Ministry of Housing,
Communities &
Local Government

Systems change learning

A practical guide from the Changing Futures programme

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Ministry of Housing, Communities & Local Government

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Foreword

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

The Ministry of Housing, Communities & Local Government (MHCLG) appointed a consortium of organisations, led by CFE Research, and including Cordis Bright, Revolving Doors, and The Sheffield Centre for Health and Related Research (SCHARR) at the University of Sheffield, to undertake an independent evaluation of the Changing Futures programme. This guide was written by CFE Research in June 2025. It is part of a series of evaluation outputs produced for the Changing Futures programme by the evaluation team.

This practical guide is intended to support those looking to lead or contribute to systems change within their organisation or local system. It is not a guide to systems change, but instead shares systems change learning informed by manageable challenges faced by Changing Futures areas and how they were addressed. The guide is designed for selective reading where required, with standalone chapters that can be dipped into individually. Each chapter focuses on a specific aspect of systems change, including securing strategic buy-in and alignment, improving data and insight, supporting trauma-informed working, joining up services and addressing gaps in support, ensuring equity for underserved groups, and creating a learning culture.

Insights and advice from Changing Futures colleagues across England informed the development of this guide. It draws on evidence from the national evaluation of the Changing Futures programme and interviews with staff from various Changing Futures areas about their experiences implementing systems change.

My great appreciation goes to CFE Research for writing this guide, and their enormous effort conducting research and synthesising evidence for the Changing Futures evaluation. The authors and I would like to thank the national and local stakeholders for their involvement in this research.

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

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Glossary

Collaborate. A national not-for-profit consultancy focused on public service transformation and place-based, collaborative solutions.

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

Fulfilling Lives. An eight-year programme funded by the National Lottery Community Fund, which supported people experiencing multiple disadvantage.

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

Integrated Care System (ICS). Local partnerships that bring health and care organisations together to develop shared plans and joined-up services. They are formed by NHS organisations and upper-tier local councils. They also include the voluntary sector, social care providers and other partners.

Multi-agency Risk Assessment Conference (MARAC). A multi-agency meeting convened to enable staff from different services to discuss high-risk domestic abuse cases.

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

Multiple disadvantage. Multiple disadvantage**,** also called **multiple and complex needs**, refers to a combination of intersecting problems such as mental ill health, homelessness, substance use, domestic abuse, and offending**.**

People with lived experience. People who have direct knowledge of multiple disadvantage because of their life experiences, rather than second-hand knowledge gained via research, study or professional activity.

Police and Crime Commissioner. An elected official with responsibility for oversight of police services in England and Wales, who secures the maintenance of an effective police force in their area and holds the chief constable to account for delivery of the local police and crime plan.

Policy Lab. A body established in 2014 as part of the Civil Service Reform plan to make policy-making more open, which continues to assist government reform to create A Modern Civil Service. It provides support for policy-making across the civil service.

Protected characteristics. Traits or circumstances that form part of a person's identity and are legally protected from discrimination. They include age, disability, race, religion or belief, sex, sexual orientation, gender reassignment, pregnancy and maternity, marriage or civil partnership.

Racial trauma (also termed 'complex racial trauma' or 'race-based traumatic stress'). The psychological impacts associated with repeated exposure (either as a direct victim or a witness) to harms associated with racism or racial discrimination, including systemic discrimination.

Reflective practice. The use by professionals of different learning activities, such as review meetings or peer-to-peer feedback, to enable role holders to learn from their work experiences and identify ways to improve.

Strategic alignment. The goal of ensuring that the local strategies, policies and priorities that shape funding and delivery in a local area are coordinated and collectively respond to the issue of multiple disadvantage.

Strategic leads. People in leadership roles, who are responsible for planning and overseeing their organisation's strategy development or other strategic functions – such as determining vision and priorities, governance, setting budgets and commissioning decisions.

Trauma-informed practice. An approach to health and care interventions that is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. It can encompass not only how workers interact with people, but also elements such as service environments, policies and processes.

Introduction

About this guide

There is a long-standing interest in improving support for people who are experiencing multiple disadvantage in the UK. There is now a good understanding of what effective support for people experiencing multiple disadvantage looks like. The challenge is making these ways of working the norm.

Changing people's longer-term experiences of services – and, related to this, their longer-term outcomes – requires going beyond providing specialist (often time-limited) support. While there is good evidence that intensive case-working helps to achieve outcomes for people experiencing multiple disadvantage, other services must play their part. As the Changing Futures programme found, for people experiencing multiple disadvantage to engage with and benefit from local public services, these services need improved coordination, capabilities and accessibility.

Some systemic obstacles to effective support, such as a lack of affordable housing, are not easy to address. But the day-to-day delivery of programmes like Changing Futures is producing learning on how to tackle more manageable challenges. This guide seeks to share some of this learning.

Who this guide is for

This guide is for those seeking to lead or contribute to systems change, either within their own organisation or across the local system.

Key audiences include operational and strategic managers in services used by people experiencing multiple disadvantage, service commissioners, policymakers, learning professionals, and elected officials and other senior decision-makers with an interest in tackling multiple disadvantage.

The guide is aimed at people who are relatively new to systems change and/or multiple disadvantage; however, we hope that those with more experience will find it useful to compare their approaches with those of the Changing Futures teams, whose learning is captured here.

This is not a guide to systems change or systems thinking; other guides are available on this topic. Instead, it seeks to share the challenges that Changing Futures areas encountered, and how local programme staff and stakeholders went about tackling these.

How to use this guide

The guide is not designed to be read from cover to cover, but rather for readers to 'dip into' chapters of interest. Chapters are designed to stand alone, and where material is relevant to several topics, it will appear in more than one chapter. The guide includes links throughout to other relevant chapters.

Each chapter focuses on a particular type of systems change:

1. Securing strategic buy-in and alignment
2. Improving data and insight
3. Supporting trauma-informed working
4. Joining up services and addressing gaps in support
5. Ensuring equity for underserved groups
6. Creating a learning culture

Each chapter includes the following information:

First, each opening section introduces an aspect of local systems, and how making improvements can contribute to better services and outcomes for people experiencing multiple disadvantage.

Things to consider summarises the key advice and learning in each chapter. It lists what's useful to think about and investigate, rather than do's and don'ts. Every local area is different, so this guide aims to alert you to issues, not be prescriptive.

What were the barriers? describes the problems and barriers in local systems that Changing Futures areas were seeking to address. We have included this to enable readers to consider if they are encountering similar issues.

What worked well discusses the strategies and actions that people thought helped them to achieve improvements. The focus is on how people went about making change, rather than the models of support that they introduced for people experiencing multiple disadvantage.

Lessons learned shares insights from Changing Futures colleagues about what they would do differently, or the constraints and issues that they understand better than when they started their work.

Getting started includes a tool or activity designed to help readers to better use key learning from the chapter.

Resources and further reading shares both materials produced by local Changing Futures areas and other resources from other recommended by Changing Futures staff. It represents just a small selection of the material that is available to support systems change, and to improve the support for people experiencing multiple disadvantage. These are shared for information only and have not been reviewed as part of the evaluation.

Each chapter includes examples from Changing Futures areas, designed to showcase the experience of programme staff and stakeholders. You will find these examples in the boxes labelled **Case studies** or **Spotlight**.

Every local area is different, and local context plays an important role in shaping what people will need to do to achieve change. This includes factors such as geography (the

size of the area, how rural or urban it is), administrative organisation (how local authorities and other bodies are configured), and an area's history of addressing multiple disadvantage (other initiatives that may have left a legacy on which to build). What has worked in one area may not work in another. Case studies include information about the wider context, so that the reader can consider how approaches might fit within their own context and tailor them appropriately.

About Changing Futures

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

Changing Futures aims to create change at three levels:

- **Individual level:** Stabilised and improved outcomes for local cohorts of adults experiencing multiple disadvantage.

- **Service level:** Greater integration and collaboration across local services, to provide a person-centred approach and reduce demand on reactive services.

- **Systems level:** Strong multi-agency partnerships, governance, and better use of data, to inform commissioning and lead to lasting systems change. Learning from evaluation and partnerships between government and local areas to improve cross-government policy.

The evaluation of Changing Futures found that local projects had helped to improve the understanding and adoption of trauma-informed practice in local services, communication and coordination between services, and in some cases, the accessibility of services for people experiencing multiple disadvantage. Changing Futures also contributed to increasing the understanding of and partnership-working on multiple disadvantage at a strategic level. In some cases, there has been greater involvement of people with lived experience in the commissioning of services, and changes in what is commissioned.

At the same time, the progress experienced by local areas has not been uniform, and many of the barriers described in this guide persist. Changing Futures teams were not always able to find effective solutions to the problems they encountered. It is hoped that others will benefit and learn from these experiences, and accelerate progress. Adopting tried and tested methods, where they exist, should allow greater attention to be focused where solutions are still sought.

More information on the progress being made on systems change can be found in the reports of the Changing Futures evaluation. These are available at www.gov.uk/government/publications/evaluation-of-the-changing-futures-programme

Creating the guide

This guide was developed using the advice and learning of Changing Futures colleagues across England. The focus of the guide and the topics it covers were identified by consulting both local and national Changing Futures staff working on systems change.

The guide draws on evidence collected as part of the national evaluation of the Changing Futures programme, and interviews with staff in different Changing Futures areas about their experiences of carrying out systems change.

Case studies have been selected to showcase the work of as many of the fifteen Changing Futures areas as possible. Each area therefore generally only features in one chapter. It is important to acknowledge that many of the approaches described in the case studies were used in other Changing Futures areas, but it was necessary to select just one example.

Quotes featured throughout are from local Changing Futures programme stakeholders; these include programme team members and staff from partner organisations.

1 Securing strategic buy-in and alignment

Why is strategic buy-in and alignment important?

The Changing Futures programme aimed to improve the way that different sectors, organisations and services worked together to ensure effective support for people experiencing multiple disadvantage. Improving strategic alignment across the local system can create more favourable conditions for change, by:

1. Increasing the degree to which strategic leaders across the system understand multiple disadvantage, are committed to addressing it, and are factoring it into relevant strategic planning and decision-making.

2. Reducing the extent to which different local strategies, policies, processes and funding approaches pull commissioners and service providers in different directions, so that pathways and services can be made more efficient and effective.

3. Promoting a greater shared understanding of inefficiencies and systemic barriers that might be addressed through cross-sector or cross-organisational partnership working.

4. Setting the conditions for cross-sector partnerships at a strategic level, which might unlock different and better responses to multiple disadvantage (such as co-commissioning pooled budgets or introducing new service models and pathways).

This chapter describes how local Changing Futures projects improved strategic alignment, by highlighting some of the approaches that were more effective, as well as learning and considerations for future similar systems-change activity.

This chapter uses the terms *strategic leads* and *strategic alignment*. ‘Strategic leads’ refers to people in leadership roles who are responsible for planning and overseeing strategy development or other strategic functions, such as determining vision and priorities, governance, resource allocation, and commissioning decisions. ‘Strategic alignment’ refers to the goal of ensuring that the local strategies, policies and priorities that shape funding and delivery in a local area are coordinated and collectively respond to the issue of multiple disadvantage.

Things to consider

What do you want to change?

- **What are the barriers in the local system that are preventing people from getting the support they need?** Local needs assessments on multiple disadvantage, insights drawn from people with lived experience, and wider evidence on good practice, can help to identify barriers in the system..

- **How does the change you seek align with other services' priorities?** Think about how better support for people experiencing multiple disadvantage will affect other services. For example, reducing crises through more relational support could help to reduce emergency service usage, which is important to police and NHS partners.

What is available to build on?

- **What other programmes or initiatives exist locally, which have started to engage strategic leads?** These might be initiatives explicitly focused on multiple disadvantage, such as the Making Every Adult Matter (MEAM) Approach, but other issues that relevant strategic leads are already addressing can also be a good place to start.

- **What local networks or boards are in place?** How could multiple disadvantage be incorporated within a local programme? This can be a good way to start putting multiple disadvantage on the agenda.

- **Is there a need to create a new board or other strategic structure to focus on multiple disadvantage?** A few Changing Futures areas created new structures that brought together all key organisations relevant to supporting people experiencing multiple disadvantage, in order to focus specifically on this group.

Who needs to be involved?

- **Who is best placed to engage with strategic leads and effectively push for changes within the system?** Who already has positive relationships with key decision-makers? Who has the passion, ability and credibility to build new relationships and influence at the strategic level?

- **Who is missing from partnerships?** Understanding the priority gaps in your local strategic partnerships can help you to focus your efforts on specific organisations and sectors.

- **Who has the power to make and sustain change?** Strategic leaders need to be involved to create organisational-level changes to policies and procedures. and to support different ways of working. Operational staff's buy-in is needed, so that changes are implemented effectively.

- **How can people with lived experience help to shape change?** Meaningful involvement of people with lived experience at a strategic level is key to ensuring that people's needs are addressed in the right ways, and it can help to reduce stigma.

What were the barriers?

Varied levels of understanding and commitment to multiple disadvantage

Local stakeholders indicated that before Changing Futures, the understanding and commitment to address multiple disadvantage varied significantly among strategic leaders across different organisations. Often, there were pockets of awareness of the issues faced by people experiencing multiple disadvantage, and some collaboration between organisations. However, not all organisations were well engaged, often due in part to competing organisational priorities. There was also variation in the extent to which organisations in different sectors recognised multiple disadvantage as being relevant to them.

Limited strategic ownership of multiple disadvantage

In many local areas (as well as nationally), there was no clear and widely recognised strategic home for multiple disadvantage, due to its multifaceted nature and overlap with different sectors. In addition, there were few strategic forums dedicated to multiple disadvantage, and limited visibility of the issues within cross-sector groups; this made it challenging to promote shared ownership or develop aligned responses.

> "A lot of the issues that we're talking about here comes from the fact that we are talking about multiple disadvantage, and that those five disadvantages we're talking about, generally silo off into funding streams…"

Limited availability of data and insight to inform strategic decision-making

The limited availability and use of data and insight on multiple disadvantage has been a significant challenge to supporting effective cross-sector strategic planning and decision-making. In many areas, access to shared data is limited, which makes it difficult to build a full understanding of the needs of people experiencing multiple disadvantage, or to evaluate the impact of different interventions. This can hinder the development of coordinated, evidence-informed strategies across agencies. This issue is explored in more detail in the data and insight chapter.

What worked well?

Convening events to raise the profile of multiple disadvantage

An early step in creating strategic alignment has been to alert strategic leadership and commissioners to the problems within the system – in order to raise awareness and the profile of multiple disadvantage, and to highlight the benefits of working in more relational and trauma-informed ways.

Several areas hosted events and conferences that brought together a range of stakeholders, including strategic leads. Events were designed to be enjoyable and hook into stakeholders' interests in their choice of topics. They showcased the work being carried out within the programme, to keep multiple disadvantage on people's radar: for instance, in one case, staff used an event to share their plans for systems-change work, which enabled partners to shape their workstreams.

> "The conferences and the summits are really important. It's probably why people buy into them actually, because they're quite enjoyable. It gets people out and they meet new people and they go, 'Well this is really interesting, why don't we do more of this?'"

Spotlight on: Lancashire – Using credible voices to build strategic buy-in

By working with supportive senior stakeholders, Changing Futures Lancashire generated opportunities to increase buy-in across those stakeholders' sectors. For example, the Changing Futures team supported a Detective Chief Inspector and a Lead for Integrated Offender Management to discuss the Changing Futures approach and its impact at various events, with other senior stakeholders working in the criminal justice system.

Lancashire also hosted yearly conferences to engage a variety of stakeholders. At one, strategic stakeholders from organisations outside the Changing Futures team ran discussions within their relevant fields (such as mental health and policing). This encouraged participants to think about how they could do things differently within their specialism, to better meet the needs of people experiencing multiple disadvantage.

> "We've used those conferences to build collaboration at senior level, at strategic level, senior tactical level, operational level, in terms of operational management and then at the frontline."

Positioning multiple disadvantage within stakeholders' priorities

Changing Futures teams also gained buy-in by demonstrating how better support and systems for people experiencing multiple disadvantage could contribute to achieving stakeholder priorities. Teams looked at partners' strategic plans, objectives and actions, and identified areas of alignment with Changing Futures' aims or achievements.

> "The quickest responses from people have been when I've gone out and looked at their strategic plans, and looked at their objectives and actions, and matched our evidence to that, and gone in and spoken their language."

To secure and maintain stakeholders' engagement beyond the lifetime of the Changing Futures programme, one local area designed systems-change workstreams to reflect the interests of strategic boards.

> "So, the police, for example, I'm sure they'd be fascinated about pro-social, positive activities in the community. But what they'd care much more about is hospital discharge, because they are often the agency that is sectioning a lot of people that end up going into hospital. So, if there was an ask of senior colleagues: 'We're looking for multi-agency buy-in to deliver a hospital discharge team.' You get that senior colleague on board because [they say], 'Yes, I can see how that applies to me and my area.'"

Demonstrating the potential cost savings

Many areas found it particularly persuasive to highlight the cost-effectiveness of the Changing Futures way of working, to create buy-in among strategic stakeholders and commissioners. Changing Futures teams demonstrated the high demand for and cost of emergency services due to ineffective support for people experiencing multiple disadvantage, and the costs that might be avoided by supporting people in a more relational way. For example, one area used data to show that people experiencing multiple disadvantage had high rates of readmission to hospital because of ineffective support. This area gained Integrated Care Board (ICB) funding to continue some elements of the Changing Futures service.

Spotlight on: Lancashire – Evidencing cost savings

The Changing Futures Lancashire team produced an analysis highlighting cost savings for partner services that resulted from the Changing Futures approach. Partnering with police, probation, substance misuse, hospital trusts, mental health, ambulance and housing services, they obtained service-use data on 92 beneficiaries (with beneficiary consent, and data protection impact assessments and information-sharing agreements with each service). By analysing service use before, during and after beneficiary engagement in the Changing Futures programme, they were able to evidence an average of £12,000 worth of system savings per person. The team held briefing sessions to highlight these findings, and presented them at public health collaborative meetings.

Shaping strategic conversations by bringing in people with lived experience

Enabling strategic leaders to hear directly from people with lived experience can be a powerful way to decrease some of the stigma around multiple disadvantage and improve the understanding of what needs to change. Most areas have created more opportunities to hear from and work with people with lived experience of multiple disadvantage.

> "Lived experience, and that's really what's brought a lot of our work to life, it's helped to whet the appetite of some of our senior leaders about how lived experience can improve the quality of what we do, can provide insight into interventions, and how we go about delivering them, and what needs to change."

Some areas have encouraged the inclusion of people with lived experience on relevant strategic boards; this directly involves them in discussing and setting strategic agendas and plans. For example, from the outset of the programme, one area sought to help volunteers with lived experience gain positions on strategic boards, such as for drugs and alcohol support, safeguarding adults, and adult social care. This included working with the drugs and alcohol commissioning team to co-design, deliver and evaluate activities for adults in recovery.

In order to make this change, strategic spaces need to be adapted: simple changes to make meetings less formal and language more accessible can enable people with lived experience to participate comfortably. Changing Futures leads within all localities have been trialling approaches to make strategic meetings more inclusive, by asking people to remove lanyards, not introduce themselves using their titles, and avoid using acronyms. Another approach used was to enable people with lived experience to share their experiences and views through short videos. This may suit those who wish to be heard but do not want to attend meetings or engage directly with strategic leaders. Please see the chapter on Creating a learning culture for more on supporting people with lived experience to participate in systems change.

Spotlight on: Lancashire – Promoting the inclusion of people with lived experience in strategic settings

Changing Futures Lancashire has encouraged the involvement of people with lived experience in spaces across the system, including in strategic settings. There was initially pushback from some partners about sharing sensitive information with people with lived experience who were present. However, Changing Futures staff successfully challenged this, and it is now the norm for people with lived experience to attend, with partners proactively requesting their presence.

Workforce development for strategic leaders

Some Changing Futures areas targeted training at strategic and senior management roles. Delivering this to multi-agency groups was especially impactful in building inter-organisational relationships and ensuring that a critical mass of leaders was reached.

The training generally had one of two purposes. Some training aimed to improve the understanding of multiple disadvantage and of effective approaches to support people, such as trauma-informed support. For those in strategic roles, this helped to develop understanding and introduce a trauma-informed approach throughout organisations, rather than purely at an operational level (where this type of training is often focused). Often, those working at a strategic level are the ones with the power to create the environments, policies and procedures that better enable operational and frontline workers to work in a relational, flexible and trauma-informed way.

