

2024

An Independent Evaluation of Changing Futures in Essex

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Changing Futures

The Changing Futures programme is a £64 million initiative between the UK Government and The National Lottery Community Fund. It is led by the Department for Levelling Up, Housing and Communities (DLUHC) in conjunction with a range of other Government Departments and agencies including PHE, DWP, MoJ, Home Office, NHS England and DCMS. His Majesty's Treasury provided a total of £46m for the Programme through the Shared Outcomes Fund and the National Lottery provided an additional £17.9m.

The programme sought to test innovative approaches to improving outcomes for people experiencing multiple disadvantage. The programme ran in 15 areas across England from 2021 to 2024 and further funding was announced to extend it to 2025. The successful areas included: Essex, Sheffield, Westminster, Kingston upon Hull, Sussex (covering West Sussex, East Sussex and Brighton), Leicester, Surrey, Northumbria (covering Northumberland, Newcastle, Gateshead, North Tyneside, South Tyneside and Sunderland), Bristol, South Tees (including Middlesbrough and Redcar & Cleveland), Plymouth, Lancashire (including Blackpool and Blackburn with Darwen), Nottingham, Greater Manchester and Stoke on Trent. Around half of these areas previously had funding from the Fulfilling Lives programme and a number of areas had also subscribed to the Making Every Adult Matter (MEAM) approach.

The aim of the Changing Futures Programme was to improve the way that local systems and services work for adults experiencing multiple disadvantage, testing whether a more joined-up, person-centred approach in local areas and across government can improve outcomes. The learning from the Programme, including close and direct working with local areas, intended to influence future government programmes and policy. The Programme allowed for a large degree of local flexibility. No particular model of service delivery, or mode of delivering system and service change was specified, instead a set of principles were stipulated.

These were to:

- Work in partnership across local services and the voluntary and community sector, building strong cross-sector partnerships at a strategic and operational level that can design and implement an improved approach to tackling multiple disadvantage;
- Coordinate support and better integrate local services that support adults experiencing multiple disadvantage to enable a 'whole person' approach;
- Create flexibility in how local services respond to adults experiencing multiple disadvantage, taking a system-wide view with shared accountability and ownership leading to better service provision across statutory and voluntary organisations and a 'no wrong door' approach to support;
- Involve people with lived experience of multiple disadvantage in the design, delivery and evaluation of improved services and in governance and decision making;
- Take a trauma-informed approach across local system, services and in the governance of the programme;

- Commit to drive lasting system change, with long-term sustainable changes to benefit people experiencing multiple disadvantage and commitment to sustain the benefits of the programme beyond the lifetime of the funding.

Changing Futures in Essex

A summary of how the Changing Futures Programme operated in Essex is outlined below.

Administrative Area	Two tier County
Strategic Oversight	Wellbeing, Public Health & Communities (Essex County Council) feeds into Reducing Reoffending Board and in turn Safer Essex Board
Front line service design	<ul style="list-style-type: none"> • Frontline support provided by specialist voluntary sector organisation, Phoenix Futures. • Team provides intensive, consistent wrap-around support, with a rolling caseload of a maximum of approximately 20 clients per support worker; and coordinates partnership working between agencies to form a multi-agency/MDT approach to address individual needs • Funded projects in districts responding to local need, such as dedicated housing support to sustain tenancies for people experiencing multiple disadvantage. • Dedicated Mental Health and Wellbeing Team to support clients¹ with mental ill health • Development of a wide variety of enjoyable and meaningful activities /pursuits for clients to engage in
Cohort identification approach	Cohort is agreed through multi-agency consensus. If a person receives multiple referrals from different organisations, they are prioritised.
System level approach	<ul style="list-style-type: none"> • Further expansion/adaption of the model to support different combinations of multiple and complex needs, according to local need

¹ The term client is used throughout this report to refer to any one in receipt of Changing Future (or other) support from services.

	<ul style="list-style-type: none"> ● Strengthen links with the three Integrated Care Partnerships which cover different parts of Essex ● Enhance existing data platform and improve data analysis, including expanding partner access. ● Increase involvement of people with lived experience of multiple disadvantage and genuine co- production becomes embedded within services
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Importantly, the arrival of Changing Futures builds on the success of previous programmes in Essex which sought to address multiple and complex needs. These are namely; Full Circle and Horizons which were also led by Phoenix Futures. Full Circle went live in April 2016 and was commissioned to work with offenders with:

- Substance misuse
- Mental health difficulties
- Learning disabilities, difficulties or challenges
- Any other need that, if left unmet, was likely to increase the risk of reoffending

Critically, Full Circle was not a service provider as such, but staff developed a sound knowledge and understanding of the existing services across Essex in order to support clients to navigate and engage with these services. This moved the provision beyond signposting where staff could accompany clients to their appointments, tackling tasks which sometimes felt overwhelming. Full Circle took an active role in client care, acting as intensive, consistent wrap-around support, brokering relationships with other agencies and support services to eventually empower clients to access help independently. Support was not time limited and Full Circle staff supported the client until they were engaged with the relevant services. Horizons was a further extension of this service; working with the most complex and chaotic clients within this cohort. Staff provided a more intense version with smaller caseloads, over a longer period of time. The ethos of both services, and the approach as a whole, was *'to shift away from dealing with the presenting issues, and dealing with the presenting person, and understanding they have a range of needs'* alongside *'unconditional positive persistence to support people'* (Commissioner interview).

The Changing Futures service essentially encompassed the Horizons service with some specific developments which are detailed shortly. Eligibility criteria for the service was: adults experiencing multiple disadvantage, (i.e. those in contact with the criminal justice system (as victim or perpetrator), coupled with two of the following; substance misuse/mental health/homelessness); and who are not receiving or engaging with services. They could also have learning disabilities, financial issues, physical health needs, or other accommodation issues. Any service could refer into Changing Futures and priority was given to those referred by multiple agencies. Critically, the

funding from the Changing Futures Programme allowed the addition of the following to the existing model:²

- A partnership lead
 - *The partnership lead was created to work at a strategic level to build robust partnerships at a strategic and operational level across sectors. The aim of these partnerships was to ensure that there was an improved, sustainable and implementable approach to tackle multiple disadvantage beyond the lifetime of the project.*

- A systems change lead
 - *The systems change lead was implemented to work with partner organisations to adapt and change their response to people with multiple disadvantage. A key part of the role was to complete an audit of the existing service provision available in Essex to see where the gaps lie. Based on these gaps, the systems change lead was to work alongside the Essex County Council partnership lead to build relationships with partners and break down any barriers that may exist. Further, the systems change lead ensured all key parties were represented at the multi-disciplinary team meetings that were in operation before Changing Futures commenced (e.g. that Horizons were undertaking).*

- A lived experience lead
 - *The lived experience lead had responsibility for the coordination and delivery of activity relating to co- production with individuals and groups who have lived experience as part of the Changing Futures programme. The aim was to bring together a network of Lived Experience, which supports the growth, capacity and reach of both existing and the development of new forums/service, user/peer mentor groups. They also attend the Changing Futures national Lived Experience Community of Practice to understand, learn and share best practice with other Changing Futures area leads.*

- A dedicated Mental Health and Wellbeing Team provision to tackle low to medium level mental health needs for Changing Futures clients
 - *In response to consistent feedback about gaps in the system to support people with mental health needs, Changing Futures funded a dedicated team of practitioners to support clients with varying mental wellbeing issues. The service sits in Adult Social Care and is staffed by a team of five; two support workers, one senior social worker, and two regular social workers (alongside a service manager who also has a social work background). Staff members can undertake outreach work and home visits to clients on their caseloads to support with everyday tasks, teach coping skills and liaise with mental health colleagues where onward assessments or referrals are required. Initially referrals were only from the*

² Full job descriptions are available for the roles described.

Horizons caseload but this was expanded so that those on the Full Circle cohort could also access support.

