Act 2014 assessments and personal budgets among people with experiences of homelessness and multiple exclusion: a theoretically informed case study. *Housing, Care and Support,* Vol. 21, Issue 1, pp.1–12

Cornes, M. Tinelli, M. Clark, M. Coombes, J. Harris, J. Burridge, S. Robinson, J. and Wittenberg, R. (2024) *Evaluation of the Out-of-Hospital Care Models Programme for People Experiencing Homelessness.* NIHR Policy Research Unit in Health and Social Care Workforce, King's College London

Dheensa, S. Halliwell, G. Daw, J. Jones, S. and Feder, G. (2020) "From taboo to routine": a qualitative evaluation of a hospital-based advocacy intervention for domestic violence and abuse. *BMC Health Services Research,* 20, Article number 129

Disley, E. Gkousis, E. Hulme, S. Morley, K. et al. (2021) *Outcome Evaluation of the National Model for Liaison and Diversion.* RAND Corporation

Faculty for Homeless and Inclusion Health (2018) *Homeless and Inclusion Health standards for commissioners and service providers.* Pathway

Fazil, A. Suresh, R. Raju, J. Murphy, D. and Holland, J. (2024) *Experiences of severe and multiple disadvantage within ethnically diverse communities in Nottingham*

Fitzpatrick, S. Johnsen, S. and White, M. (2011) Multiple Exclusion Homelessness in the UK: Key Patterns and Intersections. *Social Policy & Society,* Vol. 10, No. 4, pp.501–512

Friel, S. Murphy, H. Klenk, H and Vaid, L. (2020) *Tackling Multiple Disadvantage – Final Evaluation Report.* Learning and Work Institute

Gafoor, M. and Rassool, G. H. (1998) The co-existence of psychiatric disorders and substance misuse: working with dual diagnosis patients. *Journal of Advanced Nursing,* No. 27, pp.497–502

Hamilton, M. (2010) People with Complex Needs and the Criminal Justice System. *Current Issues in Criminal Justice*, Vol. 22, Issue 2, pp.307–324

Hewitt, N. Bechman, P. Musarir, J. Sargeant, C. et al. (2016) Randomised controlled trial of GP-led in-hospital management of homeless people ('Pathway'). *Clinical Medicine,* Vol. 16, No.3, pp:223–9

Hirst, A. Delvaux, J. Rinne, S. Short C. and McGregor A. (2009) *Multiple and Complex Needs Initiative: Programme Evaluation Report*

HM Government (2006) *Reaching Out: An Action Plan on Social Exclusion.* HM Government

Homeless Link (n.d.) *Promoting high quality Housing First.* Available at https://homeless.org.uk/areas-of-expertise/housing-first/ [Accessed 18th June 2025]

Homeless Link (2025) *Trauma-Informed Care and Psychologically Informed Environments.* Available at https://homeless.org.uk/knowledge-hub/trauma-informed-care-and-psychologically-informed-environments/ [Accessed 19th June 2025]

Independent Sentencing Review (2025). *Independent Sentencing Review – Final report and proposals for reform.* Ministry of Justice

Kuhn, R. and Culhane, D. (1998) Applying Cluster Analysis to Test a Typology of Homelessness by Patterns of Shelter Utilization: Results from the Analysis of Administrative Data. *American Journal of Community Psychology,* Vol 26, No. 2, pp.207–232

Lemkes, A. (2022) Severe and multiple disadvantage: development and applications of a concept. *Housing, care and support,* Vol 25, No. 3/4, pp.127–137

LGBT Foundation (2020) *You build your own family, that's how you get through it: understanding LGBT people's experiences of severe and multiple disadvantage.* LGBT Foundation

Luchenski, S. Maguire, N. Aldridge, R. Hayward, A. et al. (2018) What works for inclusion health: overview of effective interventions for marginalised and excluded populations. *Lancet,* Vol 391,10117, pp.226–280

McDermott, S. Bruce, J. Fisher, K. R. and Gleeson, R. (2010) *Evaluation of the Integrated Services Project for Clients with Challenging Behaviour: Final Report.* Social Policy Research Centre