Other training aimed to support strategic leaders in developing the skills, confidence and awareness needed to drive forward systems change in their local areas. This was commissioned by organisations such as MEAM or Collaborate. To have the most impact, training needs to be followed up with further discussion and action, such as professional spaces for reflection. This is discussed further in the chapter on Creating a learning culture.

Another workforce development approach used was to set up networks or online resource hubs aimed at strategic-level staff, such as commissioners; this gives them a platform to come together to explore local issues, share learning, and access good practice. For example, one area hosts a quarterly in-person network for commissioners, bringing together commissioners of differing seniority and from across different disciplines – including the NHS, adult social care, criminal justice, and housing – to share information and learning, and solve problems. Meetings also include an external guest speaker who presents good practice and learning.

Using strategic partnerships and boards

Multi-agency partnerships, boards and networks bring together a variety of stakeholders across the system, and can therefore be used to keep the needs of people experiencing multiple disadvantage high on the local agenda. Changing Futures leadership teams attended and supported various boards and strategic groups which deal with the different issues that people experiencing multiple disadvantage might face.

Changing Futures teams assisted in developing new boards and networks focused specifically on multiple disadvantage, to ensure that progress would continue after the programme ended. At the same time, Changing Futures staff found that it can be more effective to bring multiple disadvantage into discussions on existing platforms, rather than creating new structures, which might duplicate work. One area created opportunities for practitioners, operational managers and strategic managers to meet separately to discuss opportunities and challenges related to selected themes. The thematic groups come together to coordinate a system-wide response, which contributes to shared accountability. For a discussion of developing boards, please see the Case study: Sussex.

Lessons learned

Dedicated and skilled senior leaders are key

Teams with a dedicated capacity to work at a strategic level in Changing Futures areas were a key enabler in gaining strategic buy-in. Where Changing Futures teams included strategic leadership roles, these were instrumental in initiating and coordinating system-change work, influencing senior stakeholders, and bringing partners together in new ways.

To be most effective, teams needed to include role-holders with the authority, expertise and seniority to engage stakeholders and promote consensus across organisational boundaries. Having and being able to build positive relationships with key stakeholders has been key to improving strategic alignment on multiple disadvantage.

> "You need to be good at communicating, and you need to be the most influential person in the room, …if you're confident in what you're talking about, and passionate enough about it, you are the most influential person."

No need to 'reinvent the wheel'

Systems change is inherently long-term and complex. To decide where best to focus resources and efforts, teams found it was important to first take stock of existing structures and relationships. For instance, some areas benefited from programmes such as Fulfilling Lives and the MEAM Approach, which had already created important foundations for change. Identifying what works, and building on prior programmes and related work, helps to maintain momentum and honours the learning already generated. Ignoring what is already working well can be counterproductive: for instance, one area alienated stakeholders by setting up a new multi-agency forum, when a well-regarded and -attended group already existed.

Bring operational and frontline staff with you

While buy-in at the strategic level is important, it is also vital to consider ways to engage staff at other levels, including operational managers and frontline staff. If they are not receptive to change, then strategically developed initiatives are unlikely to successfully translate into practice. For example, creating opportunities for frontline staff to feed back to management and to feel listened to can help ensure greater support and understanding across an organisation.

> "You're creating a narrative within the middle seam of an organisation, as well as it coming in from the other structures that you're talking around. So, when it lands, it's like throwing seeds onto ploughed land, rather than just on concrete."

Ensure you provide the right kinds of support for senior leaders

Changing Futures teams pointed to the need to provide support for senior leaders, to help them move from awareness to action:

> "All of those senior leaders are aware of the regular barriers that we're coming across. And they say the right things in terms of these things need to change. But then we don't see any follow-through in some instances."

Changing Futures teams produced a wealth of reports, needs assessments and guidance documents, but teams were sometimes unsure what impact they had had. Some areas used communities of practice and working groups to good effect to facilitate the use of written resources. These activities can help strategic leaders explore ways to apply what they are learning.

This is discussed in greater detail in the chapter on Creating a learning culture.

Case study: Sussex – Developing structures that cross geographic and service boundaries

Before Changing Futures in Sussex, there were pockets of multi-agency partnership working, but governance structures mostly focused on single issues such as homelessness, drugs and alcohol, and domestic abuse. There were no structures dedicated to multiple disadvantage (referred to as 'multiple compound needs' in Sussex). Moreover, rather than having a Sussex-wide approach, work was often focused at district and borough level.

The Fulfilling Lives initiative and responses to the COVID pandemic sparked a greater impetus to work across sectors to improve support for people experiencing multiple disadvantage. The Sussex Changing Futures programme needed to benefit from this momentum, and work with the range of organisations that might be involved in commissioning and delivering support for people experiencing multiple disadvantage.

They championed the development of multiple compound needs (MCN) boards in three localities: Brighton & Hove, East Sussex and West Sussex. This had the potential to promote cross-sector strategic planning beyond the Changing Futures programme, because the MCN boards could be sustained in the longer term without Changing Futures input.

The three MCN boards were set up differently, to enable them to fit and function effectively within the governance and strategic landscape in each locality. The buy-in and involvement of senior leaders was key to pushing through the creation of the new boards. An important feature of the boards has been their inclusion of colleagues working in public health, which spans local authorities and health, and is therefore able to influence and engage a wider network of partners. For example, the chair of the East Sussex MCN Board is the Director of Public Health, who was involved in establishing and maintaining the Board.

> "Along the way we realised that they were really key, that if we could get public health on board, they would provide the influence to bring others along. And I think that's why having the Director of Public Health as the chair of the Sussex MCN Board has been really, really important."

The remainder of this case study focuses on one of the three boards, the East Sussex MCN Board. Its establishment was driven in part by the recognition of a link between health, well-being and housing, and the need to do more to support people – as was highlighted by the Director of Public Health's 2020 report. The NICE guidance on Integrating Health and Social Care for People Experiencing Homelessness was used to help take stock of how existing work could be progressed, and to make partners aware of some of the housing and health challenges within the system. This helped to inform a collaborative scoping workshop, which identified a gap in the oversight of programmes, along with shared priorities for improving support and systems. In response, the East Sussex MCN Board was developed. Its functions are to provide oversight and to be a point of escalation for programmes; to drive system change; and to provide leadership to address identified gaps in service delivery and redesign.

The East Sussex MCN Board is attended by a variety of local stakeholders from the voluntary and community sector and statutory agencies, including health and the local authority. It is key to have representation from all sectors involved in supporting people experiencing multiple compound needs (including housing and homelessness, mental health, domestic abuse, drugs and alcohol, and criminal justice), to ensure that all aspects of need are covered.

As attendance at the MCN Board is not a statutory requirement, it is important to maintain engagement with stakeholders, as consistent membership is needed to keep momentum. This is facilitated by ensuring that the aims of the Board have been jointly agreed, so that partners are bought in.

The East Sussex MCN Board has helped to enable cross-sector working, and is supporting a shared vision and accountability across the system. For example, the Board identified the need for and supported a large-scale public health needs assessment of multiple disadvantage in the area. It enabled access to data from multiple services, which was then linked to provide a clearer understanding of the level of need. This led to the development of actions and recommendations for how the local partnership could redesign services.

> “The boards have been a really good vehicle for pooling resources and thinking about this cohort specifically, rather than thinking about homeless people or people that are in contact with the criminal justice system, or people with mental health difficulties.”

Getting started: Understanding where others are starting from

This chapter describes how Changing Futures teams were able to secure greater buy-in from senior stakeholders. Key to their success was understanding leaders' priorities, and demonstrating how addressing multiple disadvantage aligned with these.

To do this well, Changing Futures teams needed to understand much more than who key stakeholders were.[1] They needed a detailed knowledge of what they wanted from a stakeholder, what a stakeholder could do or influence, and the stakeholder's views, priorities, needs and challenges.

How detailed an understanding did they need? Enough to be able to choose among different options for what to say to and do with these stakeholders. For example, a Changing Futures team member commented that the police in their area cared much more about hospital discharge than positive community activities. Similarly, as shown in the Changing Futures Sussex case study, the team recognised that the NICE guidance on homelessness would be an impactful tool for engaging with public health colleagues.

Using stakeholder personas and empathy maps can help you to develop this understanding in your team, and more widely. A stakeholder persona is a profile of a small group of stakeholders – for example, senior leaders within an NHS trust, or senior leaders in the police – presented as a fictitious person. You can see some examples of personas in this blog post from Policy Lab.

Although a persona is not a real person, the data it is based on is neither fictitious nor founded on assumptions or speculation. It is information drawn from both formal and informal sources, including research (for example, a local stakeholder survey); from your and your colleagues' direct contact with members of the stakeholder group; from documentation (for example, strategic plans, policy statements and press releases); and from other people in your network who work with these stakeholders.

Your persona should set out that stakeholder group's priorities and responsibilities, what they believe or value, and what problems or challenges they face. You might also include the key places they go to for information and help, and the relationships that are important to them.

You can expand personas to include empathy maps. Empathy maps are somewhat more speculative; based on the data you have, they set out what a person from this group hears, sees, thinks, feels, and does in relation to an issue. They can help you think about how what your team is doing or saying will be received.

The persona is a way of pooling the information that you and your teammates hold about stakeholders, and keeping this updated. For example, you might revisit the persona after a

[1] When considering the different stakeholders in your local area, there are a range of publicly available stakeholder mapping tools you can use. See, for example, the stakeholder analysis tools in The engagement toolkit, available from The Better Evaluation website.

series of meetings that provided additional feedback on how stakeholders' priorities are changing.

Whether or not you use personas or another approach, it is important to check your decisions against what you know about local stakeholders, so that you are working with people and organisations as they are, rather than how you assume them to be. As a way of getting started, you and your colleagues could start building personas to see how much you understand about your stakeholders – and what you still need to find out.

Resources and further reading

NICE Guidelines (2022), Integrated health and social care for people experiencing homelessness. This set of guidelines is targeted at local authorities, commissioners and service providers, healthcare practitioners, and social care practitioners. It provides recommendations on ways to improve access to health and social care services for people experiencing homelessness, and advice on how agencies can work together to improve outcomes. The guidelines are referenced in the Sussex case study above.

Fulfilling Lives South East Partnership, Ripple effect: The system change impacts of Fulfilling Lives South East project. This report outlines key learning on systems change from this partnership. It covers issues, what was done and what changed, including case studies.

Helen Bevan (2025), Ten things I've learned about making large scale change happen. This blog highlights ten key points of learning on how to create system change.

Golden Key Bristol (2021), The Importance of having a diverse board. This webinar recording discusses the value of including a diversity of experience on strategic boards, and explores ways to do this effectively.

MEAM (2025), Leveraging governance and strategic approaches: A blog. This blog outlines challenges for better strategy development and governance, and presents some solutions being trialled in Changing Futures areas.

Social Finance and Revolving Doors, Guide on making the case for change on multiple disadvantage locally. This document provides guidance for a variety of strategic stakeholders on how to make a case for change for people experiencing multiple disadvantage; it is informed by learning from Changing Futures areas and wider research.

NHS England (2023), A national framework for NHS – action on inclusion health. This framework outlines the five key principles for action on inclusion health, and provides a variety of resources to support thinking about a systems approach to inclusion health.

Greater Manchester Combined Authority has produced a model for cost benefit analysis to help demonstrate the fiscal, economic and social value of interventions. As well as guidance on using the model, there is a comprehensive database of unit costs for a range of public services and interactions covering areas such as crime, housing, health and social services. Many Changing Futures areas found this a valuable resource in demonstrating the cost of user interactions with public services.

2 Improving data and insight

Why are data and insight important?

The Changing Futures programme set out to improve the local availability and use of data on multiple disadvantage. Data and evidence can be used at different levels throughout the local system. For instance, the right data and evidence can help to:

1. Build buy-in to change by raising awareness of multiple disadvantage and the costs, both for people and services, of not meeting needs. For example, Changing Futures areas have carried out cost-avoidance analysis to highlight the impact that responding effectively to multiple disadvantage can have on local services.

2. Proactively identify and reach people experiencing multiple disadvantage or who are at risk. Changing Futures areas have been able to identify groups of people, such as those who are leaving prison and women who are 'sofa surfing', and engage them with specialist support.

3. Reduce the need for people experiencing multiple disadvantage to repeat their story multiple times; this can be re-traumatising as well as frustrating, and lead to people disengaging from services.

4. Improve how individual staff support people who are experiencing multiple disadvantage. Efficient sharing of data between services means they have a fuller picture of an individual's experiences, needs, goals, preferences, and agreed support plan.

5. Support service improvement and redesign through insight into how people are experiencing services. Changing Futures areas have been able to understand who is (or is not) receiving support, how people are moving through the system, and where they are falling out of the system altogether – whether through disengaging or being excluded.

6. Support strategic planning and decision-making through insight into the prevalence and nature of need. Some Changing Futures areas are finding that the numbers of local people experiencing multiple disadvantage are far higher than was once thought.

This chapter discusses how local Changing Futures projects took action to improve data and evidence, by making changes both to what data is available and how it is shared and used, and to what organisations have in place to enable this.

Things to consider

What do you want to do with data and insight?

- **What actions or decisions do you want to inform?** Different types of data and analysis are needed for strategic planning, compared to service delivery. Do you seek to highlight problems in the system or to demonstrate the impact of different ways of working?

- **Who is your audience or intended user of the data and insight?** What kind of information do they value, or is most likely to get their attention? What are their expectations for the types of data and evidence that should be produced, and how do they make use of it?

What is available to build on?

- **What evidence is already being produced? What data activity is already taking place?** Could you contribute to this or make use of the results? For example, by adding questions to a regular survey. As well as local projects, find out what has been done in other areas or nationally. This could help not only to address your evidence needs, but also provide ideas for developing data solutions.

- **What are the different data and analytical solutions available to achieve your aims?** Is new data collection really needed? Explore what data is already available and how it could be better used. Is it 'good enough' for your needs? Could restructuring data, linking it to other sources, and/or advanced analytical methods, help to answer your questions?

- **Consider data-sharing regulations and policies early on.** What data-sharing agreements are already in place with partners? What are you legitimately allowed to do with available data?

Who needs to be involved?

- **Involve people with lived experience of multiple disadvantage** in generating data and evidence. There may be peer research or lived experience groups already in your area.

- **Think about the specialist and technical skills needed.** Do partner organisations have data analysts who you could collaborate with?

- **Get operational-level staff to understand and support data initiatives.** Their support is often critical to ensuring quality in data collection. They also have useful insights that can help interpret data and research results.

- **Ensure you have a strategic-level project sponsor.** Senior roles' influence may be needed to unlock access to data.

What were the barriers?

Siloed data systems and lack of data sharing

Changing Futures teams described how multiple records on people experiencing multiple disadvantage were held by different services, and were not shared or pooled. This meant that services had only a partial picture of the people they were supporting. Better data sharing was needed – both to ensure that people had the right support and were kept safe, and so that people did not have to constantly repeat their story. Data sharing where it took place was not necessarily systematic, but rather, could be reliant on individual contacts and relationships that might be lost when staff changed.

Challenges in assessing the extent of multiple disadvantage

Some local areas struggled to estimate the number of people experiencing multiple disadvantage in their region. The nature of multiple disadvantage means there is no single data source that can be referred to. Furthermore, some groups of people experiencing disadvantage are less evident in the data. This poor data availability can reduce the quality of data used by decision-makers at the strategic level. To understand local need, including for its Joint Strategic Needs Assessment, one area relied on local-level estimates from a national study based on data that was several years old.[2] Whilst having an estimate of prevalence was a significant step forward, they told us this estimate was still "really crude".

Poor data quality

Out-of-date or inaccurate information at the individual level was thought to affect people's access to services. For example, one stakeholder described how information on service users with a history of arson provided limited details of the offence, context, or when it took place. This led to poor assessments of current risk, and as a result, could have a negative impact on people's access to services.

> "The quality of risk information is really, really poor in [our area], so you end up with lots of people who have services refused or declined based on their risk information; but their risk information is out of date, lacking context, doesn't have the right details, stuff like that."

Focusing on performance management rather than insight

How data was used was also felt to be an issue in some Changing Futures areas. Staff in one area described the need to shift the focus from numbers to understanding what is happening to service users. They wanted to change the emphasis from performance to understanding, so it was less about 'closing 100 cases' and more about being interested in why people were dropping out of treatment; in other words, getting to the story behind the numbers.

[2] From the Lankelly Chase report 'Hard Edges': https://lankellychase.org.uk/publication/hard-edges/

What worked well

Thinking about purpose

Changing Futures areas produced, shared and analysed data for several different purposes. What you want to be able to do with data, and the questions you want to answer, affect the kind and quality of data that is required. This in turn will shape the data capabilities, resources and projects you need to develop.

For example, when one local area considered the type of data that their frontline workers would collect, they focused on casework journals rather than standardised outcome measures, as their priority was to support learning, rather than demonstrating progress on key performance indicators (KPIs). The case study Rethinking data for decision-making describes how that team questioned why the data used to inform decision-making had been produced in particular ways in the past, and whether they needed to produce different kinds of data to encourage a different perspective.

Connecting data problems to what is happening to service users and services can help people to understand why changes to data collection or systems are needed.

> "And we've really tried to put a person into [the data], in terms of, you've got this person, they've got all these issues going on, but no one can see it, and that's why people give up. That's why people don't get what they need. Because they get sent from pillar to post, and we're trying to really humanise that to make people really aware of the impact that not sharing information can have on an individual."

Making better use of what you have

Several Changing Futures areas made progress by encouraging people to use data resources and permissions that were already in place. In some cases, this was done alongside working towards longer-term changes such as area-wide data-sharing strategies.

One area realised that people were not sharing data because they were uncertain about what they could legally do, particularly in the context of GDPR.[3] Changing Futures staff organised talks and training on data sharing to encourage people to share and use data. Another team described working closely with an information governance expert. It is important to check data policies and data-sharing agreements at an early stage. For instance, one team member described how her organisation could use data because people had already consented to its re-use and sharing.

One Changing Futures project undertook an exercise to map the different datasets on people experiencing different domains of disadvantage at local, regional and national levels, including those belonging to smaller services or organisations. Although they could not immediately access all the datasets identified, they were able to conduct analyses that produced new insights into local needs. For example, analysis of one voluntary sector

[3] General Data Protection Governance: European Union legislation that governs how personal data is handled.

organisation's data identified a group of women experiencing homelessness who did not appear in statutory sector datasets.

> "But there'll be data sets everywhere that we don't know about, is the issue. So, there'll be people within councils, within charities, within small, tiny services who have got massive datasets that are just theirs because they just need it for the women that they're working with, or the men that they're working with, or whoever."

Undertaking formal data audits or mapping, however, may not always be successful: one area described having a very low response rate when they tried this. Taking a more informal approach and working with close partners may be more productive.

As well as uncovering existing data, Changing Futures areas also worked with the data that they had in new ways. Several Changing Futures teams included staff with private sector experience, which one role-holder said helped with thinking about different ways to analyse and use data. The Nottingham case study describes how staff used already available data to help a key local provider understand how the prevalence of multiple disadvantage was impacting their core aims and challenges, including its effects on their costs.

Pooling analytical resources

Several areas put together cross-organisational project teams or taskforces of data and research specialists. In one case, there were several different projects in a local area with similar data needs, which were able to form a joint working group on data. In another case, cross-organisational team members conducted an initial analysis of service-user data that could not be shared outside their organisation. Once individuals in the dataset were no longer identifiable, the data could be worked on further by other team members outside the organisation.

One Changing Futures area funded embedded roles within partner organisations. This ensured there were people on the team who knew the partner organisation's data and systems well and, crucially, could access them directly. This facilitated collaborative work to improve data and insights on multiple disadvantage.

Case study: Northumbria – Rethinking data for decision-making

In Northumbria, as in other areas, services' routinely collected data did not show what was happening to service users as they interacted with services, either within a single service or across the system. Instead, the focus was on KPIs.

> "The data has been really a carrot and stick type approach, where … the main driving position is to achieve in these targets. If you're achieving these targets, then … there's no need to look outside of what you're doing, or the work, or the style you're working in, because you're doing well."

The Northumbria team thought about what data would help to understand services from the user's point of view. Starting with several service users with whom they had developed trusting relationships, the team approached fourteen services, including NHS trusts, police, probation, and ambulance. With their service users' consent, they were able to obtain data on past service interactions.