- A dedicated Housing Sustainability Tenancy Service (HoSTS) for Changing Futures clients
 - *This project was formed in collaboration with housing partners in North East Essex to provide accommodation to Changing Futures clients; identified by Phoenix Futures staff. The accommodation comprised of 6 self-contained flats, one of which was used as an office space so that Phoenix Futures staff (and other agencies) could meet with the tenants. The project also had two housing support link workers to provide dedicated support with basic living skills, budgeting and psychosocial support thereby enabling residents to eventually live independently.*

- Employment Support Specialist Service
 - *The aim of the Service is to support clients into employment, education and training and volunteering opportunities. The service is closely aligned and working in partnership with a broad range of partners including Essex Recovery Foundation to maximise opportunities for individuals in recovery. There are four employment specialists across the County who can provide access to opportunities as well as additional support around interview skills and attending confidence building workshops. They continue to support clients once they are in employment, including continued engagement with their employer, for example making reasonable adjustments, and arrangements for occupational health assessments.*

The funding also allowed for a specialist analyst to work on Changing Futures data. Finally, partners across the District were invited to bid for funding to deliver local projects. Ten projects received funding between 2022 and 2024. This included:

- An SOS outreach bus across the Braintree District.
- Seven healthcare professionals providing support to those who would otherwise struggle to access mainstream appointment opportunities across Braintree, Chelmsford and Maldon
- A mental health practitioner (employed by EPUT) and supported by the Peer Support Worker (hosted by Peabody) across Basildon and Brentwood
- A dedicated provision for 18-24 year olds at risk of exploitation which is county wide.

These locally developed and led projects have allowed for the reach of Changing Futures to be wide and expansive across Essex.

The following activities were undertaken to kick off the Changing Futures programme in Essex.

The launch –The Launch of Changing Futures in Essex was held on 4th May 2022. This was the first learning-event hosted by the Changing Futures team and was attended by over 100 people working across Essex. This included commissioners, a range of statutory and voluntary sector support services, councillors, Phoenix Futures staff, and a number of people who use services

across Essex. This was an opportunity to invite partners across all sectors and roles to gather and take learning from the day whilst gaining a better understanding of what Changing Futures was aiming to achieve. The day consisted of several presentations to highlight the ambitions of Changing Futures before proceeding with several insightful workshops that allowed the agencies working in Essex to come together to explore The Client Journey, The Service User Experience and A Strategic View. Feedback from the day was shared with the DLUHC evaluation team who used this to help inform the System Mapping Workshops.

System Mapping Workshops - The DLUHC evaluation team ran two virtual 90 minute workshops with a total of 38 participants to identify key barriers and strengths of the local system supporting people experiencing multiple disadvantage in relation to the four systems change themes of culture; learning and adaptation; partnerships and coordination; and workforce skills and staffing levels. After initially collating the responses, a follow-up workshop was held and an interactive map was created to identify key levers and priority areas of system change work. This is available on request. The feedback from the system mapping workshops was used in Essex to inform their specific system change and sustainability plans.

Service User Scoping – As part of Changing Futures, Essex County Council and Phoenix Futures explored the views and experiences of the current 'system' from individuals who access services in Essex. These individuals could speak about any part of the system they had accessed. Changing Futures practitioners attended different services including NHS mental health services, drugs services, libraries, wellbeing services and others. As a result, 100 individuals engaged across the county. Those who took part ranged from 18 – 74 years old from a multitude of background. There were three key objectives that the service user scoping aimed to answer.

1. *In your experience, what are the common barriers to accessing services?*
2. *How does the current system negatively impact people facing multiple and complex needs when moving between services?*
3. *What are the common ways that the current system makes people feel, particularly those facing multiple and complex needs?*

Participants were also asked to give their solutions for the barriers to enable those with lived and living experience to shape change. The Service Users scoping outcome is included later in this report.

The Task

ATD Research and Consultancy was commissioned to undertake a local level evaluation of Changing Futures in Essex. Although there was a large-scale national evaluation of Changing Futures across all 15 areas, commissioners in Essex wanted a more detailed evaluation of their programme.

What are the evaluation objectives?

There were two key objectives of the evaluation looking at the impact of Changing Futures on the system *and* the individual.

Objective 1: To provide evidence on whether (and why/how) Changing Futures has made a difference to how public service systems operate, including considering how system level changes affect the way services operate, are delivered, and are experienced by people who experience multiple disadvantage.

Objective 2: To provide evidence on whether (and why/how) Changing Futures has made a difference to individuals who experience multiple disadvantage.

Appendix A includes a full list of questions which were developed to address this from Essex's submission to the Changing Futures bid alongside relevant findings for each.

The evaluation was to run alongside the Changing Futures service and commenced in January 2022, completing in April 2024.

Method

In order to achieve the objectives above, the devised methodology was largely qualitative; focusing on semi-structured interviews. This was supplemented by data submitted to the National Evaluation team and local Public Health team by the provider. Interviews were conducted with the following groups:

- Interviews with Phoenix Futures practitioners employed to work on Changing Futures

- Interviews with frontline staff across nominated agencies including DWP, housing providers, probation and police
- Interviews with strategic and operational leads at multiple time points throughout the evaluation
- Interviews with people who have been supported by Changing Futures

In addition, case management data was considered and a demographic summary of all Changing Futures clients was received. This included the 182 clients supported from October 2021 to March 2024. A casefile audit of ten Changing Futures cases was also conducted. This involved spending a day on site at Essex County Council offices and logging on to the Changing Futures case management system; Theseus. A breadth of cases were chosen, at random, to include open and closed cases, male and female cases, across each of the four quadrants of Essex. Case notes were read for each individual, this included a high level of detail including contact with the Changing Futures client and liaison across multi-disciplinary agencies.

Staff working in the Mental Health and Wellbeing Team were shadowed on home visits. This supported better rates of engagement in the evaluation than phone calls due to the chaotic nature of the cohort. It also allowed a greater depth and understanding about the team’s day to day work, approach and challenges the cohort faced.

Sample

The sample was curated through engagement with commissioners of the Changing Futures service. On contract award, a list of key staff and stakeholders was sent to ATD Research and Consultancy. All staff and stakeholders on the list were invited to take part in the evaluation but understood this was voluntary. Therefore the sample was self-selecting. However, on completion of an interview, snowball sampling was used to ask if there was anyone else the research team should contact. For clients on Changing Futures, a request for people who could comment on the service was sent out at three different time points of the evaluation. Case workers (from Changing Futures and the Mental Health and Wellbeing Team) nominated individuals and, with their consent, contact details were shared with the research team.

The following number of interviews was undertaken across the lifetime of the evaluation. Some key staff and stakeholders were interviewed periodically throughout. Therefore the details below indicate the number of individuals, rather than the number of interviews.

Changing Futures and Phoenix staff	N = 11
Mental Health and Wellbeing Team staff	N = 7
Other stakeholders	N = 24
Changing Futures clients	N = 12
Total	N = 54

Six of the Changing Futures clients were visited in their own homes, as part of a broader opportunity to shadow the Mental Health and Wellbeing Team. A further four Changing Futures clients were interviewed on site at Phoenix HoSTs. The remaining two were interviewed over the phone. All clients received a voucher to thank them for their engagement. This was in line with the National Evaluation.

The breakdown of the cases chosen for the case file analysis was as follows; 40% of the cases were women and the birth dates of the client group ranged from 1970 to 1993. Two clients were from the West of the County, three clients were from the South of the County, three clients were from the Mid of the County and two clients were from the North of the County.

Analysis

All data from interviews was audio recorded with participant consent. Audio files were transcribed verbatim and uploaded onto Computer Assisted Qualitative Data Analysis packages to facilitate analysis. After conducting the interviews and re-reading the transcripts, a qualitative coding framework was created and transcripts were coded enabling findings to be ground in the data. This was an inductive method under the thematic analysis paradigm from Braun and Clarke (2006).