MEAM (2009) *A four-point manifesto for tackling multiple needs and exclusions.* MEAM

MEAM (2019) *The MEAM Approach.* MEAM

MEAM (2020) *Multiple disadvantage and co-occurring substance use and mental health.* MEAM

MEAM (2025a) *About Multiple Disadvantage.* Available at https://meam.org.uk/multiple-needs-and-exclusions/ [Accessed 21 May 2025]

MEAM (2025b) *Where we Work.* Available at: https://meam.org.uk/network-areas/ [Accessed: 21 May 2025]

MHCLG (2021) *Changing Futures: prospectus.* Ministry of Housing Communities and Local Government. https://www.gov.uk/government/publications/changing-futures-changing-systems-for-adults-experiencing-multiple-disadvantage/changing-futures-changing-systems-to-support-adults-experiencing-multiple-disadvantage [Accessed: 21 May 2025]

MHCLG (2024) *Evaluation of Housing First Pilots – Final Synthesis report.* Ministry of Housing Communities and Local Government. https://assets.publishing.service.gov.uk/media/671a70221898d9be93f75db4/Housing_First_Final_Synthesis_Report.pdf [Accessed: 21 May 2025]

Ministry of Justice (2025) *Independent Domestic Violence Adviser Guidance – Statutory Guidance.* Ministry of Justice. https://www.gov.uk/government/publications/independent-domestic-violence-adviser-statutory-guidance [Accessed: 21 May 2025]

NHS England (no date) *About liaison and diversion.* Available at: https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/about/ [Accessed: 19 May 202]

Office for Health Inequalities and Disparities (2022) *Working definition of trauma-informed practice* Available from: https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice [Accessed 19th June 2025]

Patterson, M. Somers, J. and Moniruzzaman, A. (2012) Sealing the cracks: Preliminary findings from an inter-ministry initiative to address chronic homelessness in British Columbia. *Journal of Interprofessional Care,* No. 26, pp.426–428

Public Health England (2017) *Better care for people with coo-occurring mental health and alcohol/drug use conditions – A guide for commissioners and service providers.* Public Health England

Revolving Doors with CFE Research (2023) *Trauma-informed approaches to supporting people experiencing multiple disadvantage – a rapid evidence assessment.* Department for Levelling Up, Housing & Communities

Rivier, J. (2023) *Action Research on Chronic Homelessness.* Infrastructure Canada

Royal College of Psychiatrists (2025) *Co-occurring substance use and mental health disorders (CoSUM).* College Report CR243, Royal College of Psychiatrists

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

Soucy, D. Janes, M. and Hall, A. (2024) *State of Homelessness: 2024 Edition.* National Alliance to End Homelessness

Tulloch, A. Khan, Z. Hewett, N. Koehne, S. and Rao, R. (2023) Evaluation of a Pathway team for homeless mental health in-patients. *BJPsych Bulletin,* Vol 47, No. 5, pp.255–262

The University of Edinburgh (2025) *Seebohm Report published.* Available at https://sw100.ed.ac.uk/timeline/event/seebohm-report-published [Accessed 10th July 2025]

Victoria State Government (2023) *Getting it together – A guide for individuals, carers, and services on accessing the Multiple and Complex Needs Initiative.* Victorian Government, Melbourne

Ward, M and Bailey, M. (2017) *The Sandwell multi-agency management group for high impact problem drinkers – Interim evaluation.* Alcohol Concern UK

Ward, M. and Booker, L. (no date) *An evaluation of The Nottinghamshire Alcohol Related Long Term Condition Team.* Alcohol Concern UK

Ward, M. and Holmes, M. (2014) *Working with change resistant drinkers: Alcohol Concern's Blue Light Project – The Project Manual.* Alcohol Concern UK

Wood, L. Hickey, J. Werner, M. Davies, A. and Stafford, A. (2020) '*If you have mental health, alcohol and drug use issues, you often fall through the cracks of the health system': Tackling this Challenge Through a Novel Dual Diagnosis Service for People Experiencing Homelessness.*