Changing Futures Northumbria asked users about every single interaction they'd had with the service since adulthood, what it was for, the outcome, and whether any other services were involved. This was a substantial task and required significant relationship-building. The team say it was important to start this early. Where Changing Futures did not already have a senior-level relationship, they started with frontline staff and collaborated to find the person able to authorise data sharing. One team member calculated that getting the data had taken 538 emails, 34 face-to-face meetings, and 70 Teams calls.

Using data from services and from the service users themselves, the Northumbria team were able to demonstrate that some service users were consuming substantial amounts of workforce capacity and resources – in one instance, years of police constable time. They also showed that frequent A&E attenders were also in frequent contact with other services, and that individuals' circumstances worsened over time.

The resulting report, called 'The Burning Platform', is a starting point, they say, for having a different conversation about services and the demand on them: "all of this unplanned activity, which is absolutely crippling the system." So far, the report has generated significant interest from a range of stakeholders, including health services, the local authority and the police. The next step for the team is to work with services to help shape their responses to the findings.

> "I suppose, the challenge for us is translating curiosity into a concrete commitment to do stuff … what we would be encouraging organisations to do is to think about lived experience, definitely; is to think about data differently; is to think about commissioning differently within that."

You can read more about the work that Changing Futures Northumbria has done here.

Influencing the design of data systems

In one area, a new data system was designed to replace several others in the locality. Staff worked with the team implementing it, so that problems they had identified were known to the system developers, and could be designed out:

> "I think we've won [the implementation team] round, but yes, basically saying, 'This is how we would like risk to be recorded,' or 'This is how we'd recommend it.' And then putting in things like automatic review points and stuff like that, so the system itself triggers staff to have to update and refresh information, and you can't just let data languish on systems for years and years and years. So how can we automate some of the data quality challenges?"

Building relationships to ensure insights are acted upon

Partnership working and collaboration are also key to fostering an environment where the results of data analysis are well received and acted upon. Research findings may challenge organisations' assumptions about their services, and whether and in what ways they need to change. It can be important to first build understanding and trust with partners, so that when evidence is presented, organisations can engage with it positively and use it to improve support.

> "It's about fostering a culture that's about learning rather than about trying to put blame on anything. …The fact that we can share this weird fact about, you know, 'Oh, do you know more SMD [severe and multiple disadvantage] patients get [re]admitted than not?' And it would be seen as, 'Oh, that's interesting, I wonder why,' rather than, 'What do you mean? Are you saying we can't look after them in the community?'"

Working collaboratively can also help identify opportunities to use data insights. One area undertook multi-agency mapping of service users' journeys. The collaborative process of producing the journey maps enabled staff working across different services to build a shared understanding of the challenges, barriers and points of failure within the system. This also contributed to a more open and supportive culture of reflection about areas for improvement. This has created a more fertile environment for future improvement activities. The resulting journey maps have been disseminated widely, to foster understanding of the local system. The use of journey mapping is explored further in the chapter on Joining up services. See also the Proxy data and 'a reasonable assumption' case study.

Making use of the insights and expertise of people with lived experience

Changing Futures areas broadened the types of data that were produced and valued by different audiences. Critically, this involved more data and evidence centred on the insights and experiences of people with lived experience of multiple disadvantage. For example, in several areas, direct feedback from people with lived experience was given a central place in multiple disadvantage strategic needs assessments. In another area,

appreciative enquiry was used to understand people's views on support, system strengths and areas for development.[4]

A commissioner commented that data collected from service users and frontline staff can tell a different story from that routinely collected by services:

> "Because so many times, we tell people what's happening in their own service and they're like, 'That doesn't happen.' And it does happen, they just don't know about it… So, yes, take time to listen and have those conversations with people if you want to understand exactly what is going on and what the barriers are."

The co-production of data and evidence with people with lived experience takes this further. Within Changing Futures, people with lived experience have been involved at national and local levels in identifying relevant research questions, helping to plan and carry out research activities, and helping to interpret data and identify what actions need to be taken. Embedding the involvement of people with lived experience in producing data and insight has been a key achievement of the programme.

In several areas, people with lived experience of multiple disadvantage undertook research to support multiple disadvantage needs assessments. They were able to engage with people who may not otherwise have participated, by building trust, meeting people where they were, and through more creative methods such as cooking or walking groups. In one area, a network of researchers with lived experience of multiple disadvantage was hosted across different services: this meant that data was generated from different parts of the local system, and the host service gained information to understand and improve its services.

However, involving people with lived experience in data and research needs to be supported. Alongside specific training on research skills, peer researchers will need the same support as other volunteers with lived experience. You can find some resources on support for lived experience volunteers in the Resources and further reading section.

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

Lessons learned

Data cultures can be powerful

Capturing high-quality data for monitoring and evaluation was challenging on the Changing Futures programme. Several areas described difficulties in getting frontline staff to prioritise keeping accurate and timely records. Lack of time, not understanding or seeing any benefit from data collection, and poor data systems can all undermine workforce motivation. One Changing Futures staffer described how worker morale could be affected by

> "[systems that require workers] to fill in five [different forms] every time I go and speak to somebody for ten minutes."

Data collection and evaluation may also be experienced as monitoring or inspection, rather than as something that helps improve support.

Getting good-quality data requires working with people so that they understand what they need to do with data, and why. Making even small changes, such as introducing a new form to be completed, can require extensive work to help people change their behaviour. One Changing Futures worker described visiting staff and sitting with them to explain how to complete forms correctly. See the case study Proxy data and working on 'a reasonable assumption' for more on these challenges.

Entrenched beliefs about data requirements may need to be challenged. Specialist data staff may have beliefs about what kind and how much data is needed, but as the case studies in this toolkit demonstrate, changing these beliefs can lead to better data and insight. Similarly, decision-makers sometimes believe that quantitative data is superior to qualitative data. However, there is evidence from Changing Futures areas that this is changing, with some commissioners accepting more qualitative data, such as case studies, as part of contract monitoring.

Iterative rather than wholesale change may be more realistic

Some areas initially aimed to have a single local shared case management system. In reality, different stakeholders had already made significant investment in their systems, so were unwilling to change, and it was difficult to design a single system that met the needs of all the agencies involved. As a result, several areas pivoted to testing shared access to an existing data system on a smaller scale.

> "Just the sheer number of case management systems and the sheer number of organisations that work across [the area], made it really, really hard to think whether it was realistic to expect that we were going to be able to launch a new system that people would sign up to. So, we decided to approach it in a slightly different way, which is to think about what existing systems do we have, and what are the opportunities for interface between those existing systems, or sharing or viewing them."

Dedicated data and evidence management roles are needed

Changing Futures projects had varying numbers and types of team roles dedicated to data and evidence. The level of expertise needed to work on issues such as cross-organisational data sharing should not be underestimated. Some areas found it helpful to have dedicated senior roles that supported better data and insight. For example, one area had been using a platform-based case management system to share data among local partner organisations. However, a new data and project lead created a data dashboard that could share insights on the cohort more effectively across the partnership. Therefore, dedicated roles can create the time and space to focus on getting the best out of data. Data and research professionals will have the specialist skills, knowledge and experience to open up new opportunities and create innovative solutions.

Case study: Nottingham – Proxy data and 'a reasonable assumption'

A long-standing issue facing Nottingham was the limited collection and use of data on service users' experience of multiple disadvantage in key local organisations. This limited the available local intelligence on the needs and service-use of people experiencing multiple disadvantage.

At the start of Changing Futures, most local organisations were recording and using information only in relation to their own service's focus and their own interactions with service users, rather than systematically recording multiple disadvantage. Changing Futures began to help organisations use their data to identify and respond to disadvantage amongst service users, including referring people to specialist case-working support.

> "So, a lot of the work that we did early days was to try … to colour that picture in a little bit, and get parts of the system … to view outside of themselves… So, for example, if you want substance use support, but you're also leaving prison, or you are street homeless, you might then get referred to a more specialist team."

Initially, a few Changing Futures partner organisations introduced severe and multiple disadvantage (SMD) coding: practitioners would tick a box when they had a service user they believed was experiencing multiple disadvantage. Implementing this solution created its own challenges for some organisations, however. Coding relied on the individual staff members being aware of the need to do this, being able to identify multiple disadvantage, knowing how and when to complete the right box on the right form, and consistently doing so. In a local NHS trust, with over 11,000 staff, the team struggled to embed this approach:

> "And while it didn't seem like a big deal, because [of capacity issues], nobody focused on it. So, what we needed to do was to kickstart the awareness, so that then they would look out for [SMD] more once they realised how many people it did impact. But again, people didn't fill it in until they thought that it was useful to fill in … and that's when we said, 'Okay, we've got to do this differently. Our clinicians are drowning a lot of the time,' like I think most of the NHS."

Data team members examined the data that was already being collected by the Trust, and realised that some information recorded from risk assessments and past contacts with services could be used to identify which patients were experiencing multiple disadvantage. So, they pivoted from asking staff to assess and record multiple disadvantage to using this proxy data: "**using existing datasets that go back for a fair amount of time, to say with a reasonable assumption that's probably somebody who's experiencing multiple disadvantage."**

A key learning point for data and analytics professionals was to shift from seeking perfect data to data that was 'good enough' for its intended purpose.

> "We know who's engaging with what services. If they've achieved support from that service, it's probably because they have a need. That is good enough to be counted as a disadvantage. And I used to go, 'Well, it's not really, is it?' But

> actually, you know what? I was wrong. I think it is, it's good enough … that is a level of support that somebody requires, and if there's a poor outcome in that area due to other disadvantages, that's SMD."

Using existing patient data, the analytical team were able to provide not only figures on how many patients were experiencing multiple disadvantage, but also insights into their service use over time. The analysis changed the Trust's understanding of its patient cohorts. The incidence of multiple disadvantage amongst patients was far higher than expected – and crucially, a clear pattern emerged of very high and repeated use of reactive and emergency interventions, including repeated admissions to inpatient mental health care. Whilst some staff had thought that people experiencing multiple disadvantage were not being referred or were not attending their assessments, the analysis found that the problem was in fact keeping a person engaged with the service. As a result of this work, there is greater awareness of the impact of multiple disadvantage on patients, staff and budgets within the Trust, and the need to further develop patient pathways and strengthen collaboration with other partners dealing with housing, social support, and other needs.

> "I think there is a big assumption of 'Well, when you're talking about severe multiple disadvantage, it's probably, like, 0.2 per cent of the people we see.' So, why would we invest in training, why would we invest in staff speciality? Being able to show them, no, actually it's more like 20 per cent of the people you see, gives more teams a good reason to invest in that staff training and that staff knowledge."

These findings were being used to take conversations forward at both strategic and operational levels, about the pressures that disengagement and high numbers of readmissions were placing on services, and how these could be addressed. For example, team members became aware that patient pathways with high numbers of patients experiencing multiple disadvantage were up for review. They worked with colleagues in using the data analysis results to improve the pathways, to make them more responsive to people experiencing multiple disadvantage.

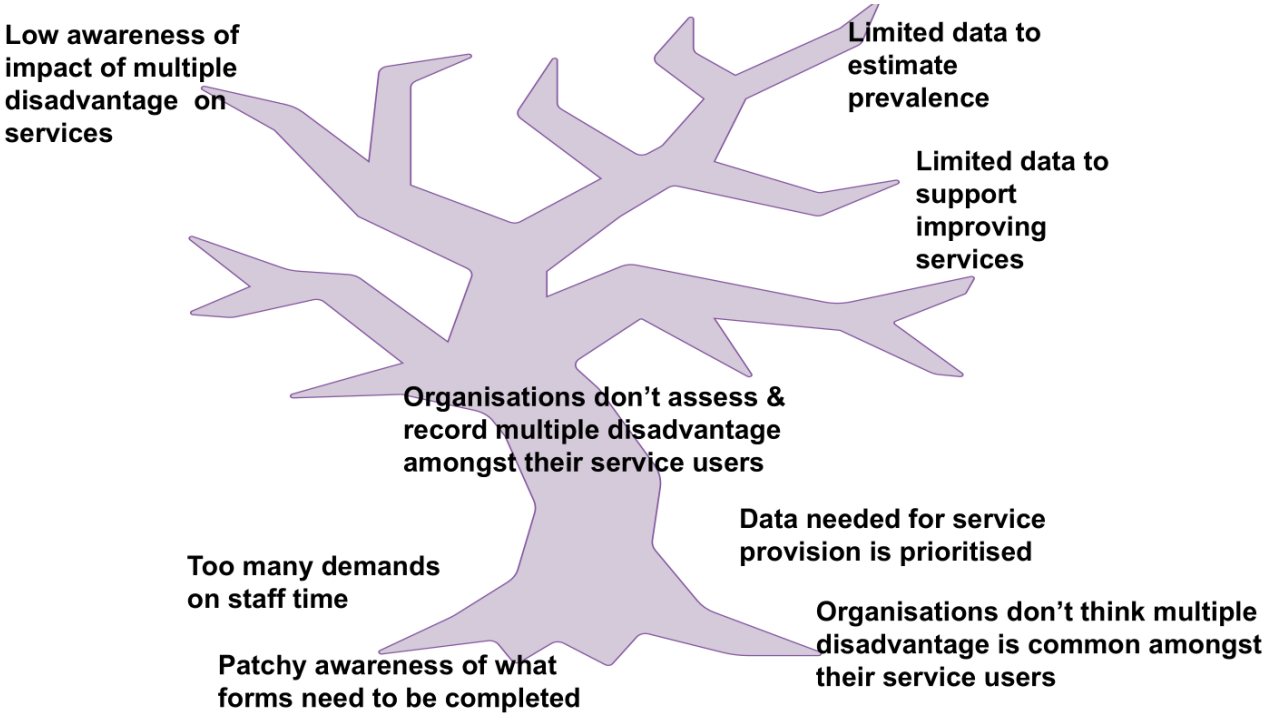
For other partner organisations in Nottingham, the use of similar proxy indicators is now being explored, to help support the case within each organisation for more proactive, preventative, and connected care and support. This has been an important step in shifting perspectives on multiple disadvantage, and how this relates to the core responsibilities and challenges within each organisation – as well as the opportunities to improve outcomes through more responsive and collaborative interventions.

Getting started: The problem tree

The Nottingham case study on proxy data demonstrates that Changing Futures teams often tried several approaches to getting the data and insight outcomes they wanted. One way to think through the data problems you want to tackle is to construct a problem tree.

The example below illustrates how a problem tree might have been used in the case study example above. The problem that Nottingham faced is on the main trunk of the tree: organisations were not assessing and recording multiple disadvantage. At the roots of the tree, there are some possible reasons why this might be happening. On the branches are the impacts of the problem.

The Nottingham team addressed one of the possible causes – people not expecting to encounter multiple disadvantage among service users – through raising awareness. However, when this did not work, they revisited the impacts of the problem (the tree branches) to see if there were other options. Was there another way for organisations to produce the data on the prevalence of multiple disadvantage? What else could be done to generate data that would support service improvement?



Resources and further reading

The ‘Burning Platform’ project: Evidencing ‘failure demand’ in public services: This report provides a brief outline of the Burning Platform work that was carried out by Changing Futures Northumbria. The article The ‘liberated method’ – a transcendent public service innovation in polycrisis discusses how data can be used to support the move towards more relational public services. There is also a podcast exploring how data was used to inform learning and change. See also the Securing strategic alignment chapter for useful resources on cost-benefit analysis.

This journey mapping webinar outlines how Changing Futures Plymouth used journey mapping as a reflective, co-produced practice to understand how systems respond to individuals experiencing multiple disadvantage.

The Information Commissioners Office provides a wealth of advice, guidance, checklists, case studies, and other resources relating to the management of data and information, including extensive resources on GDPR.

Several Changing Futures areas focused on producing data and insight to inform a dedicated multiple disadvantage needs assessment. Bristol’s Multiple Disadvantage Needs Assessment sets out the prevalence, profile and needs of local people experiencing multiple disadvantage, to inform local strategy. Furthermore, the Multiple Disadvantage Joint Strategic Needs Assessment (JSNA) from Surrey examines the needs of individuals experiencing multiple disadvantage, using a co-produced, mixed methods approach.

3 Supporting trauma-informed working

Why is trauma-informed support important? [5]

Research suggests that 85 per cent of people experiencing multiple disadvantage as adults experienced trauma earlier in their lives.[6] As the Changing Futures baseline evaluation report highlights, a lack of understanding of trauma's effects on people's behaviour and engagement with services can result in services stigmatising, excluding or re-traumatising people. This can be a substantial barrier to people getting support.

The Changing Futures programme aimed to improve local services' understanding and application of trauma-informed approaches in their work with people experiencing multiple disadvantage. Increasing trauma-informed working and reducing stigma can help to:

1. Ensure that service delivery models, processes, cultures and practices in local systems are responsive to the trauma people have experienced. This includes recognising the impact of trauma on people's thoughts, feelings and behaviour. It also involves delivering support that helps people to feel safe, gives them a sense of trust, control and empowerment, and does not re-traumatise them.

2. Increase sensitivity and responsiveness to cultural, historical and gendered contexts. This may include highlighting and addressing power imbalances between staff and people who use services. Trauma-informed approaches can help address these by building collaborative relationships, such as peer support and co-production.

3. Enhance engagement with services, build trust, and improve people's experiences of support. Better engagement can result in positive outcomes for people experiencing multiple disadvantage, including housing stability, improved mental health and wellbeing, and reduced use of crisis services.

4. Improve the wellbeing, confidence, morale and resilience of frontline staff, so that they are better supported and more able to have a positive impact on those that they support.

The Changing Futures evaluation has produced a rapid evidence review, Trauma-informed approaches to supporting people experiencing multiple disadvantage. This report discusses the evidence that taking a trauma-informed approach benefits individuals and services.

Most Changing Futures areas introduced or expanded their provision of specialist caseworker roles to support people experiencing multiple disadvantage. Trauma-informed approaches and the conditions needed to work in this way were built into these roles from

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[5] Trauma-informed practice or working refers to an approach to health and care interventions that is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. It can encompass not only how workers interact with people, but also elements such as service environments, policies and processes.

[6] https://lankellychase.org.uk/publication/hard-edges/

the outset. The caseworker role is explored in the report The role of Changing Futures caseworkers: A deep dive, and in the rapid evidence assessment Frontline support models for people experiencing multiple disadvantage; therefore, it is not covered here. Instead, this chapter focuses on the changes the programme sought to create in the wider system – namely, increasing local services' capabilities, motivation and capacity to provide trauma-informed support.

Things to consider

What changes could you make?

- **How trauma-informed are your systems and services already?** There are self-assessment tools available for use with services. At the systems level, the learning and reflective activities described in the chapter on Creating a learning culture may be a useful starting point.

- **Where in the system is the need greatest?** Is a system-wide or a targeted approach more appropriate? Are the understanding and application of trauma-informed approaches less advanced in some services or sectors than in others? Are there some services and sectors where change would be most impactful?

- **Do staff have the resources and capacity to implement trauma-informed approaches?** If not, training people is unlikely to bring about positive change.

- **What else do people working in services need in order to improve their skills and confidence in trauma-informed practice?** Workforce development approaches beyond initial training may be needed to help people to sustain and build on their initial learning, and to apply learning in their day-to-day work.

What is available to build on?

- **Can you draw on frameworks for implementing trauma-informed approaches?** There are several well-recognised frameworks which could form the basis for promoting trauma-informed approaches locally.

- **Is there local momentum and expertise on which you can capitalise?** There may already be initiatives seeking to expand trauma-informed approaches in your area. There may also be lived experience groups working to tackle the stigma attached to multiple disadvantage, or who have expertise in workforce development.

- **Are there services and roles which are already implementing trauma-informed approaches effectively?** These services may be able to model the approach to others and demonstrate its benefits, or provide practical advice to other services.

Who needs to be involved?

- **It is vital to involve strategic-level staff in training and other workforce development activities.** Strategic-level buy-in is crucial for creating the working conditions needed for sustainable frontline change.

- **Who are the most credible voices to promote a greater understanding and application of trauma-informed approaches?** People may respond more positively to people from the same service or sector. Involving people with lived experience can be a powerful way to promote understanding of the impact of trauma-informed support.

- **Where is specialist input needed?** Some activities require specialist, clinical input. Examples include support with case formulation, reflective practice, or clinical supervision.

What were the barriers?