Quantitative data analysis was conducted by the specialist Changing Futures analyst. To provide a sense of progress made and distance travelled by those on the cohort, the Outcomes Questionnaire was utilised. These were required to be completed by Changing Futures staff every three months while with the client. This assessed how the individual was currently feeling, what support they were receiving and what more they may need. To enable a comparison between the client's starting point and how they were doing by the end, only those who had completed at least two outcome questionnaires prior to leaving the programme were included. The analyst used the first outcomes questionnaire and the most recent one. This meant there were 91 cases to analyse. The analyst then randomly selected 10 of these 91 to directly assess self-reported progress of their general physical and mental wellbeing while on the programme, using the Recovering Quality of Life Scale (ReQoL), again using their first and last outcomes questionnaires completed.

Staff were also required to complete the New Directions Team Assessments (NDTAs) every three months, alongside the outcomes questionnaires, selecting a statement they felt best matched their views of the client's wellbeing. There were 89 people that had at least two NDTAs completed for them that had left the programme at the time of the analysis. The analyst used their first and last NDTAs completed, analysing the wellbeing and risk scores assigned by the staff for the 10 areas in the index.

Limitations

The data presented here are from a self-selecting sample and therefore a level of bias may be introduced. For clients who agreed to take part and share their views this may only be

representative of people who have had a positive experience and were stable enough to engage at the time of the evaluation. To mitigate against this, staff and clients were reminded their engagement was voluntary and for clients they were also informed their decision would not affect their care. The triangulation with quantitative data across the lifetime of Changing Futures also mitigated against this although it is important to note we did not undertake interviews with those who had 'dropped out' of the cohort and for some quantitative analysis this was only a sub-sample of 10 people.

The local evaluation was also being undertaken at the same time as the national Changing Futures evaluation. Every effort was made to ensure that the same clients were not being asked to engage in both the local and national evaluation. However, there were reports that the data required by the national team was particularly lengthy and this may have affected clients' willingness to engage in the local evaluation or Changing Futures service overall.

Essex has a long history of working with individuals with complex needs. Changing Futures built on the success of an existing service, encapsulating it and developing it further. This meant that, during some interviews, stakeholders and clients were unclear on the difference between Offenders with Complex Needs, Full Circle, Horizons and Changing Futures. This did present some challenges in terms of ascertaining specific feedback about the service and programme of work but was mitigated against by the researcher having an in-depth knowledge of each of these services.

Findings

A full list of the original research questions to be addressed can be found in Appendix A with annotations on each question.

Theseus Data

In order to frame the findings, the total number of clients that were supported throughout the Changing Futures programme is detailed below alongside their key demographics. This provides context to the nature of the cohort.

182 clients were supported in total from October 2021 to March 2024. 76.4% of these were male. The majority (84.1%) were White British and 81.3% identified as heterosexual. The majority were recorded as having no disability (41.8%) or none stated (28%). However, 6% said they did have a learning disability and 6.6% stated they had behaviour and emotional difficulties. The geographical spread of clients is displayed in the chart below.

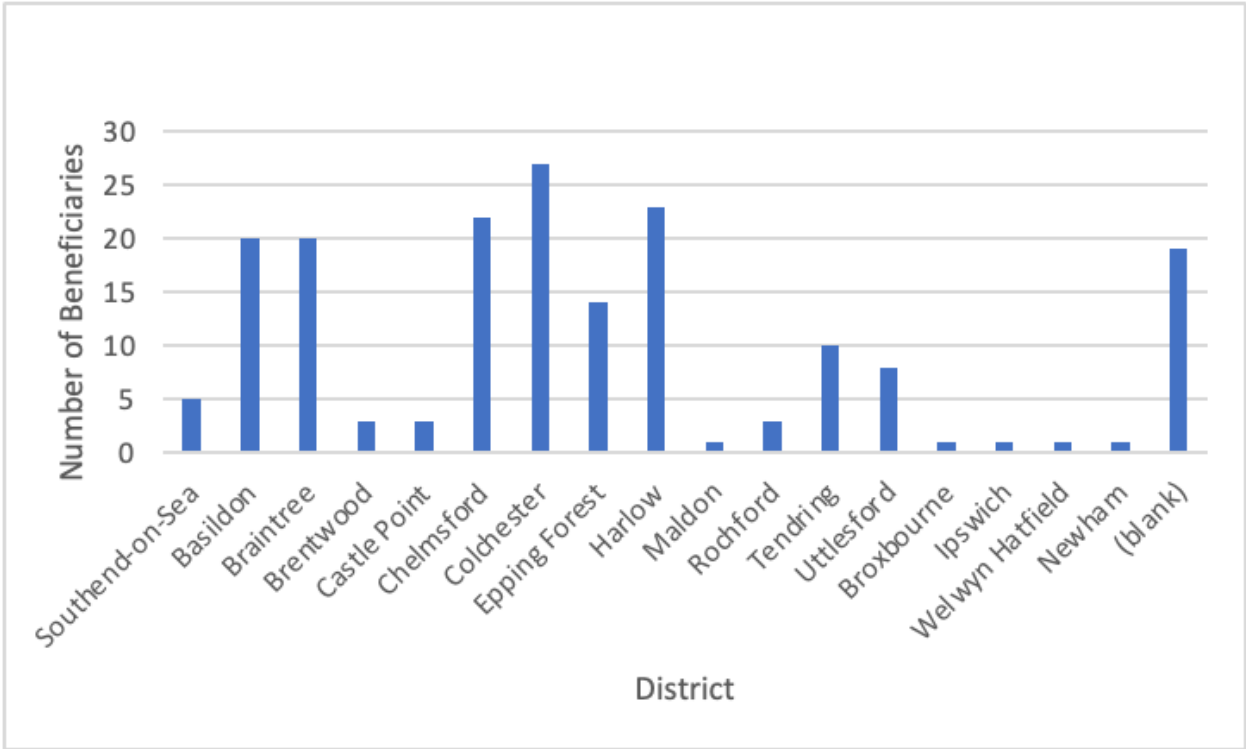


Chart 1: Number of clients per area

In order to provide a sense of the nature of the Changing Futures cohort (n= 182), details on presenting needs are outlined below.

During first outcomes questionnaire -

How many had spent time rough sleeping in the previous 3 months	84	46.2%
Stated they have not done any paid work in the previous 3 months	113	62.1%
Experienced difficulties with their MH in last 3 months	129	70.9%
Physical health problems		
Moderate problems	45	24.7%
Severe problems	18	9.9%
Slight problems	34	18.7%
Very severe problems	9	4.9%
Number of Ambulance call outs in the previous 3 months		
1	21	11.5%
2	7	3.8%
3	4	2.2%
4	1	0.5%
5	1	0.5%
6	3	1.6%
10	1	0.5%

Number of A&E visits in the previous 3 months

1	23	12.6%
2	8	4.4%
3	8	4.4%
4	3	1.6%
5	1	0.5%
6	2	1.1%
7	1	0.5%
10	3	1.6%
Not registered with GP	11	6.0%
Struggled to access GP when needed in previous 3 months	19	10.4%
Not registered with Dentist	79	43.4%
Struggled to access Dentist when needed in previous 3 months	60	33.0%

In last 3 months been in contact with the following services

Domestic Abuse	7	3.8%
Mental Health	71	39.0%
Homelessness	107	58.8%
Probation	93	51.1%
Substance Misuse	81	44.5%

In last 3 months have any of these happened to you

Received caution	10	5.5%
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Received an injunction or criminal behaviour order	11	6.0%
Been arrested	56	30.8%
Been convicted of a crime	21	11.5%
Spent time in prison	26	14.3%
Currently receiving treatment for drug or alcohol problems		
Yes, alcohol problems	21	11.5%
Yes, both	12	6.6%
Yes, drug problems	52	28.6%

The most common areas for support in the three months prior to commencing Changing Futures were accommodation (either finding accommodation, support with housing problems such as rent arrears or making accommodation safer). 61% of people stated they had received support around connection (being introduced to services, people or groups in the community), 45% stated they had had support around wellbeing, 34% stated they had help to access a GP, dentist or adult social care, 29% stated they had had support in attending appointments, 25% had had support on benefit applications.

After looking at the entire dataset, 91 clients (79.1% male) were identified as having had at least two outcome questionnaires prior to leaving the programme. This sub sample were used to consider average length of time on the programme, reasons for closure and progress measures on pre and post programme reviews.

Of these 91 clients, the average length of days on the Changing Futures cohort was 238. Reasons for closure are detailed below. It was reported that only one client re-presented on the cohort in the duration of the pilot.

Closure reasons	Number	%
Deceased	3	3.3%
Declined Support	4	4.4%
Disengaged ³	8	8.8%

³ Unable to make contact after numerous attempts after initial sign up to programme

Disengaged/warrant for arrest	1	1.1%
In Custody	10	11.0%
In Mental Health unit	1	1.1%
Moved to Vulnerable Adult Service	1	1.1%
Outcomes met ⁴	2	2.2%
Positive (stepped down to Full Circle)	55	60.5%
Positive - Rehab	2	2.2%
Positive in HoSTS	1	1.1%
Positive moved out of area	2	2.2%
Transferred out of area	1	1.1%

The reasons for closure reflect the complexity of the cohort. The most frequent outcome of Changing Futures was to be stepped down to Full Circle, which was followed by being in custody or disengaging. However, for those highlighted (the majority of cases), this can be interpreted that they have engaged with a service to better meet their specific needs, their need for support has become less intense and/or they have had their needs met.

The data analyst then took a random selection of ten clients from the sample of 91 in order to compare their scores on the Recovering Quality of Life Scale (ReQoL). This scale asks people to rate their extent they have had the following thoughts, feelings and activities *in the week prior*. The options they can choose from are: none of the time, only occasionally, sometimes, often, most or all of the time. Looking at the scores from the first and last completion, the majority of areas saw an improvement across the ten clients chosen.

Questions on ReQoL	% of the 10 that reported an improvement	% of the 10 that stayed the same	% of the 10 that reported a decline	Commentary
1. I found it difficult to get started with everyday tasks	40	20	40	The same amount of people report an improvement as they did a decline.

⁴ Closed fully rather than stepped down

2. I felt able to trust others	50	40	10	The majority of people reported an improvement.
3. I felt unable to cope	50	40	10	The majority of people reported an improvement.
4. I could do the things I wanted to do	70	20	10	The majority of people reported an improvement.
5. I felt happy	40	30	30	The majority of people reported an improvement.
6. I thought my life was not worth living	50	30	20	The majority of people reported an improvement.
7. I enjoyed what I did	30	60	10	The majority of people reported they stayed the same.
8. I felt hopeful about my future	29	70	10	The majority of people reported they stayed the same.
9. I felt lonely	50	40	10	The majority of people reported an improvement.
10. I felt confident in myself	50	40	10	The majority of people reported an improvement.

The analyst looked at the New Directions Team Assessments (NTAs) which, as part of the national evaluation, are completed every three months. Staff select a statement they feel best matches their views of the client's wellbeing. There were 89 people that had at least two NTAs completed for them that had left the programme at the time of the analysis. The analyst used their first and last NTAs completed, analysing the wellbeing and risk scores assigned by the staff for the ten areas in the index. For all areas, a lower score reflects an improvement. The scores below are the totals across each of the ten clients. The full set of questions can be seen in Appendix B.

	First NDTA	Last NDTA before closure	Difference
Area:			

Engagement with front line services score	155	173	18
Intentional self-harm score	71	67	-4
Unintentional self-harm score	131	114	-17
Risk to others score	238	218	-20
Risk from others score	254	212	-42
Stress and anxiety score	202	186	-16
Social effectiveness score	133	129	-4
Alcohol and drug misuse score	220	227	7
Impulse control score	143	121	-22
Housing score	239	211	-28

Again, the majority of areas show an improvement with the exception of engagement with frontline services and alcohol and drug misuse. This *may* be a reflection that appointments were not being kept because they were no longer required as the highest scores here pertain to not keeping appointments. For the drug and alcohol score this increase may also be a reflection of increased disclosure by building a trusting relationship with their practitioner.

Health and Wellbeing Scores

The Mental Health and Wellbeing Team received 165 referrals throughout the period of the evaluation. This includes clients from both Full Circle and Horizons. The manager of the service selected ten cases at random who had completed two scores affording consideration to their mental wellbeing markers. The markers are self- scored, in collaboration with the Health and Wellbeing worker on the following items:

- Sleep
- Low mood and depression
- Motivation
- Stress
- Anxiety
- Panic
- Loneliness and isolation
- Feeling supported by family or friends
- Maintaining my home
- Personal care
- Addictions

Scores were between 1 and 10. A score of 1 indicated a high level of concern and 10 indicated no needs or concerns. Items were tallied up to give a total score at first completion and then compared on review. A summary of the changes in scores are presented in the below summary table: As can be seen, although chosen at random, all ten cases demonstrated progress in their areas of concern.

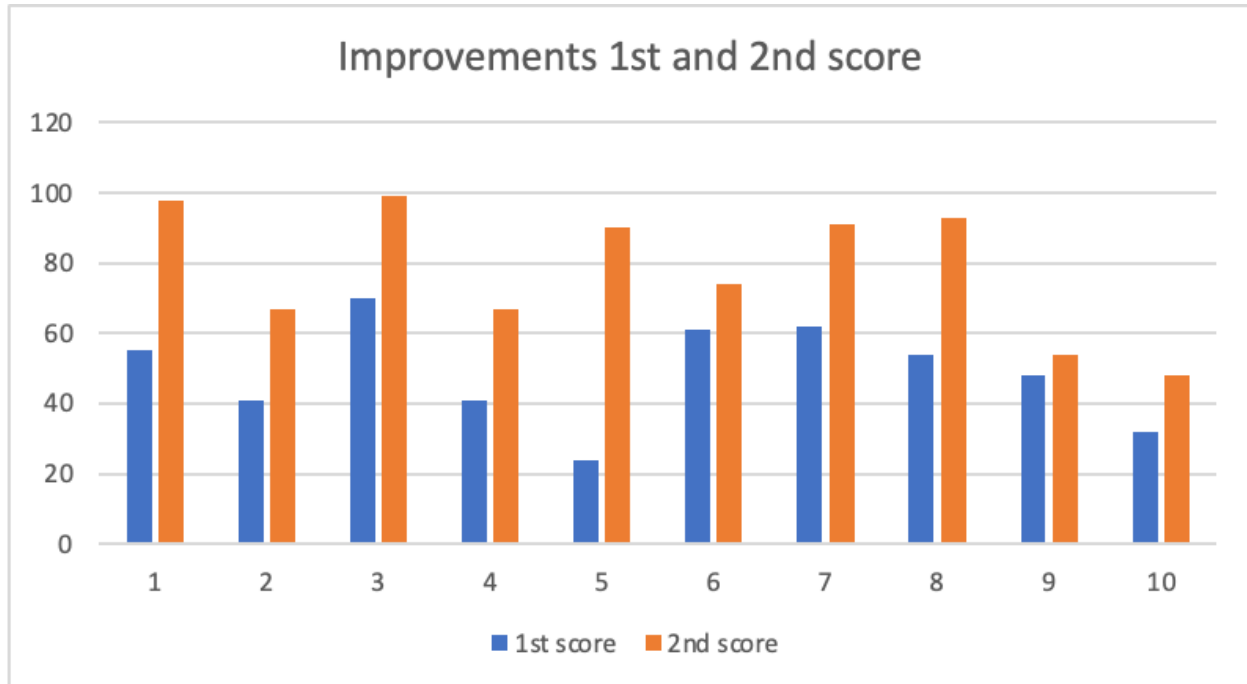


Chart 2: Improvements in 1st and 2nd score of wellbeing tool for clients using Mental Health and Wellbeing Team.