In recent years, there has been a growing interest in and awareness of the importance of trauma-informed working with people experiencing multiple disadvantage, in part thanks to promotion by Changing Futures. Nevertheless, at the start of the programme, areas faced several barriers to trauma-informed working and reducing stigma.

Inconsistent understanding and application of trauma-informed approaches

Across Changing Futures areas, there was inconsistent adoption and application of trauma-informed practice within services that support people experiencing multiple disadvantage. This was partly driven by varying levels of prior exposure to trauma-informed principles, and therefore differences in the degree to which staff understood trauma-informed working. The inconsistency was also linked to the staffing and capacity challenges outlined below, which sometimes prevented the uptake of trauma-informed working.

A lack of understanding of trauma and multiple disadvantage more widely also contributed to the stigmatisation of people experiencing multiple disadvantage, within some service cultures or by individual staff members. This sometimes led service users experiencing multiple disadvantage to be perceived as ‘undeserving’ or ‘difficult’, and staff to be rude or dismissive towards them. This then reduced the likelihood of service users’ positive engagement.

Staffing and capacity challenges

Many of the services required by people experiencing multiple disadvantage have limited capacity. The need to manage demand and make delivery as time-efficient as possible can result in inflexible policies and processes. These include waiting lists, fixed appointment times, and closing cases after missed appointments. Within this context, it can be challenging for service users and professionals to build meaningful relationships, and for professionals to provide a tailored support offer. It can also be difficult to empower service users and give them control over their care.

Staff had limited capacity to engage in activities that would help them to implement trauma-informed practice, such as training, supervision, and attendance at multi-disciplinary meetings to discuss cases and coordinate support.

Further, there was often high staff turnover in services that supported people experiencing multiple disadvantage. This meant that understanding and skills were frequently lost. Service users also lost relationships they had built up with staff over time and needed to start afresh with new staff.

What worked well?

Changing Futures areas used a range of strategies to develop and embed trauma-informed practice in their local systems. Most have employed a combination of the strategies described below, as each on its own would be insufficient to catalyse systems change.

Creating or adapting accessible frameworks for implementing and evaluating trauma-informed working

Some Changing Futures areas used frameworks or tools to support their work on trauma-informed practice. For example, the six key principles of a trauma-informed approach developed by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) are commonly recognised as informing good practice.[7] These are:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical, gender issues.

Evidence-based frameworks can make the idea of using trauma-informed approaches in practice more tangible, help stakeholders to identify where the ethos is lacking, and devise ways to better embed it. Changing Futures areas used such trauma-informed principles to spread understanding of what it means to be trauma-informed. Some developed and disseminated easy-to-use resources such as posters, informed by the principles, to further increase their accessibility. Some areas combined the principles with other good practice and local knowledge to produce frameworks tailored to the local context; this included highlighting the relevance of trauma-informed working to local policies (such as strategies belonging to the Integrated Care System and Police and Crime Commissioner). Some areas developed tools to help organisations assess the extent to which they are trauma-informed, and to identify areas for improvement:

> "The trauma-informed principles have empowered me to be curious, enquire about the multitude of factors and levers which are required to be trauma-informed. Having that framework will be really useful if you're starting off."

People with lived experience co-produced some of the trauma-informed frameworks and self-assessment tools. In one area, people with lived experience designed an online magazine, which reflected on their understanding of trauma and made recommendations for services to shape their responses accordingly. This was used as the basis for a co-produced self-assessment tool.

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[7] https://library.samhsa.gov/product/samhsas-concept-trauma-and-guidance-trauma-informed-approach/sma14-4884

Offering multi-agency and multi-role workforce development opportunities

Many Changing Futures areas offered training in trauma-informed working to local services. Training sessions were often delivered to multiple agencies; this created cross-sector learning opportunities, and increased the likelihood of consistency in understanding trauma-informed approaches. Bringing different agencies together to participate in training also enabled them to identify opportunities to collaboratively drive forward trauma-informed approaches across the local system.

Where strong training was already present locally, Changing Futures enhanced this by providing additional funding and resources to strengthen rather than duplicate training. This avoided variation in the understanding and application of trauma-informed approaches, which could arise from uncoordinated training programmes.

Spotlight on Stoke-on-Trent: Co-producing trauma-informed training

People with lived experience shaped trauma-informed training offers through co-producing training plans and content. They also contributed to the delivery of training, including through sharing their experiences of receiving trauma-informed support – as well as support that was not trauma-informed – and the impact this had on them. In Stoke, The INSIGHT training academy is an important vehicle for delivering trauma-informed training, including mandatory training for adult social care staff. The academy is a collaboration between Expert Citizens C.I.C. (an organisation led by and for people with lived experience of multiple disadvantage) and the local authority.

Generating and enabling opportunities for reflective practice

Reflective practice is the ability to reflect on one's actions to engage in a process of continuous learning.[8] Ensuring that staff members have spaces, tools and skills for reflective practice is an important aspect of trauma-informed working. This topic is also covered in the chapter on creating a learning culture.

Changing Futures areas have created and enabled a range of spaces for professionals who support people experiencing multiple disadvantage, which encourage them to reflect on and learn from their practice. These have included in-person and online group sessions, sometimes focused on a specific theme. Sometimes these spaces are facilitated by specialists, such as clinical psychologists. In some areas, reflective practice sessions and communities of practice have been introduced, to sustain and reinforce learning generated through system-wide activities such as journey mapping. Other areas have introduced or built on trauma-informed networks in their local area. Some have developed websites or other online content linked to these networks and reflective spaces, which act as a focal point for promoting trauma-informed approaches and as a repository for supporting materials.

[8] Schön, D.A. (1992). *The Reflective Practitioner: How Professionals Think in Action* (1st ed.). Routledge. https://doi.org/10.4324/9781315237473

Reflective practice spaces for staff who work with people experiencing multiple disadvantage help to embed trauma-informed principles, in three ways:

1. Improving the working environment for professionals. In reflecting on their practice together, staff are able to better understand one another, thereby increasing empathy and opportunities for mutual support, and reducing blame cultures.

2. Encouraging collaborative action. Reflective practice spaces should feel psychologically safe, as this empowers staff to raise challenges that they are experiencing in their roles, and to identify opportunities to overcome these challenges by working together. This can prevent people from working in siloes, stuck with problems they cannot overcome alone, and instead encourages people to commit to and invest in collaborative action. Setting up open spaces for different peer groups to come together, as well as spaces for individual peer groups, can provide opportunities for escalating problems to higher levels, and for solutions to be worked on throughout the system.

3. Better support for people experiencing multiple disadvantage. These learning and collaboration opportunities allow greater reflection and understanding of trauma-informed approaches, and improve staff's ability to implement them.

> "People getting to voice their experience is trauma-informed. Creating conditions for people to have those conversations in an honest and open way is a facilitator for the change we're trying to achieve."

One area offered training for people to become reflective practice facilitators, to encourage the spread of reflective practice across the local system. This was intended to create more spaces for staff support and supervision, thereby improving their wellbeing, as well as their ability to implement trauma-informed practice.

> "Reflective practice can really enable people to identify when things are getting tough, recognise the impact of the work on them, use colleagues to debrief and talk through that impact, maintain their wellbeing, and improve their practice."

Recognising the need for specialist trauma-informed input

Although anyone can work to embed trauma-informed principles, Changing Futures teams found that there are certain activities which require specialist input. For example, in one area, an occupational therapist was employed to pilot a 'three-lens model' of support – diagnostic, trauma-informed, and strengths-based – with a person-centred approach overarching all three. The therapist provided support, supervision and advice to upskill practitioners in the model, thus helping them to adopt a holistic, person-centred approach with their clients. In addition, they worked with peer researchers and local partners to co-produce a trauma-informed supervision and reflective practice offer for practitioners. Staff reported improving their practice, and feeling better informed and more confident in advocating for people experiencing multiple disadvantage.

Targeting specific services

Targeted activity can focus resources on a part of the system where increased use of trauma-informed approaches would be particularly impactful. For example, one area set up

a housing pathway for young adults, which sought to improve local hostels' work with young people who had experienced trauma. They did this by helping hostel staff to create and maintain psychologically informed spaces[9] in selected hostels. The pathway was informed by co-production sessions with young people, who shared their experiences of navigating the system, and presented potential improvements and solutions to issues they had encountered. These co-production sessions were held with hostel staff, to promote the kind of collaboration expected within trauma-informed practice. For targeted work to be effective, strategies and resources need to be tailored – for instance, by highlighting the ways in which working in more trauma-informed ways will benefit the staff and organisations being targeted.

At the same time, there is also a role for universal workforce development on trauma-informed working, as this can increase the reach of trauma-informed principles across the system.

Demonstrating trauma-informed approaches to other services

Changing Futures areas have helped to disseminate an understanding of trauma-informed approaches, how to implement them, and the benefits of doing so, in three key ways:

1. Funding and **embedding workers** who are using trauma-informed approaches within services. This has increased services' exposure to trauma-informed approaches, and the impact this can have on both clients and the staff.

> "Because of [the embedded worker's] severe multiple disadvantage experience, she's able to contribute massively to those organisations, in terms of upskilling other workers around what severe multiple disadvantage is and how to do those referrals."

2. Employing **workers with lived experience** to deliver support using trauma-informed approaches, and supporting their work with wider services (for example, through multi-disciplinary team meetings). Again, this has increased services' exposure to the implementation and impact of trauma-informed approaches. People with lived experience were also employed as peer researchers in some areas. Enabling other services to work with people with lived experience helped to reduce the stigma that is still present in some services.

As part of employing people with lived experience, projects took trauma-informed approaches to recruiting and inducting staff with lived experience. For example, one area created an informal application process and advertised opportunities for peer researchers through trusted networks, such as their trauma-informed network – instead of advertising online, which might digitally exclude people. They also encouraged people to apply in a way they felt comfortable with, including creative mechanisms such as blogs, poems and artwork. Once people were recruited, they undertook a relaxed induction process which focused on how they could be supported in their role, rather than how they were expected to act. They were placed in host organisations, which were selected for their readiness for co-production and taking trauma-informed approaches to supporting people. Peer researchers also had individual development plans, development days with other peers for

[9] Psychologically informed environments are designed to consider the emotions, trauma and past experiences of people entering that environment. For further information, see https://homeless.org.uk/knowledge-hub/trauma-informed-care-and-psychologically-informed-environments/

support, and personalised budgets to obtain the support they might need in their role, including therapy.

In some instances, hosting peer researchers led to improvements in the host organisation's working environment:

> "And one of the peer researchers in their placement had identified they don't have a break-out space for staff, and because of the nature of service delivery, they can't take lunches together because it's very reactive, and everyone's kind of on red alert from 10 o'clock to half-past 3… And they're exploring a one-hour lunch where people can lunch together if they want to, and they're looking at creating a space where, if people want a breakout space, just somewhere to relax, they can."

3. Generating and sharing **research and evidence of the value of trauma-informed approaches**. For example, one area commissioned 'deep listening' research, in which a researcher conducted in-depth qualitative interviews with Changing Futures clients, to showcase the value of the trauma-informed approaches that practitioners were using.

Case study – Bristol: Providing ongoing support to help organisations change practice

Restorative practice is an approach to working with conflict, which focuses on repairing harm that has been done, promoting accountability, and fostering empathy. There has been increasing interest in and use of restorative practice over the last decade, particularly in youth justice and school settings. The Changing Futures team recognised the potential for using restorative practice in supported accommodation. Their experience demonstrates that successfully introducing trauma-informed approaches requires ongoing support, but that when new practices can be introduced, they benefit both staff and service users.

The aim of building-in restorative practice was to improve the quality of people's experience in supported accommodation, through improved communication and conflict resolution. In these settings, conflicts related to issues such as theft, noise and mess are common, and approaches to conflict resolution can be inconsistent and often punitive.

Restorative practice was also felt to have the potential to reduce the number of evictions from supported accommodation. Evictions can cause significant personal damage, increase the risk of homelessness, and also have a negative impact on the system – such as through the potential for increased demand on other services, and higher costs associated with repeated housing assessments.

Bristol Changing Futures commissioned a specialist in restorative practice to deliver training to sixty people locally. It then employed the specialist to deliver a pilot in restorative practice approaches with a small group of supported accommodation providers, to help them to embed these approaches into their services. Staff attended a two-day training course and monthly coaching sessions. This helped them to create environments conducive to restorative practice, such as regular house meetings and activities for residents, to encourage a sense of community. Staff felt the pilot had been effective in enabling them to implement restorative conversations within supported accommodation; also, in encouraging residents and staff to communicate their feelings and needs, incorporating activities to restore fractured relationships, and empowering staff to have challenging conversations with residents when necessary.

Bristol Changing Futures is now in conversation with housing commissioners to consider how restorative practice can be embedded more systemically. They are considering whether key performance indicators (KPIs) for supported housing could be adjusted to encourage the adoption of restorative approaches in future contracts.

Lessons learned

There may already be local activity promoting trauma-informed working

Some areas highlighted that there can be considerable uncoordinated activity happening locally, resulting in crossover and duplication. Taking time at the start of any trauma-informed initiative to review the local landscape can help to align it with other efforts, avoid duplication and confusion, and bring other system partners on board.

Tailoring workforce development to roles and contexts is more effective

Training was most impactful when content was tailored to people's roles (frontline staff, operational managers, and strategic leaders or commissioners) and used scenarios that participants might face. Areas gathered input from local data sources such as safeguarding reviews and potential participants, to inform training and ensure the content targeted development needs. Trainers with their own experience of working with people experiencing multiple disadvantage helped bring scenarios to life. It was also felt that when training was facilitated by people with experience of using trauma-informed practice in the same service or sector, this improved credibility.

Include strategic roles in workforce development activity

Workforce development should not be restricted to staff in frontline roles. People in senior management and leadership positions have the power, through commissioning and service planning, to create the working conditions necessary for trauma-informed approaches. Some strategic staff may need to be convinced of the need to attend training, as some may feel trauma-informed approaches are only relevant to those who directly work with people experiencing multiple disadvantage.

Delivering one-off training is unlikely to result in systems change

The sustainable changes to culture and practice required for trauma-informed working to become the norm are unlikely to be achieved through one-off events. A suite of ongoing activities that help to sustain and reinforce learning, and promote the conditions needed to implement trauma-informed approaches, is likely to be most effective.

Devising approaches that help people to apply learning can shift practices, processes and structures in favour of trauma-informed working. In Changing Futures, training participants were sometimes asked to identify opportunities to implement their learning (for example, adapting policies to make them more trauma-informed, or reviewing staff wellbeing).

Case study – South Tees: Using ‘insiders’ to support culture change

South Tees employed a Trauma-Informed Project Lead to promote a culture of trauma-informed working. An early task for the Lead was to visit services to introduce herself, gain trust and engage services, with the goal of making the system more trauma-informed. The Trauma-Informed Project Lead’s experience of drawing on her own background, and of recruiting internal Champions, demonstrates the value of having ‘insiders’ promote different ways of working.

The lead delivered trauma-informed training extensively in the area – ultimately to around 700 staff in South Tees. The training focused on helping participants understand the relevance, importance and benefits of trauma-informed approaches in their work settings. The Lead emphasised how it could improve people’s engagement with and experience of services, as well as making staff’s work easier and safer, and highlighted results from within the sectors that participants were working in. She also offered strategies for implementing trauma-informed approaches, to move beyond increasing understanding and towards practical ways to support their introduction and use.

She was particularly effective in engaging prison staff and the police. As her previous career was in the criminal justice system, she was a credible source of expertise. She had a strong understanding of the situations staff may experience, and their sometimes traumatic nature. Also, she could describe first-hand how using trauma-informed approaches in this sector had resulted in positive outcomes for staff and people experiencing multiple disadvantage.

In addition to this introductory-level training, the Lead delivered more intensive training to a sub-set of participants, co-facilitated by a specialist in trauma-informed therapeutic techniques. These people became ‘Trauma-Informed Champions’ within their organisations.

The Champions’ role was to bring the learning from the training to colleagues within their own organisations, and to work towards changes in organisational culture and practice. Multiple champions provided greater reach into different organisations and parts of the system than could have been achieved by a single Lead role for the area.

> “There’s only one of me … I need a team of people who work within services who can be inside there every day, changing the culture.”

The Lead developed a person specification for the Champions; this highlighted a need for people who were interested in changing systems for their staff and people accessing services. The specification also requested strong communicators who were confident enough to advocate for trauma-informed working, and able to challenge poor practice. The person specification was shared with organisations working with people experiencing multiple disadvantage; these organisations selected staff members to attend the training.

Those who were most passionate about the topic and keen to take on the role have been most engaged in the ensuing work. In some cases, organisations put forward people based on their managerial roles, although they did not express a high level of

interest or enthusiasm for the process; they were less engaged after the training. The Lead held regular meetings with the Champions to discuss their work, and there is a WhatsApp group to enable ongoing communication and mutual support.

There are now 55 Trauma-Informed Champions in South Tees, including representatives from Cleveland Police, local authorities, drug and alcohol services, and voluntary and community organisations. As well as modelling trauma-informed approaches, the Champions are encouraging their organisations to view their work through a trauma-informed lens, identifying specific changes to ensure that services are more trauma-informed. The knowledge that Champions have acquired through the specialist training – coupled with a detailed understanding of their own organisation, a day-to-day presence, and relationships and credibility with their colleagues – mean they are in a strong position to identify improvement areas and influence change.

Changes the Champions have made include incorporating client assessment processes later in the support, so they do not overwhelm clients, and offering specialist therapeutic techniques, such as Integral Eye Movement Therapy.

Getting started: Thinking about behaviour change

Trauma-informed working is shorthand for how services and organisations should do a wide range of things. These include how people communicate and work with other staff and service users; how physical environments are designed and used; how staff are supported and how they treat each other; which policies and procedures people choose to put in place and how these are used; and how senior people lead and manage others. In summary, moving towards trauma-informed working involves changes in how people behave.

When planning to promote trauma-informed working, it can help to reflect on what changes in behaviour you seek, and what is needed for people to adopt the new behaviours. As discussed in this chapter, training alone is not always enough to change behaviour in services. Why might that be?

There are many theories of how to change people's behaviour, but a useful model developed in the UK is the COM-B behaviour model, which is based on a systematic review of theories of behaviour.[10] It identifies that to achieve a change in behaviour, a person will need to have the **capability**, the **opportunity,** and the **motivation** to carry out the new **behaviour**. To support people in planning how to achieve behaviour change, researchers developed the behaviour change wheel, a tool that can help you think about what you need to do to make sure each of these conditions is in place.

For example, the case study of South Tees: Using 'insiders' to support culture change shows that the training focused *both* on reasons why staff would want to adopt trauma-informed approaches, such as making work easier and safer, *and* information on how to implement trauma-informed approaches. The aim here was to increase both motivation and capabilities.

The behaviour change wheel also highlights that in addition to increasing people's knowledge and understanding (education and training), there are many other types of interventions that can support changing behaviours. In South Tees, they also used another type of intervention on the wheel: modelling. Specifically, Champions used trauma-informed approaches in their own work, so that others might be encouraged to do this. They found that those who were most passionate about the topic and role were the most engaged and successful at modelling trauma-informed practice, and persuading their organisations to change their thinking and practices.

Whether or not you use the behaviour change wheel to aid your thinking, you may find it useful to discuss the following with colleagues:

1. What is the specific behaviour we are trying to change? Which workers, including senior people, are we targeting? What do we want them to do that they don't do now?

2. What is helping or hindering people from behaving in the desired way? For example, what is helping or hindering their motivation or intentions to to so? What factors, such

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[10] Michie, S. van Stralen, M. M. and West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science* 6:42 https://doi.org/10.1186/1748-5908-6-42

as staffing levels or other organisational restrictions, might limit their opportunity to act in this way?

3. What different strategies are open to you, which respond to the barriers and enablers you have identified?

Resources and further reading

For a working definition of trauma-informed practice, see https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

Balanced Minds (2023), Compassion Focused Therapy Worksheets (free via subscription).

Changing Futures Plymouth (2024), Building Trauma Sensitive Assessment Practices with 'Your Story' Approach. This webinar shares learning from the Your Story project, in which a tool was co-produced with people with lived experience, to support more relational, trauma-informed and person-centred assessment approaches.

Changing Futures Plymouth (2023), A Trauma Informed Approach to Recruitment. This video provides an account of Plymouth's trauma-informed approach to recruiting peer researchers.