Case File Analysis

In April 2023 a case file analysis was undertaken. This involved attending Essex County Council in Chelmsford to access 182 client records on the Changing Futures case management system (Theseus).⁵ Case file notes were read and themes were gathered based on two key areas; good practice and challenges. The exercise was valuable in demonstrating the amount and frequency of work that goes into each case; including chasing of other partners and referrals, triangulating information and ensuring momentum continues around an individual’s progress. Two of the ten cases reviewed had over 1500 entries on Theseus pertaining to contact with or for the beneficiary. There was evidence of significant multi-agency working and ‘positive persistence’. The case file review also permitted a deeper level of understanding around the nature of the cohort and some of the challenges (both at an individual *and* systems level) that were encountered. This often included partners corresponding to track down clients who had not been seen or who had not

⁵ Details on the demographics of the case files are included in the earlier Sample section of the report.

engaged in recent appointments. A particularly strong theme was the issue of unsuitable or unsafe housing and there was significant work undertaken by Changing Futures staff to coordinate a response and support around this. One case file note summarised the situation for one beneficiary who had been threatened in his home and had to flee to emergency hotel accommodation.

'He said he knows he is lucky to have somewhere but he hates it, he said next door is a heroin addict and the manager won't put the heating on, he only puts it on for two hours a day and its freezing, he said the room is so cold its hotter outside, he said he does not want to mix with anyone as he said they are all on drugs, he feels if he were to mingle he would get himself into trouble, he is running out of cannabis and he is drinking more, he thought he was going crazy and could hear noises all night like birds, he has found out there are pigeon nests all outside and in the roof' (Case file notes)

Overall, the case file review demonstrated the central role that Changing Futures plays in the lives of clients. Although many were already known to services, other organisations did not have time to chase, advocate or coordinate care around the individual in the way Changing Futures could. The correspondence between agencies also evidenced the fact that Changing Futures are highly regarded by other partners. The case files had an emphasis on problem solving and not giving up on finding solutions for people. This was also carefully balanced by honouring people's choice and knowing when to step away if it was not the right time for people to engage whilst keeping the door open should this change.

Qualitative Findings

Interviews were undertaken at the commencement of Changing Futures in March/April 2022. This allowed the starting point to be understood including what was currently working well in Essex and where hopes and aspirations for change were. This was supplemented by data from an exercise completed by the Systems Change Lead at the end of 2022; consulting with 100 individuals across Essex who had experience of services.

A summary of these findings are included here. Of note, the barriers that are detailed below are some of the areas that people noted as having support with when commencing with Changing Futures (such as access to a dentist or GP).

Identifying the barriers individuals face when accessing support

Barriers to services

Poor Communication

- Poor internal communication
- Poor communication with GP's
- Unclear signposting to services
- Not listening to service users

Services under-resourced

- Key workers changing often
- Delays accessing services
- Lack of face to face appointments

Unable to access services:

- Struggle accessing housing support
- Lack of support available
- Poor experience with MH services
- Struggle accessing a dentist

Suggested solutions

"More meetings between services, monthly so as all there to support"

"Better systems. You should have a response time for referrals"

- More frequent and improved communication with service users
- Increase collaboration and listening to service users
- Increase funding, staffing levels and support
- Improve training for staff
- More face to face appointments
- Services to adopt a person-centred approach
- Increase signposting of services
- Face to Face communication and appointments
- Clearer access to information on the services available
- Compassionate and open communication from services

"For the services to be more compassionate and listen to what you have to say"

"Improve signposting, make people and other services know what is available"

Impact

"Anxiety, disappointment, loss of faith in the system. Makes you want to not bother getting help"

"I've been using drugs and drinking more"

"Let down, make me feel like I didn't deserve help"

"Not people centred"

"Can't work, affects my anxiety, made me feel life isn't worth living"

"For them to learn a person centred approach"

"More services to be available, more support for therapies. Trained mental health specialist doctors"

Understanding the impact on individuals navigating the current system

Barriers to services

Poor Communication

- Lack of Communication between services
- Repetition of information
- Lack of communication with service user

Mismanaged referrals & transfers

- Poor transition from YP to Adult services & GP to MH
- Referrals not picked up
- Medication not being transferred

Empathy & understanding

- Service users not feeling listened to
- Lacking empathy and attentiveness
- Poor understanding from both services and service user

Loss or lack of support

- Service users felt unsupported
- Losing access to services when moving areas
- Long waiting times for support

Suggested solutions

"A phone call so I knew I hadn't been forgotten and to see how I was coping"

"Support worker to help transition"

- More frequent and improved communication with service users
- Increase collaboration between services and listening to service users
- More support to be made available
- Increase levels of staffing
- More face to face appointments
- Improve awareness and understanding of service user needs
- Increase signposting of services
- Reduce complexity in accessing services - single point of access
- Improve transitions between services

"People to be more understanding and work at the pace and ability for me"

"More funding. Better continuity of Care"

"Explain more about what's happening and what will happen next"

Impact

"Makes me feel unimportant, just a statistic"

"Put anxiety through the roof"

"I felt lost with no support"

"Not able to have support as no one knows who to refer to"

"Improve the way services communicate with each other"

"One point of contact to access all services"

Understanding how the current system makes individuals feel

Impacts

Impacts on Mental Health

- Worsens already poor mental health
- Repetition of their stories retraumatizes
- Felt alone & not worth helping

Feeling unsupported

- Negative judgements impact level and quality of support
- Not always taken seriously, not a person-centred approach

Hard to access services

- Lack of accessibility & support
- Lack of service knowledge
- Long waiting times for services
- Confusion with services set up

Suggested solutions

- More frequent and improved communication with service users
- Increase collaboration between services
- More support and increase staffing
- Adopt a community and person-centred approach
- More access to appointments
- More empathy and less judgement
- More listening to service users

Impacts - In their words

<p>"System is not working, causing people mental and physical problems, causes people more anxiety"</p>	<p>"Drug abuse, prison, self-harm, suicide"</p>	<p>"Makes people feel lonely and no one cares about your feelings, isolation"</p>	<p>"To have been listened to"</p>
<p>"Not treated equally, looked down on"</p>	<p>"It's not easy to navigate the system unless you have someone to help you with it and know what to do and where to go"</p>	<p>"Very confusing, disheartening and it takes a long time to get any support and it does not always feel like the right support"</p>	<p>"Getting into services quicker"</p>
<p>"Makes it worse, calls from different people. Having to retell your story to everyone a million times"</p>	<p>"Too long a wait for services to interact"</p>	<p>"Too much paperwork - Support lacking for learning difficulties, find it particularly difficult and confusing"</p>	<p>"Help sooner as my mental health badly deteriorated to time waiting"</p>
			<p>"Better inter-service support"</p>
			<p>"Be honest about my situation sooner than later"</p>

If you could change your experience...

<p>"More staff/regular contact"</p>	<p>"Support workers available to more people"</p>	<p>"Waiting times reduced"</p>	<p>"More access and understanding of needs"</p>
<p>"More communication both ways and being helped when needed"</p>	<p>"Be given 1:1 support"</p>	<p>"More face to face appointments"</p>	<p>"Clear pathways on the treatment plan"</p>
<p>"Smoother/easier pathway into services. No wrong door policy"</p>			

During interviews, the need for, and importance of, the service was outlined by commissioners who described that people with multiple disadvantage often ‘fell through the gap’; especially where they did not meet the threshold for particular statutory services. Recognition of this was the driving force behind the creation of Horizons in the first instance, but also the extension of the service to curate Changing Futures.

‘What we found was that we were engaging with a lot of people whose needs fell below the thresholds for many statutory services. So these were individuals that would bounce around, wouldn't get to tier two mental health services, couldn't get accommodation, fell below the social care thresholds for Care Act assessments and Care Act services. And because they fell below all those thresholds, they just kept bouncing around these services and not getting any help. So they're not, they're not hard to reach, they're underserved. And they're underserved by us’
 (Commissioner Interview)

Discussions at the start of the evaluation explored how the broader system is designed for people with one issue or is willing to deal with one issue at a time. This was said to disadvantage people with multiple and complex needs.

‘...mental health won't work with someone if there's substance misuse. But then it's very hard for substance misuse services to work on them around that because their mental health is so poor that they can't make appointments. And then because their mental health is so poor, and they're using substances, it's very hard for them to get to their appointments at the Job Centre or very hard for them to check their like journal for Universal Credit and find out they have an appointment, especially with a lot of our clients, they don't have access to the internet, they can't check their journal. And they

have to remember to go to the library, log on, check their journal to find out if they maybe have an appointment. So then they get sanctioned on their benefits, or it's very hard for them to hold down a tenancy' (Changing Futures Staff Interview)

'So it feels like everything is so skewed towards people who have high level of functioning, and so many of our clients don't because of the complex issues and the multiple issues that they have going on. And they can never get the help they need for everything. They have to like sort of pick one and work on that for a bit. It's very difficult, when they're all part of the same problem. And they're all so linked to childhood trauma and stuff' (Changing Futures Staff Interview)

Although there was a consensus that the predecessors to Changing Future (Full Circle and Horizons) were person centred there were concerns from staff and stakeholders that this did not extend across the entire system and people with complex needs were often encountering a lack of understanding from other services. This was echoed in the service user consultation portrayed above. At the start of the evaluation, there were also reports that adult social care and mental health services were missing from regular multi-agency meetings for the cohort. This presented a challenge for Changing Futures staff to ensure that the care and approach they undertook with clients was extended at a system wide level.

'They're just treated as a client, not as somebody that's got complex needs, or autism, or whatever, you know, or seven mental health diagnoses or, or whatever it is, they sort of treat everybody the same. There's no understanding of anything and thinking, oh maybe that person has this or they've told me that that person is autistic, therefore, I need to just maybe adapt the way that I talk to them or that I treat them' (Stakeholder Interview)

'...everybody around that table is working from a person centred perspective...once it goes beyond there, and we're having to get other parties involved, unless we've got someone that works in the same way that's got the time and inclination to carry on that sort of model, work with someone and get to know a bit about them, then it just sort of falls flat and the individual will stop engaging with any sort of additional, more formal support. And it just kind of goes around in a circle' (Stakeholder Interview)

In order to tackle this, stakeholders outlined the multidisciplinary approach that was being adopted by Changing Futures with a central tenet of being solution focused with a, 'no wrong door' ethos. This was facilitated by robust data sharing agreements between agencies.

'Horizons and Full Circle have been absolutely brilliant, because we all join together, and it's all about communication, and it stops them [the client] playing one off against the other. Like DWP versus probation, Open Road, because we're all sat around a table, or we're all on teams together...we can get to the crux of the problem and then start moving towards getting a solution like housing' (Stakeholder Interview)

External stakeholders spoke to the value of Changing Futures in identifying appropriate services for people, brokering relationships and coordinating care. This was especially notable where people had mental health concerns and other agencies had difficulty in accessing support around this.

'...we just didn't know all these services were out there, particularly for the people that we had that were just in this vicious circle of whether or not if they were using substances, not to stop, no one would do any therapy with them' (Stakeholder Interview)

'...it's been kind of invaluable. Because, we don't have many people that fall into this category but when they do we're really quite at a loss. And we're not the best people. So we do need to have a joined up approach with mental health and with someone like Changing Futures that actually have the ability to go out and do that direct work with people that are difficult to engage, because that's the idea, isn't it? They go out because sometimes mental health will turn people away if they don't engage and sometimes Adult Social Care can as well' (Stakeholder Interview)

In these instances, this was described as a 'relief' by other agencies to know that Changing Futures could step in and offer advice and support. It was often portrayed that Changing Futures had inroads to a breadth of services that other agencies felt disempowered to access.

'They're very much people we don't know what to do with. It's such a relief when someone like [Changing Futures worker] then coordinates some of that' (Stakeholder Interview)

'They are much better at getting access to general needs housing or different accommodation options, whereas we can only access like supported living or residential, so I think there's already been some good outcomes where Changing Futures has been working with people, and they've actually managed to, we didn't know what to do with them, because all our social workers know what to do is to commission residential care or supported living, and there's often not that part under general needs. But yeah, that's an area where I think it's been quite successful' (Stakeholder Interview)

The next part of the findings will focus on the additional services that were added through Changing Futures; the lived experience role, Mental Health and Wellbeing Team and accommodation (Phoenix HoSTS). The chapter will then consider the extent that individual and systemic objectives have been met throughout the programme.

Lived Experience

At the start of Changing Futures it was noted that, although there was a blossoming recovery community in terms of lived experience, this was relatively underdeveloped in Essex compared to other Changing Futures funded areas. The service user consultation also highlighted a need to collaborate and 'listen' to people with lived experience. The lived experience lead was interviewed on commencement and again at the end of the evaluation. It was acknowledged that

progress had been made throughout Changing Futures but the pace of this progress was slower than anticipated. This was largely associated with the nature of trying to coordinate individuals around the county, find mutually convenient times and places to meet regularly. Whilst good practice had been identified this was reported as being 'disparate'. Services were said to need realistic expectations and understanding about what it takes for something to be truly co-produced. There were signs of early success including co-production of 'a support helpline booklet' for all services across Essex and similar for mental health.

'We have met with commissioners from mental health and helped them co-produce how they approach accessing mental health like on digital platforms. We've co-produced our support helpline booklet, which is like all services across Essex (Changing Futures Staff Interview)

However, attempts to embed lived *and* living experience within services through the peer mentoring scheme were said to be challenging by way of securing referrals. At the time of evaluation most of the co-production work was with two specific Essex services; Futures in Mind or alcohol recovery clients. Moving forwards a priority work stream was to ensure representation from Changing Futures clients and to secure some peer mentors for people on this cohort. Being part of the national evaluation and overarching Changing Futures programme was said to have allowed Essex to see other areas' efforts and progress on establishing lived experience into the multiple disadvantage agenda.

Mental Health and Wellbeing Team

A number of staff working in the Mental Health and Wellbeing Team were interviewed throughout the lifetime of the evaluation. This also included shadowing staff to appointments and interviewing clients in their home. Three case-studies are included in Appendix C.

In 2022, there was overwhelming consensus from stakeholders that there were significant challenges in access to mental health support. Importantly, stakeholders had discussed, at the start of Changing Futures, that often the need for support did not stem from a diagnosable illness but rather an artefact of previous trauma which was often unrecognised and went unsupported as the individual did not meet a threshold for statutory support. Poor mental health was also posited as the root cause of other issues such as homelessness and substance misuse. The barriers to mental health support were a real source of frustration and concern amongst stakeholders and identified the need for the Mental Health and Wellbeing Team.

'I think the majorly obvious one is mental health support. That's the one that every organisation seems to struggle to be able to support. There's obviously not enough help out there. There's massive barriers to people getting the support. And even if they've got a doctor, and they've got to phone the doctor, and they've got the credit on a phone to phone the doctor, and they've got the capacity to do it, even with all of those things in place, to get themselves an appointment, to have that discussion, to be listened to, and then to them to actually receive a referral to go somewhere, it's just next to impossible really' (Stakeholder Interview)

'Before it was just referring to access and assessment...usually you get back no, it's not mental health, it's the drug and alcohol you need to sort that out first. And this is where a lot of the struggles come with clients like that. You try to get them off drugs or alcohol, if you can get them free of drugs and alcohol, then they're waiting months anyway for an appointment, and by the time the appointment comes through, they've usually started using again to cope with their mental health' (Changing Futures Staff Interview)

In 2022, there was a real desire and appetite from stakeholders to have help when trying to get people access to mental health support and a sense that it was an impenetrable provision. This was not just from external stakeholders but also the central Changing Futures team who had historically not had a mental health or wellbeing team attached to them.

'At the moment, like mental health teams are just completely inaccessible. We have absolutely no interaction with them. We haven't even, most other services, we can find an email to contact someone and ask a question about how do we get, how does our client get referred into your service? What do we need to do? Can we work, can we joint work with this client? But with mental health, there's absolutely no way of doing that unless someone within mental health takes the initiative, which has only happened once for me' (Changing Futures Staff Interview)

'What would be amazing for us from that service is if they have the ability to refer into mental health services in a way that we don't, or even have the ability to get GPs to do it because all we can do is write a letter to a GP and request that they see someone for their mental health. We have no real influence, they can ignore us if they want to. So it would be so beneficial for our job and for our clients if we had, if Changing Futures mental Health and Wellbeing team was able to make onward referrals to mental health and assess people's mental health' (Changing Futures Staff Interview)

As a result of this appetite and established need, the service manager of the Mental Health and Wellbeing Team reflected on the level of demand for the provision.