Michie, S., van Stralen, M. M. and West, R. (2011), The behaviour change wheel: A new method for characterising and designing behaviour change interventions. This article introduces the behaviour change wheel, a method for thinking about ways to create behaviour change.
Policy Lab (2024), Lived experience in policy making guide. This short guide sets out the principles, behaviours and mindsets that underpin lived experience work. It was developed as part of Policy Lab's work for Changing Futures.

University of Oxford (2020), Oxford Brain Story. The website provides a wealth of accessible resources on how early experiences can affect long-term mental and physical health.

Local frameworks can help organisations to self-assess the extent to which they are operating in a trauma-informed way, and to make improvements to their approaches:
Back on Track Manchester (2025), Trauma Self Assessment tool. This tool supports organisations to assess the extent to which they are operating in a trauma-informed way.

Surrey and Borders Partnership NHS Foundation Trust (no date), Trauma-Informed Framework. This is freely available, but you need to complete a registration form (via the link) to access it.

Trauma Informed Hull is an example of a website supporting trauma-informed practice, funded by Changing Futures.

4 Joining up services and addressing gaps in support

Why are joined-up services important?

The Changing Futures programme sought to address gaps in support, to enable better access to services, and to provide higher-quality support for people experiencing multiple disadvantage. Greater collaboration and integration between local services can:

1. Make it easier for people experiencing multiple disadvantage to access the support they need, by simplifying entry points into support, reducing the number of transitions between services, and making any necessary transitions more straightforward.

2. Enable services to work together more effectively, to provide multi-agency support that better meets their needs and preferences. This includes being able to share and access information to understand people's needs, circumstances and goals. It also includes jointly planning and delivering support that is more holistic, person-centred and trauma-informed.

3. Increase the extent to which people experiencing multiple disadvantage are engaged by services and have positive experiences of support. This makes it more likely that they will be supported to move away from crisis and towards meaningful goals that they want to achieve.

4. Make the most of limited resources across services by improving efficiency, minimising duplication, and reducing the repeat demand and service delivery costs caused by ineffective support.

Most Changing Futures areas introduced or expanded their provision of specialist caseworker roles to work directly with people experiencing multiple disadvantage, and to help coordinate support around them. This chapter does not cover these roles, which are explored in detail in a separate report. Instead, it describes ways in which Changing Futures teams influenced services to work in more joined-up ways.

Things to consider

How could local services be more joined-up?

- **When and where do people experiencing multiple disadvantage 'fall through the gaps'?** Needs assessments and insights from people with lived experience can help develop this understanding.

- **Which services are less engaged in joint working?** Understanding the reasons why some services are less involved can help with planning practical ways to promote greater collaboration.

- **Are there opportunities for more fundamental changes to promote more joined-up services, such as changes in service design, commissioning or delivery models?** Opportunities could arise when services are re-commissioned, or from strategic leads and commissioners with an understanding and interest in multiple disadvantage.

- **How could you support professionals to collaborate more effectively within existing service structures and pathways?** Sometimes more fundamental changes are not possible, but finding effective ways to promote collaboration is important.

What is available to build on?

- **Are there partnerships and forums that you can tap into?** For example, several Changing Futures areas supported and developed the work of multi-agency meetings.

- **Can you capitalise on common goals across services?** Changing Futures teams highlighted how a more joined-up approach helped services to achieve their objectives, and reduced inefficiencies in the system.

Who needs to be involved?

- **Which frontline staff are most likely to work with people experiencing multiple disadvantage?** These are the staff members best placed to join multi-agency meetings to plan support around individuals, or to help identify barriers and blockages at the frontline level.

- **Which service managers and operational leads can help to develop better cross-service pathways and partnerships?** It is important to involve more senior operational stakeholders with the capacity and authority to develop new pathways and partnerships, and who will agree to changes to delivery within their own services.

- **Which commissioners and strategic leads can build service integration into planning and commissioning, and help create the conditions for greater flexibility and collaboration?** Involving strategic stakeholders is necessary to create services that are joined-up from the outset. They are also needed to ensure that changes at the operational level are supported.

What were the barriers?

Barriers to more joined-up services were recognised nationally and locally, as a key systems challenge that the Changing Futures programme was designed to address. Such barriers are a problem not only in relation to multiple disadvantage. However, because people experiencing multiple disadvantage require input from multiple services, the impact of fragmented and uncoordinated services is especially acute for them.

Siloed commissioning and service delivery

Services often worked in siloes, focused on a single issue, such as mental health or substance use**.** This largely reflected the funding streams, structures and processes which underpin local service design and commissioning. Perceived competition for funding and contracts, service-level targets and key performance indicators (KPIs), high service demand, and limited resources often act as disincentives to working in a more collaborative and flexible way with other services.

Limited awareness of multiple disadvantage

Within some services, there was limited awareness of multiple disadvantage, including people's needs and the approaches that might most effectively engage and support people. This meant that professionals did not always understand the need or rationale for more joined-up services, which can facilitate more person-centred, relational, flexible and trauma-informed support.

Challenges with information sharing

A lack of shared case management systems and hesitancy in sharing data between organisations made it more challenging to share useful information, which would help to understand people's needs, circumstances, goals and risks.

A complicated system of services that is difficult to navigate

As a result of siloed services, people experiencing multiple disadvantage were faced with a complicated system which could be difficult to navigate. People experiencing multiple disadvantage often have negative experiences of trying to access services, such as needing to retell their story multiple times to different services. This built mistrust, added to trauma, and could result in people not receiving the support they need.

> "I think everybody was probably trying to find the solutions on their own, and it wasn't joined up as much as it could be. Then obviously the impact of that is that the people who needed that support would have to go to all the different services and try and navigate the system…"

What worked well?

Changing Futures areas took a variety of approaches to improve the extent to which services are joined up. Several strategies involved finding ways to help professionals deliver more joined-up support within existing local service structures and pathways. Some also altered pathways or the service configuration to bring about greater integration of services.

Below we highlight what can be learned from successful efforts to join up support, with more detailed examples from two Changing Futures areas, Hull and Greater Manchester. For more on local areas' experiences of joining up support, please see the Evaluation of the Changing Futures programme: Third Interim report.

Using multi-agency operational meetings

Multi-agency meetings have been a key method of bringing together professionals from a variety of services, to jointly plan and deliver support for people experiencing multiple disadvantage on a case-by-case basis. These meetings enable the coordination of support around people's needs and preferences, and assist with wider learning about systemic barriers (see *Spotlight on: Greater Manchester – working towards individuals' goals* below).

Multi-agency operational meetings have provided the opportunity for services to share information and plan care, such as by identifying how to prioritise support, and who would be best placed to provide what is required:

> "It's like a jigsaw. Everyone brings their piece of the jigsaw and they put it all together and then they work out, I'll stick with my piece or I might take over your piece because I've got a better relationship with this person, and it varies from client to client. There's no one prescriptive thing, but having that meeting space enables them to do that."

Spotlight on: Greater Manchester – services working together to be more flexible

In Oldham, the team shifted the focus of local multi-agency meetings from discussions around allocating support to individuals, towards understanding what each individual's goals are, and how services can work together differently to help them achieve these.

> "The recovery service is like, 'Oh, they've just not turned up.' And we might go, 'Oh, actually, because this has happened, they need to have a home visit, would you agree to do that in this particular case?' 'Yes, okay we'll do that.' So, it's pulling that agreement of what goals we need to work on; how can services be adaptable and flexible to meet those particular goals?"

Helping professionals to better understand local services and roles

Changing Futures areas sought to ensure that staff in different local services had a good working knowledge of the local service landscape. This included knowing what services

exist locally and their referral routes, and understanding the roles, remit and priorities of different services.

Some areas produced resources to help staff in frontline and operational roles to understand and navigate the local services. For example, one area mapped out referral processes for relevant local services. Other strategies used by Changing Futures areas include communities of practice, joint learning and reflection activities (see the chapter on creating a learning culture), and multi-agency training (see the chapter on supporting trauma-informed working). Multi-agency meetings have also provided a forum for staff in different services to exchange information about their remit, service offers and ways of working, to deepen mutual understanding.

Spotlight on: Greater Manchester – building collaboration into induction

Making collaboration a part of new staff's induction can help to support learning. In Wigan, frontline Changing Futures workers were encouraged to shadow staff in other services, particularly during their induction. This can help workers develop a deeper understanding of what other roles involve, the barriers and facilitators to their work, and when and how they might be able to flex their ways of working. It can also support new staff to develop relationships with staff in other services, and increase awareness of who to call on for specific types of support.

Stakeholders reflected on the importance of taking a positive approach to collaboration. Some Changing Futures staff received training to support their understanding of the remit of adult social care, and how to best work with them.

> "If you're just going in saying, 'You've not done this, you've not done that,' and the social worker is well within their rights to say, 'That's not my job to do.' We need to be more specific [in our requests] and understanding [of] what their role is. What are they legally bound to do? What do they have capacity to do? But also, when we're asking for additional support or additional help, what are we actually asking for? Because otherwise you're not going to get it."

Promoting the benefits of collaborative working

In order to encourage more joined-up support, Changing Futures programme teams promoted the benefits of better collaboration and integration for services and professionals.

One way of doing this was to identify and emphasise the ways in which different services' goals and interests are aligned, such as in aiming to reduce reoffending or prevent repeat contact with emergency services. You can read about this in the chapter on securing strategic alignment.

Spotlight on: Greater Manchester – creating buy-in to joint working

In Oldham, the Changing Futures team re-engaged the police in multi-disciplinary team meetings by highlighting the benefits they would gain from attending meetings to access collective expertise and problem solving, in cases where there was a clear link between people's experience of multiple disadvantage and their offending. The Changing Futures team worked with specialist officers to identify the factors that drive repeat offending.

> "[The] police stopped attending, and then we started picking up some of the police cases a little bit more, and talking about those kind of cases that they needed some guidance on and that kind of stuff; and now they attend every Thursday. Just because it's helping them as well. So, it's that mutual benefit for services I've noticed support[s] engagement."

Jointly identifying and addressing barriers to coordination and access

In several areas, multi-agency operational meetings have been used as a forum for discussing and addressing barriers and challenges commonly experienced by professionals and the people they support, as they navigate the system.

> "All the partners are there, they talk about things. They talk about individual clients, but they also talk about some of the structural problems. So actually, they might say, 'We didn't know we had to fill out that form, or your forms are too complicated or your processes are too complicated. I can't even understand them, never mind service users.'"

As an example, multi-agency meetings in one area identified risk-management responses to people with a history of arson as a barrier to them accessing accommodation. This precipitated further collaborative work, and the development of a good practice guide to help professionals overcome this barrier.

Outside regular multi-agency meetings, areas used multi-agency learning and reflection activities to gain a shared understanding of common barriers to effective support. This is discussed further in the chapter on Creating a learning culture.

Journey mapping was used by some areas to identify system blockers, and to better understand people's experiences with services. This involved gathering a variety of stakeholders from across the local system and pooling their intelligence, to learn when and how a person accessed services. Teams were then able to identify ways in which support could be improved. For example, one Changing Futures area undertook journey mapping with 40 stakeholders whose work related to homelessness in some way. Working in groups, they reconstructed different service users' journeys. Much of the value was in the learning generated for those doing the mapping:

> "We found that the process of coming together as a group of professionals, and doing that mapping and adding in from different perspectives, surfaced a huge amount of learning about the way the system is currently working... I've had people say to me 'I've been in the system a million years, I've never seen anything like it'…

So, the mapping almost served as a reflective tool to facilitate these really profound, un-shaming conversations about the way the system currently works."

The mapping exercise resulted in insights that raised questions about established practices. In one case, the group was able to see that moving a service user had not made her safe, despite the fact that "everyone was acting on the assumption" that it would do so. This shifted attention to addressing the problem differently – in this case, by focusing professionals' attention on the perpetrator of domestic abuse.

Journey mapping can also be helpful as a tool for engaging new stakeholders:

"… it's been a really helpful tool to open up discussions with stakeholders that maybe aren't part of our immediate group. So, we don't work with hospital teams because we're in the communities, but that's been a really helpful way to think about, 'Oh okay, so if this person comes to hospital, perhaps if we maybe think about who might be working with him in the community and pick up the phone and see if we can work together.'"

Improving information sharing

Several Changing Futures areas focused their efforts on joining up different information sources using shared case management systems or shared assessment tools.

One area invested in an additional referral module for a shared case management system that enabled more seamless referrals into the Changing Futures programme. They also coordinated ongoing multi-agency case recording for Changing Futures participants. The system was supported by a multi-agency information sharing protocol, led by the county council; services could opt into this to facilitate safe and consistent data sharing. The protocol enabled better multi-agency participant tracking, including recording of support plans, goals, engagement activity, and contact history. This strengthened joint accountability, risk management, and the support provided to people.

In several areas, Changing Futures teams were based in key local authority services, and used the case management system for that service. For example, some areas had Changing Futures teams based in adult social care, and used their case management system to both access information about Changing Futures participants and record their own case notes. This supported better information flow between the Changing Futures team and adult social care.

Some Changing Futures areas have sought ways to avoid the need for people to re-tell their story multiple times, and the re-traumatisation which can be linked to this. For example, one area supported the development and piloting of a co-produced tool which people can complete to share information about themselves. There are short and long versions of the tool to suit different situations. Examples of key questions are:

- What happened to you?
- How did it affect you?
- What support do you need now?
- What would you like people to know before they meet you?

In another area where a shared case management system has been introduced for Changing Futures participants, programme team members explored opportunities to transfer key information from the system (such as 'About Me' information) to care records used widely by local NHS service providers. This required relationship building and influence from the senior responsible officer for Changing Futures locally, as well as resources and time for coding the data to fit NHS categories in the care record.

Integrating services through embedded roles and co-location

Embedding multiple disadvantage workers within local services, and the co-location of services, have enabled more collaborative working, efficient information sharing, and better decision making in some Changing Futures areas. This way of working has facilitated smooth referrals between services and provided a better level of support for people, rather than requiring them to approach each service separately. Where multiple services are co-located in a hub (see the Hull case study), people who drop in to use one service can often also access support from other services available on the day, thereby meeting more of their needs at once.

In one area, services that supported people experiencing multiple disadvantage had struggled to engage with the probation service; so a Changing Futures-funded practitioner was embedded in the service. The practitioner was co-located with the probation team and had access to their case management system. Rather than having a caseload themselves, they provided advice and guidance to the probation team, and facilitated referrals into the Changing Futures caseworker service. They also attended local multi-disciplinary team meetings and worked to improve coordination across services. Furthermore, the Changing Futures team worked closely with the police, which enabled them to refer people found begging, rough sleeping or shoplifting to support from Changing Futures. Staff accompanied officers on patrol to meet people the police had concerns about. These activities helped to provide additional capacity to overstretched services, facilitated the development of new working relationships, and helped people to access support.

Spotlight on: Greater Manchester – co-location and front door teams

In Oldham, Changing Futures teams have been co-located in adult social care; they have a 'Front Door' team to triage support according to need. This has helped to prevent people experiencing multiple disadvantage from being referred to multiple different services and 'falling through the gaps'. Link workers based in the Front Door team use their contacts in services, and their ability to advocate, to ensure that people are referred to the right service quickly and effectively. Although link workers have backgrounds in a variety of sectors, being based within a statutory service such as adult social care has enabled them to escalate cases to senior staff quickly if needed.

In Wigan, Changing Futures staff based in adult social care were also able to carry out capacity assessments. This provided additional staff resources to conduct capacity assessments, which helped to ensure these were completed as soon as possible.

Embedded roles and co-location can be beneficial for staff, too. Workers have been able to gain a better understanding of other roles and build closer working relationships, thus enabling staff to act quickly to more effectively address programme participants' needs.

Opportunities to work closely together, including more informal open discussions while working within the same offices, have helped to build trust between services and create a shift towards a shared culture – for instance, taking a more trauma-informed and person-centred approach. Such culture shifts can help to sustain change.

> "What [co-located workers are] actually doing is they're constantly being asked questions by other roles that we don't fund in these organisations … that's upskilling the workforce, if you like, in those locations. It's also making those relationships better."

Commissioning approaches to joining up services

Changing Futures areas have sought to influence commissioning cultures and approaches, to enable more joined-up services. An important element of this work has been promoting buy-in from strategic stakeholders and commissioners to improve services and systems for people experiencing multiple disadvantage. This is discussed in the strategic alignment chapter.

It was more challenging to identify learning from Changing Futures areas about how to shift commissioning approaches so that they produce more joined-up support.

One Changing Futures area benefited from a pre-existing partnership approach to commissioning. The Alliance is a partnership between seven core providers, which were awarded a single contract by the council to provide services to people experiencing multiple disadvantage (such as housing advice, temporary accommodation, and treatment for substance use), as well as working arrangements with other local organisations. The Alliance works together to plan and implement support for people experiencing multiple disadvantage, and they share overall financial responsibility, risk, and day-to-day management. A 'no wrong front door' approach is used to engage the right services for a person, no matter where they engage first.

Other areas began to explore commissioning or provider alliances. One area has pursued a different approach of an alliance agreement between all organisations on the Changing Futures Board. This is based on the recommendations from the local needs assessment for multiple disadvantage, and asks those in the Alliance to agree to work differently to better meet the needs of people experiencing multiple disadvantage.[11] The intention is that signing up to this in principle will help to keep organisations accountable for providing better and more joined-up support to people experiencing multiple disadvantage.

Another way in which Changing Futures areas have sought to join up services is via the commissioning of new services to address gaps in the local system, such as gaps in support for groups of people who were particularly underserved by existing services. This is discussed in the chapter on Ensuring equity for underserved groups.

[11] Changing Futures Hull (2024). Break the Cycle report https://www.traumainformedhull.org.uk/downloads/file/1/break-the-cycle-hull-february-2024

Lessons learned

Strategic support is needed for lasting change

Stakeholders reflected that in order for staff from different services to work together most effectively, there needs to be sufficient strategic alignment to create an environment that enables operational and frontline staff to work differently. Further information on promoting buy-in and alignment with strategic stakeholders can be found in the Securing strategic alignment chapter.

An understanding of where the gaps are is needed to target joining up

Several areas developed local needs assessments to gain a better understanding of the ways in which services could respond more effectively to people experiencing multiple disadvantage, and to identify key gaps in support. Further information can be found in the chapter on Improving data and insight.

Informal relationship building between services can also be effective

More informal relationship building between different services was effective in enabling better collaboration and joined-up approaches to problem solving. Strategies suggested in this chapter, such as embedded workers and co-location, have helped to build relationships between service staff, but may not always be practically possible. Other methods can provide time and space for professionals to get to know each other's activities, such as staff shadowing each other or regular virtual get-togethers. For more information, see Creating a learning culture.

> "I know nothing's going to replace the occasional informal conversation across a table that ends up in a really positive outcome, but building those systems in place to do things virtually, like the virtual huddles and things like that … you can still get a lot of the benefits of that without having to face the challenges of practically having everyone in the same room."

Caseworker services play a key role in getting people the support they need

Although the aim of systems change is to help services to work together more closely to ensure that people's needs are met, stakeholders often reflected that the caseworker services developed by the majority of Changing Futures areas have been key to getting people the support they needed. As well as providing people with practical and emotional support, caseworkers have connected participants with a variety of services, advocated for them, and supported their attendance at appointments using a trauma-informed, relational, person-centred approach. Caseworkers have also supported joint working by taking a role in multi-disciplinary meetings. For further information on the caseworkers' role, see The role of Changing Futures caseworkers: A deep dive.

Case study: Hull – A 'hub' approach to joining up support

The Changing Futures Hub has enabled Hull to move beyond helping people tackle a crisis or find accommodation, to supporting people's continued recovery and progress towards a full life. Hull's experience demonstrates how the co-location of staff from different services can not only join up support for service users, but also enable staff to better coordinate and identify gaps in support. Hull's experience is also notable because the Hub developed through collaboration not only among services, but also through working with service users to develop a shared trauma-informed space.

Partnership working on multiple disadvantage had begun before the Changing Futures programme. The area was a Making Every Adult Matter (MEAM) Approach area, and services had started to work together more in response to the COVID-19 pandemic. The Hull Community Safety Team, MEAM, and the rough sleeper team collaborated to establish a hub in a council-owned building in Hull city centre. People could walk in to talk to the team and receive support.

The Hub successfully engaged people experiencing homelessness, but as more people accessed the service and discussed their circumstances, it became clear that people's needs were more wide-ranging than the original partners had anticipated. The Hub team had limited capacity to address these needs effectively. Using Changing Futures funding, the team was expanded further, and a variety of professionals from drug and alcohol services, adult social care, probation, mental health, and the Department for Work and Pensions were seconded to work together at the Hub.

Taking part in multi-agency outreach, staff from a range of services go out with the rough sleeper outreach team to meet people where they are, and engage people who cannot or are not ready to come to the services and might otherwise not be reached. As the team build rapport and trust, they encourage people to visit the hub to access other services and support when they are ready.

As the team grew, it became difficult to accommodate the various workers and service users. Using funding from the Single Homelessness Accommodation Programme (SHAP) and the local authority, the Hub moved to a new location and larger venue. The new Hub is located about five minutes from Hull city centre, and has been designed to provide a calmer environment with more space for private discussion. As a result, there are fewer incidents, and the team can engage in more meaningful interactions with people. The new Hub also includes a small outside space, shower facilities, a clinic room, space for group meetings, and flats where people can be housed under a Housing First-style initiative.[12] A key benefit of the new hub has been the addition of a health clinic and mental health support, which means that when people come in to use a service, they have also been able to address health concerns that might otherwise have led to an A&E visit.

[12] Housing First is an evidence-based approach to housing people with complex needs. For further information, see: https://homeless.org.uk/areas-of-expertise/housing-first/

An important aspect of the new Hub's set-up is that it has been co-produced with input from people with lived experience of multiple disadvantage. Those involved in the development of the hub visited other services to gain ideas and learn about what has worked elsewhere. This helped to highlight the importance of creating a welcoming and safe environment based on principles of psychologically informed environments.[13] This included giving thought to how information was communicated on signs and noticeboards, and how stimulating the environment was, as well as having staff on view and accessible.

The co-location of staff and weekly operational meetings, to which wider partners not based at the hub (such as voluntary and community groups, women's groups) are also invited, helped to build stronger working relationships and cross-organisational understanding of how to support people experiencing multiple disadvantage.

A shared case management system was used to document interactions and share information on people receiving support from Changing Futures. This helped to enhance communication and risk management, and supported the team to develop, document and share single support plans, which the various services have fed into and work together to deliver.

> "The joint case management system has really pulled that together, because the utopia is when you get one support plan around a person, and it's not the drug services support plan, the social care support plan, the housing worker support plan, but we've got one support plan."

By working more closely with other services, the Changing Futures team are able to better identify and address gaps in support. For example, they used Rough Sleeper Initiative funding to employ a worker to help people move on from living in hostels.

As the hub now provides room for meetings, the Changing Futures team are identifying meaningful and enjoyable activities that people can get involved in.

> "Now we're [focusing] on meaningful use of time and what will keep people out of the city centre, off the streets, in their accommodation, without being bored and going back and relapsing again."

[13] Psychologically informed environments are designed to consider the emotions, trauma and past experiences of people entering that environment. For further information, see https://homeless.org.uk/knowledge-hub/trauma-informed-care-and-psychologically-informed-environments/

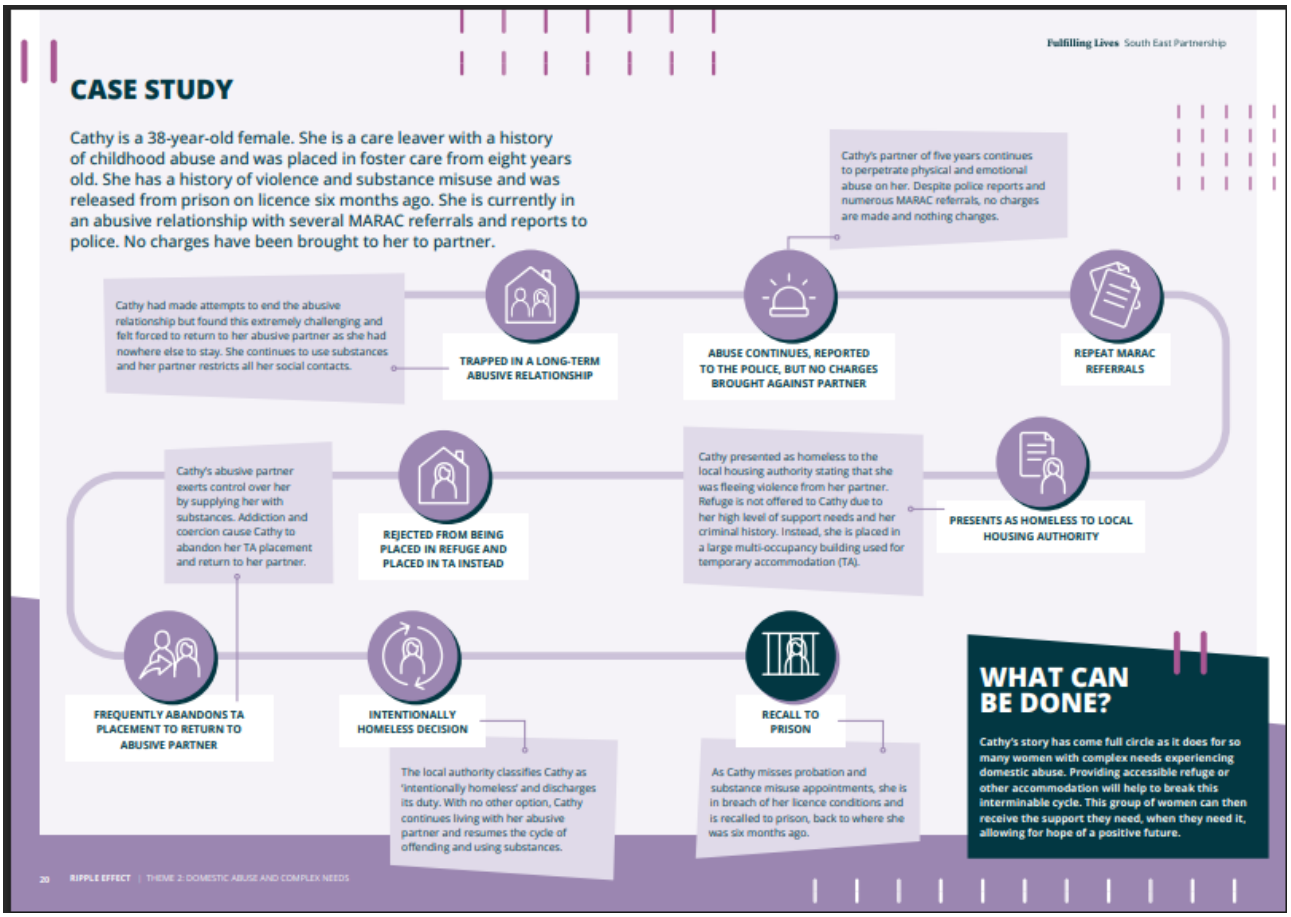
Getting started: Building awareness of the local service system

This chapter shows how Changing Futures teams laid the groundwork for joining up services, by helping professionals better understand the local service system and encouraging their collaboration.

One approach is to start from the perspective of the service user. By understanding how the system looked to people experiencing multiple disadvantage, and how people were moving through services, areas could identify opportunities to improve outcomes. Several Changing Futures areas did this by constructing service user journey maps.

Service user journey maps reconstruct service users' interactions either with a single service or across multiple services over time. When maps are built for multi-service journeys, they can help stakeholders better understand how services are engaging with users, what systemic issues are impacting users' experiences of support, and the opportunities for services to better coordinate support.

Below is an example of a composite service user journey map produced by the Fulfilling Lives South East Partnership. You can read more about their work in the report [Ripple effect: The systems change impacts of Fulfilling Lives South East Project].



Service user journey maps can be constructed collaboratively with service users or employing service user data. In the case of Changing Futures, areas used both case

histories and other data on individual service use as their starting points. An advantage of workshop-based approaches is that by enabling professionals to construct journey maps together, different services can contribute to analysing the problem.

Producing journey maps collaboratively can be the beginning of making changes in the system:

> “The process that the professionals have gone on in creating that map is what is critical, and is often what has shifted things.”

For more on service user journey mapping, please see the Resources and further reading section, and the chapter Improving data and insight.

Resources and further reading

Golden Key Bristol (2022), Five System Challenges. This tool, developed as part of the Fulfilling Lives programme, provides reflections on five key system issues (lack of appropriate options, assessment and referral processes, transitions, shared accountability, culture and mindset) and tips for approaching them.

Health Improvement Scotland (2025), Journey map package. This suite of tools supports journey mapping. It includes videos explaining the difference between journey mapping and system mapping, and provides templates to support your mapping activity. It focuses on mapping a journey through a single service, but aspects could be adapted to continue service users' journeys through the system of services.

The evaluation of Stoke-on-Trent's Multi-agency Resolution Group (MaRG) discusses the potential for multi-agency meetings or case conferences to identify opportunities to improve interagency coordination and address 'sticking points' in the system. The article Team Around Me: a case coordination model for clients experiencing multiple disadvantage describes an approach to multi-agency case conferencing, developed as part of the National Lottery Community Fund's Fulfilling Lives programme.

5 Ensuring equity for underserved groups

Why is focusing on underserved groups important?

The Changing Futures programme sought to build services' understanding and capacity to better engage and support people from groups who were often under-represented among service users experiencing multiple disadvantage – including women, and people from ethnic minority backgrounds. Focusing on these and other underserved groups is important, given that:

1. Even services targeted at people experiencing multiple disadvantage – which are intended to address service exclusion – can fail to reach and engage some groups equitably. The Changing Futures programme mainly reached middle-aged white men: only 36.5 per cent of participants were female, though this varied by area. Similarly, the participation of people from ethnic minority backgrounds was lower than might be expected in some Changing Futures urban areas with ethnically diverse populations.

2. Women and people from ethnic minority backgrounds can experience multiple disadvantage in different ways to white men. For example, racial trauma may form a part of experiences of multiple disadvantage among people from ethnic minority groups. Women can have gender-specific reasons for avoiding engagement with statutory services.

3. There is evidence to suggest that women may form the majority of those experiencing certain extreme forms of multiple disadvantage.

4. Efforts to engage and support more women and minority ethnic groups can be a first step towards building local systems that respond to all forms of multiple disadvantage and do not leave any groups behind. This could also contribute to wider efforts to achieve equitable access to public services.

This chapter explores some of the steps that Changing Futures areas took to improve equitable access to support services. For additional information on how multiple disadvantage can be experienced differently by different groups, and how the Changing Futures programme responded to this, see Evaluation of the Changing Futures programme: Fourth interim report.

Things to consider

What changes could you make to improve equity of access and support?

- **What groups experiencing multiple disadvantage are being underserved?** This might include groups with protected characteristics, or people with shared experiences, such as child removal or immigration status.

- **How might problems such as homelessness or mental health needs manifest differently in different communities, or for women compared to men?** Be alert to how definitions of disadvantage, eligibility criteria, and routinely collected data could be contributing to inequities in support.

What is available to build on?

- **What different sources of local data, including qualitative data, are available to investigate which groups are missing out on support or being poorly served?** Bringing together qualitative and quantitative data from multiple sources can be a way to understand more about who are being underserved, and how. It can also help to identify gaps in intelligence, which can be addressed through commissioning research or improving service data collection.

- **What previous experience or learning do you or your partners have that can be used to identify changes to local services?** Piloting support can be a way to generate learning and influence other services.

Who needs to be involved?

- **What local organisations or networks have relationships with and knowledge of the target groups?** What services are supporting women and minority groups experiencing multiple disadvantage? Working with and through specialist projects and organisations can be effective, and makes the most of local expertise and relationships.

- **To what extent are you working with these organisations now?** Explore different ways in which you could partner with organisations that have specialist knowledge and experience. Make sure you involve them in service design and commissioning processes.

- **Could your workforce better represent the people you are trying to reach?** Consider how you could change your recruitment or commissioning processes to involve people and groups from the communities you need to reach.

What were the barriers?

Lack of visibility of people in local data or to local organisations

Local areas described challenges in identifying women and ethnic minorities who are experiencing multiple disadvantage, and a lack of effective ways to do this. In some cases, data was not collected to enable this identification. Sometimes stakeholders described having what they presumed would be effective channels for identifying people, but these did not always work:

> "We went out to specialist organisations that work with different ethnic minorities, and said to them, 'Who are the people that you think we should be working with, can you give us names or details that you would like to see support of?' And I guess the reality is that we actually got very little back, and I've never fully understood why that was."

Mistrust and poor communication by services with communities

In some cases, Changing Futures described a lack of trust towards local services from women and people from ethnic minority backgrounds. Women who had experienced child removal avoided presenting to services. There was a perception among some Changing Futures areas that 'those communities look after themselves', or that there was a problem of trust between local communities and services. However, when a team member in one area carried out some research with people from ethnic minority communities, they found instead a lack of communication and contact from public services, with the communities described not receiving information or being engaged:

> "I got the feeling from what we did hear back that some groups were just, sort of, saying, 'Nobody tells us anything. Nobody invites us to these spaces. We don't know about these programmes. We don't hear about them.'"

Lack of understanding on how to adapt services for different groups

Changing Futures areas also described services not understanding the need for different approaches for different groups, and a lack of detailed knowledge about the type of support different groups needed, or how to adapt services accordingly. This includes adapting support for people who are neurodivergent. For instance, one Changing Futures project described how an autistic member of the team would tailor support for neurodivergent service users, but that not all services they worked with were willing to do this.

What worked well

Using a wide range of data to identify 'missing' groups of service users

Areas used data on referrals and participation in their services to identify differential levels of access and engagement for different groups of people. Where a Changing Futures service could see that they were not working with as many service users from a particular community as they expected, they worked with colleagues or partners to use data to understand those gaps. For example, when one area noticed that their cohort was largely white, they began examining ethnicity data.

Others used data from other services, such as adult social care and the NHS, to identify specific needs among people experiencing multiple disadvantage in their local area. Examples include data on street-deaths, insecure immigration status, and women who had experienced child removal. People missing from services can also be absent or inaccurately represented in the data. One stakeholder pointed out that often adults with autism are undiagnosed, and so this need does not appear in the data. Another highlighted that services do not always collect data on protected characteristics:

> "… some services, when we've asked for [demographic data] we've had real pushback … that's often couched in the narrative of, 'Doing this, collecting demographics reinforcing difference,' instead of understanding that, 'Understanding the demographics of a particular community, or of your service users, allows you to shape your support offer based on who's accessing your service.' And it allows you to ask particular questions like, 'Who is not coming?' You know? 'Who is not arriving at our doors? Why are they not arriving at our doors? What can we do to reach them?'"

Stakeholders also looked at what hidden needs were being identified in other Changing Futures areas, and reached out to community and specialist organisations to see what their service user data showed:

> "We went to specialist women's organisations and said 'Who do you have?' And they came back with lists and lists of people."

As well as using data, areas commissioned or carried out research and consultations to better understand multiple disadvantage within different communities. This included working with specialist organisations.

Building links and sharing intelligence with specialist and community organisations

An early action by many Changing Futures areas was to build links with, or make use of existing relationships with, specialist and community organisations. The aim was to access intelligence on different groups, and inform organisations of the support available for people experiencing multiple disadvantage. Such specialist organisations may already be delivering a service focused on multiple disadvantage. For instance, several Changing Futures areas worked with networks that brought together organisations working with women experiencing various forms of disadvantage. Others described gaining more

information on different ethnic minority groups by reaching out to community organisations and using community networks and social media:

> "So, I'm part of as many forums as I possibly can be around inequality, so there's a fantastic WhatsApp group that I'm involved in … and that gives me loads of different information from community groups, including BAME communities, the local mosques around what they're delivering within their communities to support."

Reaching out to staff in Changing Futures and other services who were from different communities was a way of gathering more insight:

> "They've got a very massive South Asian community there and they're not having people come forward from those backgrounds, and we were talking about what we can do to try and change that, basically. And [Changing Futures staff member] was saying, you know, it's really difficult, it's a trust thing."

Questioning definitions and eligibility criteria

The Changing Futures programme's decision to use a definition of multiple disadvantage that encompassed domestic abuse enabled more women experiencing multiple disadvantage to access support, compared to earlier multiple disadvantage programmes.

Over the course of Changing Futures, local areas continued to develop an awareness of the effects that definitions and eligibility criteria have on different groups. One stakeholder explained how the language used to talk about multiple disadvantage could affect whether communities recognised that available support was relevant to them:

> "And I think the other thing is, where referrals come from, how SMD [severe and multiple disadvantage] is described, because in some communities – I mean, in most communities actually – SMD sounds a bit abstract. People wouldn't see themselves in it, but they might be experiencing those difficulties."

One area reviewed data from service users who had been assessed but had not quite met the threshold for the multiple disadvantage service, to understand how multiple disadvantage may manifest differently according to a participant's ethnicity. They found that people from South Asian backgrounds may be more likely to experience particular kinds of housing need (for example, overcrowding). The area then adapted their definition of housing needs so that people experiencing overcrowding would be picked up during assessments and supported accordingly.

Diversifying teams: changing approaches to recruiting and training workers

Changing Futures areas used several strategies to ensure that their workforce could better engage and support underserved groups. First, projects recruited staff with diverse characteristics to deliver services to specific groups, because they recognised the value of a range of perspectives stemming from diverse backgrounds and experiences. This could improve frontline delivery and the trust that different groups had in a service:

> "And because we have a diverse team, people are bringing different things to that referral, offering up other suggestions and maybe other thoughts about what might

be going on for that individual, what might work, what might not work, all of that kind of stuff."

Areas also delivered training and awareness-raising sessions, workshops, forums and 'ideas spaces' to share knowledge and practice regarding the experiences and needs of marginalised groups. In contrast to 'off-the-shelf' equality, diversity and inclusion training, Changing Futures areas produced resources that looked at diversity within the context of multiple disadvantage and trauma – for example, exploring racial trauma. One area developed training relating to people from ethnic minority backgrounds, including anti-racism training, and also commissioned training on intersectionality within domestic abuse – see the Case study on Plymouth: Connecting learning support to improvement activity. Areas also disseminated research findings through local stakeholder events, to reach different audiences.

Commissioning specialist organisations

Changing Futures areas worked closely with specialist organisations who were already in contact with and understood target communities. Some Changing Futures projects funded caseworkers or outreach workers within specialist organisations, or commissioned them to deliver multiple disadvantage projects. These arrangements enabled outreach to (or referral of) people from different groups to those addressed by Changing Futures, and helped ensure that support was tailored.

This approach also created links between mainstream and specialist services, and contributed to greater understanding of multiple disadvantage within specialist services. For example, one area embedded multiple disadvantage workers in both a women's organisation and an organisation specialising in supporting people from ethnic minority backgrounds who were experiencing multiple disadvantage. As a result, there was greater information exchange between the organisations. For example, a Changing Futures women's group met with the women's organisation, and exchanged information on the different activities available to service users:

"That could have happened before, before we had the [embedded worker], but it didn't. I think we just improved our understanding of what Changing Futures is and how it worked and what's going on, and that's to everybody's advantage really."

Commissioning and funding that recognises one size does not fit all

Changing Futures areas identified that in some cases, separate services are needed for women and minorities experiencing multiple disadvantage. For example, women who have been victims of abuse may need a space that is not only trauma-informed but separate from men's services, so that they do not run the risk of encountering perpetrators. Areas worked with commissioners to set up women-only spaces, including replicating multi-agency hubs within spaces where women feel safe:

"So, for example, our colleagues in substance use or housing, what we've said to them is, 'Can you get your workers co-located with specialist women's organisations? Could you look at having separate, women's only spaces in the city somewhere?' That sort of thing … you've heard of warm spaces nationally, or welcoming spaces, can we build on that and create safe spaces for women?"

Another area described working with commissioned services to enable them to adapt what they do for different groups:

> "We've supported that organisation to think about how it can adjust its behaviour change programme. So, [it] is an organisation that works with people who cause harm, whether in intimate relationships or not, and … the predominant 99 per cent of the cohort has been older men. And what we've done is supported [the organisation] to look at how they might adjust that programme so it's targeted more effectively to work with younger people…"

Using networks and forums to identify opportunities to improve services

In some areas, Changing Futures teams introduced and led forums to focus on and drive improvement in supporting specific underserved groups. For example, one area led a forum on women experiencing multiple disadvantage. This had cross-sector and lived experience representation, and considered the challenges, areas for improvement, and actions needed for change.