'The gap that we're actually filling is a lot bigger than I thought it was going to be. There's a lot more requests for our services than I might have first expected, you know, working in the mental health sector and I think for some time, I've pretty much covered it. But there was a lot of hidden people. So I think the demand for it sort of surprised me (Health and Wellbeing team Interview)

Interviews throughout the evaluation were overwhelmingly positive about the Mental Health and Wellbeing Team. Since their inception at the start of Changing Futures it can be seen that they have become the 'go to' for Changing Futures staff where there is any level of mental health concern. There were reports of highly positive working relationships between Changing Futures and the Mental Health and Wellbeing Team to provide best possible care for individuals with clear delineation in roles and responsibilities (after some early teething problems on this). The service can be seen to complement rather than duplicate the work done by Changing Futures staff, incorporating home visits as usual practice with staff able to spend lengthy periods of time with

clients during appointments. For example one worker noted she spent 90 minutes with someone during their home visits and the client had reflected on the positive impact this had, relative to her community psychiatric nurse who came for a short period each time.

The Health and Wellbeing team were open to any referral and adopted a highly 'can-do' attitude. Two members of staff on the Health and Wellbeing team are now also part of the Drug and Alcohol Street Support Service (DASS) team which has also provided added value through their focus on the intersectionality with poor mental health, drug and alcohol issues and homelessness. Having this multi-agency team has supported the tailoring of provision to someone's needs.

'Someone may be open with multiple services, but they need help with housing or something along those lines, in which case, they get a Peabody worker. For others, it may be that they have a lot of support around them housing needs, but they're struggling with their mental health and they can't get into community services. So we'll put our Health and Wellbeing worker on them and hopefully get some low level mental health intervention while they're waiting and trying to engage them with the mainstream services' (DASS team Interview)

Changing Futures staff highlighted the fact the Health and Wellbeing team can triage individuals in order to decide the best course of support for them. In turn, this can be seen to reduce the burden on statutory services where inappropriate referrals may have historically been made. This means that the Health and Wellbeing team had a highly open-door policy on referrals, happy to discuss and explore people's needs.

'I find with mental health, it is a bit subjective as well. But what could be an absolute crisis for someone that's not experienced with mental health could be a normal day in the office for someone that, you know, experiences mental health clients every day. So I think it's some subjectivity. So I'm quite happy to have all cases, which I think pretty much all cases come to us first' (Health and Wellbeing team Interview)

Once triaged, staff in Changing Futures commented on the improved referral pathways for mental health support. They noted the Mental Health and Wellbeing Team could make direct referrals whereas Changing Futures staff could not. This was facilitated by the unique positioning of the Health and Wellbeing team and their existing relationships with EPUT (the mental health provider) and was something that Changing Futures staff hoped would be part of the service.

'They have the ability to refer into mental health services in a way that we don't. The only thing we can do for mental health is write a letter to someone's GP and ask them to give them an appointment, which is easily ignored' (Changing Futures Staff Interview)

'We also have the strong links with EPUT. So immediately from when we started we had strong links that you might not immediately have, if you're completely outside of these organisations like Phoenix is' (Health and Wellbeing team Interview)

The fact that the support was long term was important; recognising people's journeys were not linear nor time-bound. There was evidence of opportunities for staff to have further training and continued developed; for example a week long DBT training was offered to Health and Wellbeing staff. Another ingredient for success was the fact that staff had smaller caseloads to support more in-depth and longitudinal work. This supported trusting relationships to be built which fostered positive engagement.

'We are not as rushed as other services, where you have a caseload of 30/40 people, and you can only see someone once every three weeks or once every month, and just be there for half an hour. So we actually, we have the time to build a relationship with someone. I think everyone cares, but we can show the care that we have for the people because we have a bit more time and resources to spend time with them. And I think that doesn't exist very much, the actual teaching of skills, not focusing on medication and actually talking to people and building relationships for multiple months' (Health and Wellbeing team Interview)

Through the interviews and home visits there were examples given by staff of people who had historically not engaged with any service who have regularly and consistently attended appointments with the Mental Health and Wellbeing Team and have had extremely positive outcomes as a result.

'I met him and they were shocked at how engaged he was, how he broke down within that first session, and how I could tangibly say to him, I am interested in working with you, I wouldn't turn you away. My only concern is that you're also willing to work with me. If you are, I will work with you. And I have, I've had him for three odd months and he shows up to every appointment religiously, on time, respectful, well mannered, doesn't swear at me, nothing' (Health and Wellbeing team Interview)

Those who had been directly supported noted the value in having regular contact with someone who could assist across an array of tasks from practical to emotional.

'I think things like even calling doctors, booking appointments that I would usually leave and put off or certain questions that I've never asked or something like that. Yeah, it has been a lot of help' (Changing Futures Client Interview)

Clients were also able to recognise the impact this has had on their self-confidence and hope for the future.

'I mean the first time I met (CF worker), I don't think I'd be able to make eye contact or anything....I sort of see where I want to be. Whereas before, I couldn't see, like, the light at the end of the tunnel? So yeah, I think things are just progressing and I can see that' (Changing Futures Client Interview)

In terms of remaining gaps to be addressed, three separate team members noted a gap in support for clients who were neurodivergent or had learning difficulties.

'They don't have a low enough IQ to be under the learning disability team, but still definitely need support. And I think if you have a similar, we're just filling gaps there, but we aren't especially a service for autism and ADHD' (Health and Wellbeing team Interview)

'We've had a lot of referrals and they have mental health problems, but they also have, perhaps undetected, learning disabilities. But again, because of their drug and alcohol use, they put it down to that and I think, okay, a lot of it perhaps is alcohol induced psychosis or something, but I think a lot of them do actually have learning difficulties or disabilities. So perhaps more of a pathway with a learning disability team or something that could detect whether they do have a learning difficulty' (Health and Wellbeing team Interview)

'I find getting learning disability support has been my biggest challenge so far. It's very difficult' (Health and Wellbeing team Interview)

This was also raised by external social care colleagues, who described ongoing challenges for individuals who had mental health and learning needs, especially in the context of accommodation support.

Finally, although clients could be referred to the Health and Wellbeing team for low to medium support or secondary care for more severe mental health concerns, one member of Changing Futures staff noted there was still a gap around long-term trauma therapy for clients. The service manager noted he would like to expand to six staff members and take referrals more widely than Phoenix services.

Phoenix HoSTS

Staff and stakeholders described the rationale for implementing HoSTS as a model. The complexity of residents eligible for HoSTS meant they had previously struggled to maintain temporary accommodation successfully. Residents therefore found it difficult to access more stable housing as a result of this and were trapped in a vicious cycle without little progress. This was a source of frustration for individuals, for support services and for housing providers.

'...because of the vulnerability and high need...the journey through temporary accommodation failed most times, so was inevitably blocking them from ever getting to housing, because they couldn't manage the temporary accommodation pathway' (Stakeholder Interview)

'Temporary accommodation failure' had clear systemic economic implications. Housing stakeholders were able to reflect on the value of HoSTS at both a social and financial level. Historically support workers (within a myriad of services including Changing Futures) have described challenges around housing options. For this evaluation, housing stakeholders were also able to describe a perceived lack of support for people with multiple disadvantage even once housed. HoSTS therefore bridged an important gap by providing residents a stable and secure

housing option, long term opportunities in maintaining sustainable accommodation and on-site support, therefore making the investment even more worthwhile.