Other areas created a Black-led forum and an anti-racist working group, bringing together global majority stakeholders and, in the case of the anti-racism working group, allies. These forums connect stakeholders from different services to build awareness of one another's work, agree on changes required in the system, and identify opportunities to collaborate to improve services and systems. They also provided a reflective space for people to consider their own experiences and practice, and seek support and advice from others. These forums can have wider ripple effects:

> "And so, what was really nice is the allyship network was able to just provide a space to listen, to hear them out and then give a little bit of advice. But not in any particularly directive way, of just kind of going, 'Oh well, maybe you could try this or you could try that.'"
>
> And it's led to them going back to their organisation and saying, 'Why don't we have an anti-racist policy? We need to do this.' And that's now going up to the board and they're looking to bring in some training."

Other areas have joined forums to increase the focus on multiple disadvantage locally, and to facilitate greater joining-up between activities targeted at specific underserved groups and work relating to multiple disadvantage. For example, in one area the Changing Futures team are a member of the Gypsy Roma working group, and in another they are part of an action group to improve outcomes for women going through the criminal justice system.

Case study: Sheffield – Identifying and addressing a gap in support for women with experience of child removal

Improving support and systems for women experiencing multiple disadvantage was one of Changing Futures Sheffield's priority areas. The team's work on child removal demonstrates the value of working with people from underserved groups and specialist organisations, to both identify and develop responses to unmet needs.

The Changing Futures team used data from multiple sources to build a better understanding of where in the system women were not being engaged effectively, and why this might be. This included analysis of referral data from and discussions with a range of statutory services, workshops with women accessing services in the local area, and analysis of monitoring data on women supported by Changing Futures.

They found that statutory services were struggling to engage women effectively, despite a high volume of referrals. Women were often mistrustful of statutory services because of previous negative interactions with them, especially relating to the removal of their children. Three-quarters of the women being supported by Changing Futures at that point had experienced child removal, yet there were few services in Sheffield supporting them, and those that existed had strict eligibility criteria that limited access for some women.

Having identified this gap in support, the team conducted further research to confirm the likely need and demand, to understand more about the nature of support that women might benefit from, and to build a business case. One particularly important finding was that there was a gap in accommodation for women affected by child removal.

Changing Futures Sheffield presented their research findings at every opportunity, and with a wide range of stakeholders. The team had been meeting regularly with Target Housing, a social landlord organisation aiming to develop a women-specific service, and the findings struck a chord with them. Target Housing agreed to collaborate with the Changing Futures team to design and introduce a new service. The partners sought grant funding from the National Lottery for an eighteen-month pilot, which provided an opportunity to test and learn through service delivery.

Target Housing and the Changing Futures team worked to design the service in consultation with women who had experienced child removal. Women were recruited from clients of Changing Futures, Target Housing and other local services. Consultation sessions focused on women's experience of the process of child removal, to identify how services could have better supported them. Women explained how they felt alone, unsupported and unrepresented through care proceedings, and found the processes involved overwhelming and difficult to navigate without help. They also highlighted that they would have benefited from earlier advocacy and support when pregnant or going through care proceedings. This insight heavily informed the design of the service.

The pilot service, named 'Growth', supported women at risk of child removal, as well as those whose children had already been removed, and prioritised women with accommodation needs. The main service could support twelve women at any one time; it provided supported accommodation with space for children, to allow overnight visits,

as well as one-to-one support and advocacy, psychological therapy, support with care proceedings, including access to a solicitor, and peer support.

The Changing Futures team and Target Housing also pursued opportunities to increase awareness and understanding of the needs, experiences, and support gaps for women experiencing multiple disadvantage and child removal. Through day-to-day engagement with services, Changing Futures and Target Housing helped services to identify more appropriate ways of engaging with women who have experienced child removal. For instance, they drew attention to the potentially traumatising effect of asking women about their past experience of child removal, if this information was not necessary for support planning. They also encouraged services to be sensitive in the language used when discussing motherhood and children. Target Housing worked with the pilot service's peer support group to develop toolkits on navigating care proceedings for women and the professionals supporting them, to improve their understanding of the process and women's rights.

At the time of writing, continuation funding for the service had not been secured. However, the increased local focus on and understanding of child removal as an issue specifically affecting women experiencing multiple disadvantage, and the positive reception of the pilot service, has prepared Sheffield to provide more effective support in the future.

Case study: Westminster – 'Micro-commissioning' and building the capacity of organisations supporting underserved groups

Eastern European rough sleepers were regularly flagged in case escalation forums and co-production groups in Westminster, as caseworkers were struggling to support them. They were also overrepresented in safeguarding forums and death reviews, particularly street deaths related to alcohol use. Caseworkers faced difficulties including language barriers, and a lack of understanding about, and resources available for, people with no recourse to public funds.

Changing Futures Westminster commissioned Barka, a by-and-for lived experience organisation supporting people from Central and Eastern Europe who are experiencing homelessness, to deliver a pilot to improve support for this group. Their experience demonstrates that community organisations can better assist underserved groups, but may need capacity-building support and adjustments to the commissioning process to do so.

Barka engaged people in their own language to understand what their needs and concerns were. They had knowledge of the legal systems in both the UK and people's home countries to help respond to those concerns, and, where appropriate, support their repatriation. They were able to help people enter rehab in their home country, because rehab in the UK often proved inaccessible for people who were not UK nationals. Barka also offered translation support to other services working with Eastern European rough sleepers, and shared their knowledge about the barriers this group might be experiencing, along with practical solutions.

As Barka was a relatively small-scale lived experience organisation, it was necessary for Westminster City Council (the lead organisation for Changing Futures Westminster) to be flexible in their usual commissioning requirements. This included relaxing required levels of professional indemnity insurance, frequency of meetings, and monitoring reports.

> "If you're working with by-and-for organisations that might be mainly made up of volunteers, you've got to meet them halfway in terms of the things you want and the things you can make do on. You've got to recognise your service landscape is an ecosystem, and if you have found an organisation that is new to your ecosystem, they're going to need support to get embedded within it and use their resource to the best effect. That takes time, but it's time well spent."

The pilot initially involved a small amount of funding (£10,000), which was extended once it was clear that it was working well. In addition to positive outcomes for participants, Barka's input has helped caseworkers to feel less 'stuck' when trying to support this group.

The Changing Futures Westminster team also put in place strong support mechanisms to encourage partner organisations to work with Barka, thereby facilitating relationship-building with these organisations. For example, at the start of the pilot they held an event introducing Barka to organisations relevant to their work. They then held a series

of face-to-face meetings with organisations that were interested in working with them, to understand the organisations' needs in relation to Eastern European rough sleepers, and how Barka could help them respond. This ensured Barka's time was being used effectively, and also encouraged partner organisations to trust that working with Barka was worthwhile. They also hosted a steering group to maintain oversight of Barka's work and support them through any issues they encountered. Finally, they produced a short report following the initial pilot, highlighting the quick wins they had achieved, to further encourage partner organisation buy-in. Those organisations are now proactively approaching the Changing Futures Westminster team to suggest people who would benefit from Barka's support.

Changing Futures Westminster described their approach with Barka as 'micro-commissioning'. It involved an initially small pot of funding, which did not require a competitive tendering process, and provided hands-on support to help embed them in the support landscape; this prepared them for future, possibly larger, commissioning opportunities. They highlighted the importance of understanding the council's procurement code, and opportunities for navigating this in a way that is beneficial for commissioning small by-and-for organisations, which may lack the resources to respond to standard procurement requirements. They also emphasised the need to provide capacity-building support, including bid-writing training and introductions to other funders, to help them obtain further funding.

Lessons learned

Don’t make assumptions about which groups are underserved

In some cases, the groups that Changing Futures areas identified as underserved differed from stakeholders’ expectations or what was being monitored. For example, one area noted that while local services focused on monitoring ethnicity, analysis of the data available on women suggested there should have been a greater concern for gender equity:

> “A lot of organisations weren’t even looking at service delivery through the lens of gender. So, accessibility of data was really poor, where we did have it, it seems to suggest that women were less present in support services but were overrepresented in forums of concern, so safeguarding, MARAC, stuff like that … we got some really interesting stuff from women about why that might be and what was going on there.”

Changing Futures projects also identified that where people belonged to more than one excluded group (sometimes termed ‘intersectionality’), such people could experience extreme forms of exclusion from services. For example, one stakeholder described the exclusion experienced by some groups of women migrants:

> “Having an insecure immigration status is a significant [multiple disadvantage] that is not recognised as [multiple disadvantage] … if they have children there’s a lot more complexities for that particular woman. A lot of refuge places that are made available to women with no recourse to public funds don’t take in children, for example.”

Lived experience groups may also need to be diversified

Changing Futures co-production activity often recruited participants from among service users. As a result, lived experience groups are likely to mirror the lack of diversity in services. As one interviewee explained:

> “I think our [service user] groups really reflect the service. So, [the organisation] who hold the main contract, it is primarily a housing service that supports rough sleepers which tend to be white, male, middle-aged men.”

Diversifying the opportunities available for people with lived experience to get involved may help. For example, one Changing Futures project initially only had a lived experience board, but found that not everyone was comfortable in that environment. Thus, they developed different forums and meetings that would enable people with lived experience to be involved in different ways, including a drop-in session:

> “So, we’ve tried to create different ways for people to start to come in including, kind of, drop ins. We’ve got … sessions where they can come in and collaborate and chat and stuff, and it’s a bit of a community. We have much stronger diverse voices on the experts by experience board than we used to. But it’s attracted new people in and actually, they’ve brought friends or associates or advised people to come along, and they’ve put their foot in the door as well.”

Another area set up co-production groups for specific groups to work on issues most relevant to them. For example, a co-production group for young people identified key

challenges with housing; they were able to feed back directly to those managing the young adults pathway, about the improvements they would like to see.

Case study: Westminster – Diversifying the workforce by changing recruitment and development

The City of Westminster is highly diverse, with 56 per cent of its residents born outside the UK. Engaging and supporting people from global majority backgrounds was a key focus for Changing Futures Westminster.[14] They wanted to diversify their staff team to make it more representative of the community it served, build the community's trust in the service, and increase the cultural sensitivity of support. Their experience demonstrates the value in taking a second look at human resources policies and processes, to identify how to reduce barriers to equity.

The team's 'specialist practitioner' role (similar to a caseworker) required a higher education qualification. In the initial pool of applicants for the role, those with a higher education qualification were predominantly white. However, the team received high-quality applications from people from global majority backgrounds who did not have a higher education qualification but had strong experience, understanding of the local community's needs, and a passion to meet these needs. They therefore decided to remove the requirement for this qualification, and instead placed greater emphasis on relational skills, relevant lived and learned experience, experience of working closely with people experiencing multiple disadvantage, and a robust understanding of trauma-informed practice and interventions.

They also changed recruitment processes to assess skill in engaging and supporting people from global majority backgrounds. This included asking applicants to review and comment on a case study of a fictional young person of mixed heritage, to assess applicants' cultural sensitivity; particularly their awareness and understanding of the impact the young person's ethnicity might have had on their experiences. Applicants had to interact and try to engage with a former Changing Futures participant, who was roleplaying as a potential participant who was reluctant to engage in support. This participant then gave feedback to the hiring manager. This helped in assessing applicants' ability to build a rapport with people with lived experience of multiple disadvantage, which was felt to be particularly important when supporting people from global majority backgrounds, who may have been especially let down by services in the past. It also helped applicants who might not thrive in more traditional, structured interviews to showcase their skills.

> "What are the things that mean people from the global majority might not have been able to access services? They don't trust them, they feel they can't communicate with them, they can't build that rapport with somebody, they don't think that service is there to meet their needs. So, the foundation of our approach is relationship-based. Staff who can make sure people feel listened to, heard and valued. Then you can build the other skills."

The team was able to hire people with strong engagement skills and cultural sensitivity, as well as being ethnically diverse. Once recruited, training supported the staff's understanding of historical race relations in the UK, to help contextualise some of the

[14] Westminster has adopted the term 'global majority' instead of ethnic minority. This case study uses Westminster's preferred terminology.

challenges participants might be facing. They also trained staff to incorporate cultural considerations into therapeutically informed support for people using genograms[15] (diagrams of family relationships).

[15] Many Changing Futures Westminster participants were born in the UK, although their parents were not. Genograms can help participants to think about how intergenerational experiences, including those related to their culture and ethnicity, such as family members' arrival in the UK as immigrants, may impact a person and their relatives' current behaviour and experiences.

Getting started: Identifying missing viewpoints

Each of us has a range of experiences and perspectives that can help us to be alert to the needs and experiences of different people. Our experiences can also be a source of misunderstandings or assumptions about others: for example, grouping people together who are not truly similar, or assuming that one person's experience of a problem or service is the same as for others.

Together with your team or partners, take some time to think about the different roles or identities that you collectively have, and those you do not.

Different identities or experiences that Changing Futures local areas found made a difference to people's experience of multiple disadvantage included:

- Neurodiversity, brain injury or learning difficulties
- Gender, and gender-specific experiences such as violence against women and girls
- Being a parent, including of children who are separated from you
- Ethnicity and nationality, including EU nationals, Gypsies and Travellers
- Immigration status: for example, being an asylum-seeker or refugee, or having no access to public funds
- Age, particularly being a younger person
- Sexual orientation
- Having no or limited English language skills

Consider:

- What groups are/are not represented in your volunteers or lived experience groups?
- What groups are/are not represented in your frontline workforce?
- What groups are/are not represented at senior management level?
- What groups are/not represented in organisations you work with or partner with?

Resources and further reading

Sosenko, F. Johnsen, S. and Bramley, G. (2020), Gender Matters: Gendered patterns of severe and multiple disadvantage in England. Research demonstrating how using an alternative definition of multiple disadvantage reveals a different picture of who experiences multiple disadvantage, and showing the extent of domestic abuse among women experiencing multiple disadvantage.

Al-Hurraya and University of Nottingham (2024), Experiences of severe and multiple disadvantage within ethnically diverse communities in Nottingham. This report explores the role of racism and identity in the experiences of multiple disadvantage within Nottingham's ethnic minority communities. It was commissioned by Nottinghamshire Healthcare NHS Foundation Trust, NHS Nottingham and Nottinghamshire Integrated Care Board, and Nottingham City Council.

Justine Adams, Highlight report on women facing multiple disadvantage and child removal. This research report, compiled by Changing Futures Sheffield, evidences the gap in services for women who have experienced child removal.

Solace Women's Aid (2025), Women's Rough Sleeping Census. Women are under-represented in rough sleeping statistics. The Women's Rough Sleeping Census collects data to increase the visibility of women who are rough sleeping, build understanding, and advocate for change.

Ministry of Housing, Communities and Local Government (2024), Understanding domestic abuse interventions for women experiencing multiple disadvantage. A rapid review completed as part of the Changing Futures evaluation. The report summarises evidence on effective interventions that help women experiencing multiple disadvantage to access and engage with services.

6 Creating a learning culture

Why is a strong learning culture important?

The Changing Futures programme set out to create lasting changes to local service systems, to ensure effective support for people experiencing multiple disadvantage. A strong learning culture plays an important role in achieving this, by:

1. Fostering a sense of curiosity among stakeholders about how and why the system works as it does. Understanding the system is an important precursor to identifying areas for change.

2. Ensuring staff have opportunities to reflect on and improve their practice. As well as helping staff to deliver effective support to people, reflective practice can also benefit staff's wellbeing and job satisfaction. See the chapter on Supporting trauma-informed working.

3. Capturing detailed learning on what has worked well and less well. This is essential to allow services to improve and adapt to changing circumstances and newly identified needs. Sharing this learning widely helps other services and areas to avoid the same mistakes and to implement effective practice.

4. Providing conditions conducive to partnership working and collaboration.

Things to consider

What changes could you make to promote a learning culture?

- **Do organisations value and seek to capture knowledge developed by practitioners and service users?** To what extent does learning from the frontline reach managers, commissioners and other decision-makers? How well does learning and expertise flow between services, organisations and commissioning teams?

- **What barriers and enablers to learning and adapting their practice do staff face?** Do you understand the organisational constraints (for example, workforce time) on learning and innovation that services are experiencing? How might you get more insight into these?

- **What are the ways to make learning easy to engage in?** Provide a range of channels for people to access learning. Focus on providing practical insights and tools that help people with their role.

- **How could a learning culture become part of business as usual?** Are time and resources for learning activities (training, reflective practice, etc.) built into funding and commissioning specifications? How are staff and contracts managed – are people encouraged to try news things and share failures?

What is available to build on?

What networks and forums are there in your local area? Could multiple disadvantage be introduced into their agenda? Could the membership be broadened to allow cross-sector learning and innovation?

Who needs to be involved?

- **Where is there already energy to work on a particular issue?** Connecting learning to agreed priorities, or to projects that people are already working on, can help to increase engagement with learning activities and grow the learning culture.

- **Put people with lived experience at the centre.** Exploring how services are experienced from the clients' perspective can produce valuable learning. Involve people with lived experience in the design and delivery of learning activities, to maximise their impact.

- **Who else has relevant expertise or practice learning to feed into your priority topics?** Are there academics or local university teams whose work is relevant to multiple disadvantage, or to your priority system changes?

What were the barriers?

Lack of capacity

Working conditions for frontline staff in some services could be intense: strong demand and high levels of absence or staff turnover led to stretched capacity and large caseloads. This limited opportunities for staff learning and development during the working day. Stakeholders observed that commissioned service specifications rarely allowed for dedicated time to gather and share learning, or indeed to implement any changes as a result. Some stakeholders said that while there was a growing use of reflective practice, this existed only in pockets.

> "Everybody is so busy, capacity is relatively low in the system at the moment, and there's almost no time to put your head up and have a look and think, 'Right, how can we do this better and differently?' Because you know, the minute you put your head up, you've got your next client coming towards you."

Risk aversion and rigid contracting

There was also a lack of willingness to try new approaches, due in part to risk aversion. Services staff lacked the necessary freedom and flexibility to make changes in response to learning from experience. Traditional approaches to project monitoring and contract management helped create a culture that did not support trialling new approaches, which might be unsuccessful but would generate learning. On the frontline, when things went wrong, such as aggressive incidents with service users, these were not recognised as opportunities for learning.

Barriers to learning flowing upwards and across the system

Where innovation and learning was happening, Changing Futures stakeholders said it was often in silos and not shared. This included learning and knowledge not being used to inform commissioning; there were instances where staff in one part of the system were planning to develop services without using knowledge from similar services elsewhere in the system.

Lines of communication with strategic players were often lacking. There were limited opportunities for people with lived experience and frontline staff to share their views and experiences with decision-makers. Furthermore, there was a lack of sufficient resources and infrastructure to support the flow of learning and collaboration.

Limited involvement of people with lived experience

The involvement of people with lived experience was less developed at the start of the programme. Issues highlighted by stakeholders included a lack of knowledge among services about lived experience groups, over-reliance on one group, or members of lived experience groups not being representative of the wider population of people experiencing multiple disadvantage. Current service users were less likely to be involved.

Where involvement did occur, it was sometimes judged to be tokenistic, just a ‘tick-box’ exercise. This was attributed to the persistence of historical power relations and top-down cultures:

> “There are power relationships … you should be able to dance a new dance and the people that are trying to do that and have been spending a lot of time doing that, are usurped by old power values that still exist.”

What worked well?

Developing and protecting opportunities for learning

Changing Futures either created or built on processes and spaces that helped workers come together and share learning, both within and across organisations.

At an organisational level, some Changing Futures teams designed or redesigned processes such as staff supervisions and team meetings. For example, one project set up group sessions to review casework and capture frontline learning; it also looked at how to make the resulting insights available to stakeholders. It enabled staff to learn from and improve their professional practice by creating opportunities for reflection, and providing support and resources for personal development:

> "Staff get together and, again … it's not case management, it's so they talk about their feelings, their emotions, their challenges around this work. Within that context as well, we have one-to-ones on a regular basis with staff and in terms of their development or training needs or anything they want to do, if we've got the budget to do it and it's relevant, they can do it."

As a result, caseworkers began to have a different 'cultural mindset', to think more about work in terms of what they were learning.

Some Changing Futures partnerships set up or developed communities of practice, to enable practitioners from different organisations to collectively discuss aspects of working with people experiencing multiple disadvantage. Cross-organisational training programmes were also used to bring people together to pool learning, so that, as one stakeholder explained, local professionals would:

> "… get multiple perspectives on the same issue, which I think is much better than the separate organisations trying to do that training separately."

Training and learning activities included ones that focused on a particular issue, such as neurodiversity; on ways of working, such as involving people with lived experience; or on a particular sector, such as health.

Connecting training to projects and priorities

Changing Futures teams' experiences with training suggest that it best supported change and adaptation when it connected to priority projects on which people were working. In some areas, those developing training consulted with partner organisations to understand areas of concern or interest, and learning support ran alongside partners' efforts to make service improvements.

Centring the service user perspective

Activities to support learning and improvement in Changing Futures areas often focused on enabling organisations to examine their services from the user's point of view. This included raising staff awareness of service users' experiences, undertaking user experience research, and working directly with people with lived experience to review services.

In some areas, people with lived experience were involved in shaping and delivering training offers. This is discussed further in the chapter on trauma-informed working.

Some areas produced learning materials and resources that encouraged greater understanding of the lived experience perspective. For example, one area produced a video recreating the experience of prison release, to illustrate the challenges of travel and appointments (with probation, to secure benefits, housing etc.) expected on the day of release.

> "We produced a video where we did a fictitious prison release. It's one of the staff members, but actually going through a real-life scenario of somebody being released and the expectation for them to do things … a bit like a video diary … [it demonstrated] the reality of it and what the different challenges were, and offering some solutions."

Areas undertook a range of research and evaluations to understand how people were experiencing services. For instance, one area had peer support workers collect feedback from service users, with conversations focused on service users' goals. The peer support workers could engage in conversations that people might not feel they could have with their support worker:

> "The peer support workers will do three-monthly check-ins with that person to say, 'Are you happy with how things are going?' So, rather than the support worker being like, 'Are you happy with me?', you've got the peer support worker saying, 'How's it going? When I met you at the beginning you wanted to do some of this stuff, are you actually doing that?'"

A key achievement of Changing Futures projects was promoting co-production to local commissioners and service providers. This involved both providing support for co-production, and demonstrating its benefits. Areas held training, provided staff expertise, and organised networking opportunities around co-production. They championed user involvement at every opportunity:

> "[When] we're in different meetings, I will always say, 'Well, have we consulted with the service users?' And now it's becoming commonplace that my peers, heads of different services within adult social care, are all making sure that happens."

Multi-stakeholder review and reflection

Bringing together people from different parts of the system, including service users, was key in helping services to learn and to identify ways to improve. Hearing from different perspectives, such as staff and board members with lived experience, injected new insights into conversations. People described that if they could connect to others who were working on solving the same problem, this allowed them to "just think about how we do things differently."

Case study: Plymouth – Connecting learning support to improvement activity

The Plymouth Changing Futures team's approach to fostering learning demonstrates how learning activity should flow from and into partners' efforts to make changes in the local system. Their work to support learning started by identifying where partners were already collaborating to make changes. They used a three-stage strategy to support a local culture of learning:

- identifying specific topics or system weaknesses which could form the focus of learning and adaptation;
- facilitating activity to encourage learning and reflection;
- developing tools connected to these topics.

Their support was based in approaches already valued by some local stakeholders, including appreciative enquiry, trauma-informed working, and co-production. This case study explores two particular strands of activity: co-production commissioning and anti-racism. As we describe below, as well as focusing on learning and change activity that was of interest or a priority for local stakeholders, the Changing Futures team developed what their area already had – including building on initial and informal reflections and discussions.

Co-production for commissioning

Plymouth Changing Futures had begun to embed the voices of lived experience in their commissioning processes related to domestic abuse and the Complex Lives Alliance, using community listening and appreciative enquiry to inform needs analysis. When the Changing Futures team supported the local authority in co-production of a new local refugee resettlement support service, Experts by Experience were central to the formal commissioning procedure.

Although the process of involving people with lived experience worked well, reflection afterwards identified areas for improvement – such as involving people as early as possible in the commissioning process, and establishing more appropriate ways to remunerate people for their time. The Changing Futures team recognised this was an opportunity to build on this learning and share it more widely within the local system, as this was a topic that other commissioners were increasingly interested in.

The team brought together a working group of stakeholders interested in the topic, to further reflect on how to improve co-production in service commissioning, and to produce a toolkit. The working group included a range of perspectives and experiences, including a local domestic abuse commissioner with a particular interest in learning about co-production, a voluntary sector service provider who had been involved in similar work previously, and a peer researcher with lived experience of multiple disadvantage.

The resulting toolkit is available online (see Resources and further reading). To support engagement with the toolkit and continued learning, the Changing Futures team ran a

workshop with Plymouth City Council commissioners. This generated ideas for developing training to accompany the toolkit, focused on practical steps to increase co-production commissioning. The toolkit and training helped to increase local commissioners' awareness and appetite for co-production and involving people with lived experience. Those who undertake the training are invited to attend a Co-production Community of Practice, where they can continue the discussion on co-production, problem-solve, and embed learning.

> "We are now delivering training to all the Plymouth City Council commissioners, so that co-production is really embedded in the work that they do; that's a really direct impact that we're seeing that is based on the learning culture."

Embedding anti-racism practice

Changing Futures Plymouth recognised that more could be done locally to embed anti-racist practice, and were able to formalise and add momentum to some existing strands of work. The aim was to better enable local services to provide support that is equitable, culturally responsive, and actively addresses the systemic barriers and discriminatory practices that disproportionately impact people from ethnic minority backgrounds.

To extend learning, the Changing Futures team convened an anti-racist working group made up of a variety of stakeholders, including bthechange (a local, specialist community interest company), Plymouth City Council, Plymouth and Devon Racial Equality Council (PDREC), the violence against women and girls (VAWG) strategic lead, and local voluntary sector organisations.

The working group went on to develop anti-racism training, taking inspiration from VAWG Bystander training. It was designed to suit Plymouth, which has a large majority white British population. The training, which was delivered in person by bthechange, was piloted with strategic leaders and then adapted to incorporate the learning obtained. The training deliberately targeted people in strategic leadership roles, as this had the potential to underpin and unlock further change elsewhere in the system.

> "There's obviously a lot of anti-racism training out there, which is a good thing. But often it's talking about a really big picture or it's talking about a demographic that is not representative of where you're being trained. …you're talking about 93 per cent of people are white British. That completely changes the dynamic for what it is to be racially minoritised, versus if you're in a really diverse borough of London."

To sustain learning and reflection beyond the training, an Antiracism Allyship Network was created. This is a space for people to reflect on their personal experiences of racism at work and in their personal lives, and to share learning. At first it was open only to people who had attended the anti-racism training, but has since been expanded to anyone working in Plymouth. To help to get it off the ground, the Changing Futures team facilitated the network and sessions for the first year, and then identified external funding to continue the work. This has now been taken on by bthechange, which means it can be sustained without direct input from Changing Futures.

The Changing Futures team drew on external experts to help deliver training. They also tapped into other local structures and reflective spaces to help to embed a learning culture around anti-racism, and to connect this with other local systems change

initiatives. For example, they invited organisations working with different marginalised groups to present at the local trauma-informed network. This helped to share learning and raise awareness of the work being done by different organisations locally; these connections might otherwise not have happened.

Local stakeholders say the success of this anti-racist work was due in part to the team pursuing opportunities to develop learning activity and tools collaboratively with local stakeholders; gathering lived and learned experiences from people with different roles and relationships with the local system; and gaining the buy-in and support of senior leaders. Early discussions with senior leadership of partner organisations has been especially effective in gauging interest, highlighting the benefits, and encouraging prioritisation of workforce development:

> “You need the support of strategic or senior leadership, to give people the time to engage with the toolkit, to give people the impetus, and be saying to people, ‘This is critical. It’s not a nice-to-have.’”

Lessons learned

Learning requires staff capacity

Service capacity played a key role in enabling learning activity: staff need time to engage with and benefit from learning activities, tools, and other resources. Within Changing Futures projects, having very low caseloads helped. Conversely, where there was considerable pressure on a workforce – as was the case with primary care following the COVID-19 pandemic – engaging the workforce was more difficult, and required ringfenced learning time. Building learning into the everyday routine may be particularly difficult for services where, as one stakeholder commented, “emergencies come in.”

> “So, some partners and colleagues have been really engaged with [learning opportunities], really connected, really involved; and some of them, a small number of them, we’re still trying to connect with and find that right way in.”

Go where the energy is

Stakeholders described services as having different levels of willingness to engage and make change. Changing Futures teams found it useful to start with those more willing to adopt new ways of working. This helped to create momentum and generate learning and evidence that could be used to persuade others.

> “We just moved around [resistance] and carried on where the energy was, and focused on where there was that openness and that response to what we were doing. And because of the success and the energy that the [activities] have created, some of the organisations that, perhaps, were feeling quite risk-averse or concerned have come on board.”

People need ‘permission to fail’

One local area described situations where people felt they had to demonstrate success. This could make people ‘performative’ and unwilling to share and work on problems with others. At the same time, Changing Futures teams said that their ability to test out new approaches to service delivery was helped by the programme’s openness to areas changing their plans and budgets, and the lack of performance targets:

> “Not having everything prescribed upfront and holding everyone solidly to their original plan was a really important part of conveying a message around wanting areas to be able to learn and evolve and develop their approach.”

Build on what has gone before

Changing Futures’ learning and workforce development activity typically built on established learning practices. For example, the Human Learning Systems approach had been adopted in some areas before Changing Futures, and so had time to develop. For more on Human Learning Systems, please see the Resources and further reading at the end of this chapter.

Areas also made use of established partnerships and networks, including ones where partnerships of commissioners and service providers had shared responsibility for

planning and improving services for people experiencing multiple disadvantage. This meant that learning-focused activity could be used to enhance the collaboration and improvement work being undertaken.

Case study: Stoke-on-Trent – Enabling service users to feed back directly to services

Bringing people with different experiences and views on an issue together, including people with lived experience, can help to generate new insights and learning. In Stoke, the Multi-agency Resolution Group (MaRG) unites different agencies to address issues relating to particular service user cases. Changing Futures added the lived experience voice to these meetings by inviting service users discuss their own case as part of the meeting.

A key issue identified in the MaRG meetings was service users with a history of arson and fire-setting being unable to access accommodation. Services were unwilling to consider the context of incidents and respond accordingly. However, if a service user attended the MaRG and presented their case, this helped services to see things differently.

> "We had a follow-on meeting from the MaRG. [The service users concerned] attended, and were able to advocate for themselves, present that this was the context when that behaviour occurred, this is where I'm at now, this is what my thoughts, desires, feelings, are. They were in the driving seat, and actually what came from that was actually more than one accommodation provider offering accommodation, and exploring risk mitigations."

Community of practice meetings were developed as a way of enabling stakeholders to jointly work on issues identified in the MaRG. These would be run as a round table, with 'everyone pitching their ideas'. Through the community of practice, stakeholders, including service users, developed a good practice guide that helped practitioners and housing providers to more appropriately manage arson-related risk.

Stoke's experience highlights the way that lived experience involvement can help services identify ways to improve services. Because of ongoing service-user involvement in the MaRG, local authority and partner staff have greater awareness of how decisions impact service users.

The experience also underlines the need to think about how to support both stakeholders' and service-users' engagement in learning and adaptation. A key aspect of maintaining services' engagement has been the commitment to concrete outcomes from discussions. Changing Futures was assisted by a specialist user-led organisation, Expert Citizens, in supporting service users and training staff to work with people with lived experience. A local stakeholder described the importance of continuing to reach out to community organisations:

> "Recognising that we can't know everything within our own little group, we have to recognise the skill-sets of others."

Case study: Nottingham – Pooling and co-producing learning

At Nottingham's Practice Development Unit (PDU), training and learning materials are developed collaboratively, making use of existing expertise and responding to needs and preferences. PDU staff consult Changing Futures stakeholders on their learning needs, and then develop training and support that brings together knowledge from people with lived experience, practitioners, and academics. For example, when local stakeholders identified a need for resources to help people 'wait well' while seeking mental health support, the PDU developed a stress and trauma resource pack, working with both psychologists and people with lived experience.

The PDU seeks to connect both learners and learning, by sharing expertise that was previously only available to particular organisations, sectors or specialists. Its recent learning series on neurodivergence and multiple disadvantage was developed after the local place-based partnership identified this issue as a priority. The series combined expertise from academia, practitioners working in the fields of neurodivergence and multiple disadvantage, and knowledge from lived experience, to help stakeholders implement neurodivergent-affirmative approaches. The series has engaged over 500 people; it connects learners to speech and language therapists, neurodiversity clinical leads for offender health teams, educational researchers, forensic and clinical psychologists, social workers, and practitioners from street outreach. A related communication toolkit and training package to support changes to working practice is being developed.

The PDU's collaborative approach to developing support also means understanding and responding to the needs of the end-user, and addressing barriers to access. It emphasises training and resources that are felt to be practical, and incorporates case studies and lived experience. It also offers a variety of channels for learning, from self-paced methods (online hub, e-learning, bulletin) through to facilitated sessions (training and multi-agency learning events). A range of outputs are created (e.g. webinar recordings, summaries, resource packs and guidance) for lasting use beyond events, to achieve a broader influence.

PDU support is available to practitioners and professionals from different sectors across the UK.

Getting started: Adding people to the conversation

This chapter has shown how learning and innovation has been supported through the collaboration and involvement of diverse stakeholders. Working with people who have practice learning on the same or similar issue, but who are differently placed in the system, can assist learning by applying new perspectives and additional expertise to solve problems.

Stakeholder mapping can help you think about other people and organisations who could bring additional knowledge to solving a problem. For example, suppose that you are interested in developing anti-racist resources, as was the case for Plymouth. You might already be working with a VAWG organisation that has developed projects and expertise on this. But who else might have expertise to share, and might see the issue from different perspectives? To identify potential stakeholders:

1. Work with colleagues to identify people and organisations. Different members of staff, even within the same team, can have different networks.

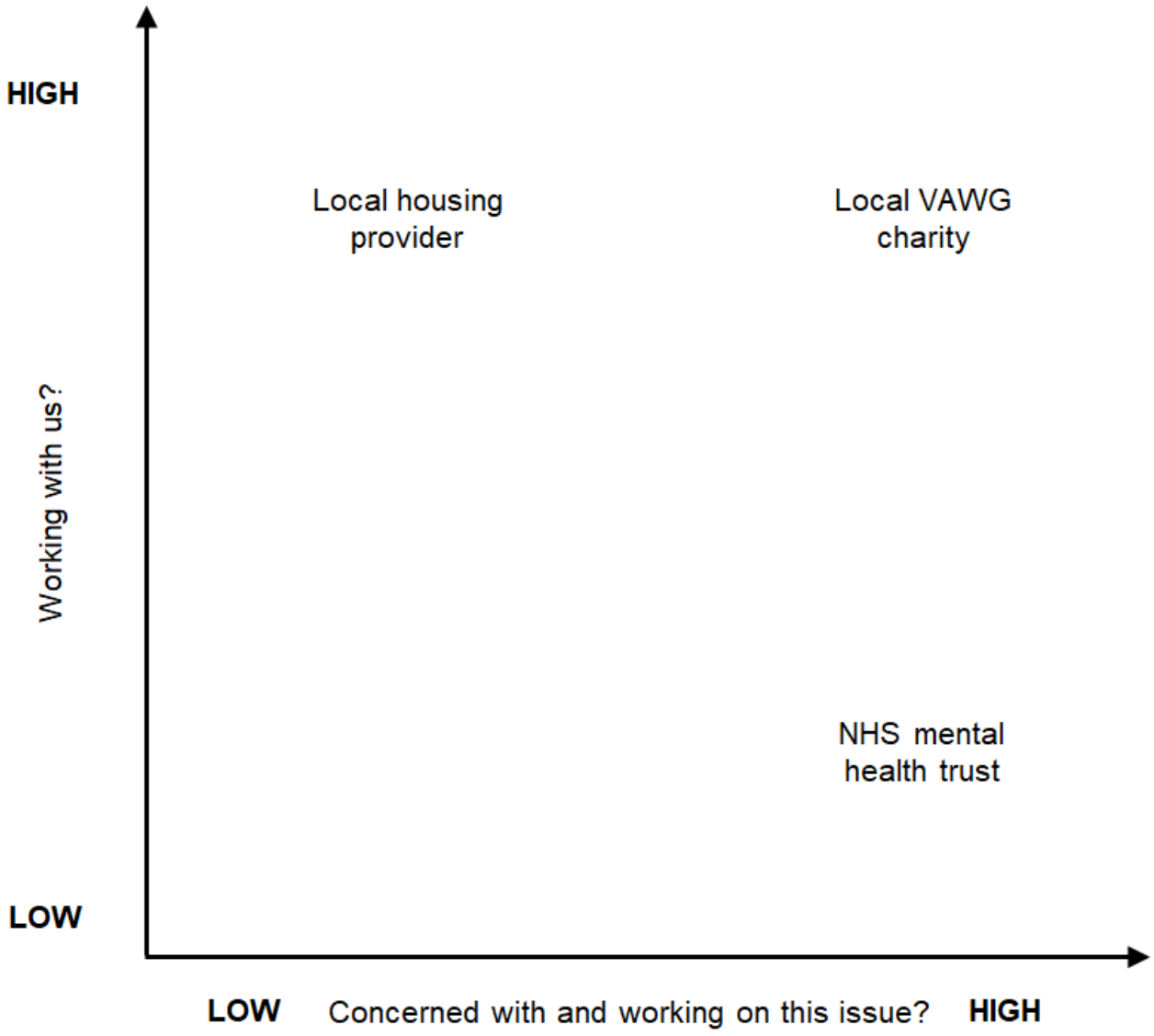
2. Think about roles within your own service or organisation. Changing Futures areas identified opportunities to share learning between the frontline and strategic role-holders.

3. Think about the different types of people or organisations that your team or organisation connects with. For example, who uses your team's outputs? Who do you receive information from?

4. Don't forget about smaller organisations. Some Changing Futures areas found that, particularly at the start of the programme, smaller groups were less engaged and struggled to attend meetings.

Mapping stakeholders on a matrix can help you build a picture of widespread learning on an issue, and to prioritise who you need to engage with. An example matrix is given on the following page. Place stakeholders on the matrix according to their expertise on the issue of concern, and the extent to which you are working with them. So, people and organisations with relevant experience and expertise, with whom you are already sharing learning, go in the top-right corner. Place those you are not working with, but who could have relevant expertise or experience, in the bottom-right corner. You may have other partners who are working closely with you but who don't have significant practice in this area; these go in the top-left corner of the matrix.

Mapping your stakeholders will also help you to consider opportunities to share learning: for instance, through existing projects or networks. For more information on sharing practice learning, see the resources on communities of practice.


HIGH
Local housing provider
Local VAWG charity
Working with us?
NHS mental health trust
LOW
LOW
Concerned with and working on this issue?
HIGH

Resources and further reading

Communities of Practice. Management scholar Dr Etienne Wenger has influenced current understandings of how people and organisations learn, including developing the concept of communities of practice. Many useful talks by Wenger are available online.

Human Learning Systems. This website on Human Learning Systems provides a range of information and resources to support a different way of thinking about systems/public services, and how to work effectively, by embracing the complexity of the real world.

Getting started with co-production. This guide to co-production, co-created by MEAM and people with lived experience of multiple disadvantage, covers three sections: 1) what is co-production? 2) practical steps towards achieving coproduction, 3) support and next steps.

Nottingham's Practice Development Unit provides learning opportunities to support practitioners and professionals from different sectors and roles across the UK, from an introductory offer to help people who are new to SMD, through to more advanced, shared learning opportunities for those working to develop their practice, skills and competencies. A summary of the PDU offer can be found here.

A classic discussion of change by John Kotter, Is your iceberg melting?, illustrates organisational barriers to change, and offers practical solutions to help teams adapt, reduce fear, and encourage proactive responses in a rapidly changing world.

The Schumacher Institute resource outlines how to practice action experiments – trying new approaches and learning what effects they have through eight steps: 1) framing the issue, 2) identifying aspirations, 3) reflecting on the issue, 4) transitioning from question to action, 5) acting in the world, 6) noticing effects, 7) recording reflections, 8) beginning another cycle.

What is appreciative inquiry (AI)?, from the Centre for Appreciative Inquiry, outlines how to use Appreciative Inquiry' 5-D process (define, discover, dream, design, destiny). It demonstrates how appreciative questions around best experience, values, and wishes can be used in interviews.

Plymouth's Co-production Commissioning Toolkit includes guidance on how to get started with co-production, and a range of case study examples and links to other resources.

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