'...from our perspective, the savings that we make on temporary accommodation and temporary accommodation failure are actually quite high. I'd be paying Bed and Breakfast at 50 or 60 pound a night for those people that are living there. And actually, what we're doing is, in real life, getting them used to managing a tenancy, which is their home for life. And very deliberately, we've made that but these are secure tenancies, they're not going to go away, we can't take them away from you. But all you've got to do is make it work for you. And then we'll move you on when you are really settled, then you know what your future is. But there's no rush, there's no hurry. There's no timescale to it. Because I think if those restrictions go in, sometimes it's too fast. It's too quick. And it just puts another step in, which acts as a new stress for people'
(Stakeholder Interview)

'What we hope it will be is when they feel the time is right for them to move on and they feel ready to go, that they will come back onto the register, and they will apply for a new flat somewhere else to free up that opportunity for somebody else, we've agreed that they'll get a high priority on our Housing Register, because it's a benefit to us, because it's freeing up a space for somebody else to come' (Stakeholder Interview)

A critical component of the model was the offer of support from on-site staff as well as the curation of a self-policing cohort who could support each other.

'...people were concerned when we put the first model together, that if we have six people in one building, won't that be really chaotic. But actually, what I've found when I've managed it before is it starts to become really quite self-supporting because people monitor each other's progress. There is on-site staff support. And people can kind of build on each other's successes and help each other through' (Stakeholder Interview)

The specific set up of HoSTS allowed people to have independence as well as feel part of a collective, supportive family by specifically having flats that were close enough to foster community as well as autonomy and privacy. This was profoundly important as residents reflected on the fragmented nature of their own biological families and previous sense of isolation.

'I was homeless before that. But they've been such a great network of support. I've haven't got nobody so they are the closest thing I have to family' (HoSTS Resident Interview)

'...where the staff are concerned they're just amazing. They're just like our mum and dad'
(HoSTS Resident Interview)

'It feels like someone actually cares. I've lost all my family. I'm literally on my own, so to have that support and someone that really cares' (HoSTS Resident Interview)

The fact staff were on-site was appreciated and the use of one flat as a communal space and office for staff was said to be a key ingredient for success. Establishing continuity of care, with a small core staff team was also said to be vital. This meant that small obstacles that may have historically caused accommodation breakdowns could be resolved and residents were empowered to acquire skills to support themselves in the future. The small nature of the cohort also allowed this to be tailored to the individual; their specific interests or needs.

'...having staff here it really does help 'cos like they're here rather than knowing you've got to go into town to see that person. You can just come downstairs' (HoSTS Resident Interview)

'All of those small things like getting your electric account set up and your cards for your electric actually can come become a major trauma for somebody, if they have come out of prison, they've got some mental health issues can be real stresses, or in fact, if they're vulnerable to other people, so they might be cuckooed or they might be taken advantage of. So I think having it in an almost sheltered environment where we have got staff going in pretty much daily to check on them, are you okay, are you still here, really helps develop that sense of small communities' (Stakeholder Interview)

The residents of Phoenix HoSTS reflected on the impact of stable accommodation on their wellbeing. All of the residents used the term 'home' to describe their property and the environment as a whole.

'I haven't had a home for years. My mum and dad's house, that's where I lived, that was my home, my family home. My family family home, that's when I lost my kids. That was my home but it's not any more, it's my bed. I've never had a home home. I've never been able to put my feet up, put me hat on the wall. But here, I wake up in the morning and sit in the garden. Yeah this is my home' (HoSTS Resident Interview)

'It is a home here and if it wasn't for these, it wouldn't feel like a home. And we all do look after each other as well. If we ever need anything we've always got each other. And if anyone come knocking on the door we wouldn't let anybody in. So for safety reasons as well, it's nice' (HoSTS Resident Interview)

The sense of stability that this provided residents had an impact on their recovery. Two residents discussed the fact that the need to find a place to stay each evening had previously kept them trapped in the cycle of using drugs and alcohol.

'I can come home. I'm not just going, oh where am I gonna sleep tonight? Now I've got to find a bag or find a place to stay. I've got to find people to hang about with. I've got to drink to keep warm. No, I can go home' (HoSTS Resident Interview)

'The fact that I know I've got a roof over my head and I haven't got to sofa surf or say to this person, oh I've got this, can you let me stay the night' (HoSTS Resident Interview)

Once in HoSTS, residents discussed the impact the physical environment itself had on their ability to have longer periods of abstinence.

'It was on and off for years. I've had a couple of clean phases but this time, I've either stopped it through the gear but stayed on the alcohol but now I'm off both of them' (HoSTS Resident Interview)

Having an outdoor space where residents could enjoy fresh air, sunshine and gardening was also conducive to supporting recovery. One resident described he was a '3' out of ten in terms of wellbeing in his previous temporary accommodation but since being in HoSTS for a very short period he was already an '8'.

'...you can't send someone in a broken building. Because that's not really helpful. Usually. It brings out the negative in them...then you relapse. And then they will just say, well, you're the one who relapsed, but really it's the environment they put you in because that's what you do when you can't cope. Anything that troubled me, I drank or took drugs, because that's how I cope' (HoSTS Resident Interview)

Other residents also expanded on the impact on other health and wellbeing outcomes such as sleep and mental health.

'I'm sleeping better than before. I'm still struggling, but not as much as before. Because it's a comfort to, because this is my home now for the duration. I'm not going to get a call saying right you are out of this project you've got to move to the next one. So that stability is there. And that's 50% of my problems over because being homeless and being moved around here and there, and all of them are not a good place anyway. So you know, it just plays with your mind, it's like, they are not really caring for us' (HoSTS Resident Interview)

'I'm a lot more motivated, not so suicidal. It gives you reasons to get up every day. They're helping me with my children as well. So that's a big help' (HoSTS Resident Interview)

'Every day is a struggle but this, I've got a reason to wake up now. I'm not alone. I know it sounds mad but I'm not alone. I wake up with that.. but then I've got, I need help, I need someone to talk to or just say hello to. Even that just hello, they'll know that I'm here, that I'm okay. There's people around me' (HoSTS Resident Interview)

'My mental health as well, I'm a lot calmer. I'm not trying to figure out where I'm gonna eat, where I'm gonna sleep and what am I doing. I know that I can wake up in the morning and I've got food, I've got water, I'm warm. I'm calm. And I'm back in my education, I think that is little things but, don't get me wrong, I'm not perfect, I've got my problems, but they're there. Even if I'm having a really bad day, I know for a fact that I don't have to struggle on my own' (HoSTS Resident Interview)

Residents made some suggestions as to how the service could be improved even further. This included having a member of staff visit over the weekend in recognition that other services were also closed. However staff described that residents were briefed on who else they could contact over the weekend, including emergency services, should they need support.

'I would like them here more often, but they've got their own lives. But someone popping in over the weekend, a lot can happen in a weekend and with mental health as well, it's not nine to five. It could be night times and things like that' (HoSTS Resident Interview)

There was also a recommendation that the handover from having a Changing Futures worker to a Phoenix HoSTS worker could be strengthened with a more gradual step-down process implemented.

Individual Level Changes

The individual changes that were outlined by staff, stakeholders and clients were, in part, down to the 'positive persistence' of Changing Futures. This was a key value outlined by commissioners at the outset and there was evidence of this in client and stakeholder interviews.

'I was in a mess and I mean, I'm not normally. I mean, I've worked all my life and had my own house and it was a big shock to lose so much in such a short space of time. To the point where I just didn't care anymore, I didn't care if it was here or not, but having them there and even if it's just when they call up and just have a laugh, making sure that I was alright. They never gave up. If they couldn't get me they'd keep trying and trying and trying. And if they still couldn't get me they'd come to the door' (Changing Futures Client Interview)

'...they keep trying. They, it takes a very long time, before someone's taken off the process, because they will try and try and try. I mean, I've even been out with some of them looking around town, trying to find the people, especially those rough sleeping. A lot of the time we know their little haunts and where they're staying. But they don't give up' (Stakeholder Interview)

Service user feedback gathered as part of the scoping exercise in 2022 indicated a lack of contact between services and individuals while waiting to be seen or for issues to be resolved. One Changing Futures client that was interviewed as part of the evaluation spoke to the role of Changing Futures in managing her anxiety while awaiting housing decisions. This indicates Changing Future's potential to directly impact gaps that were identified in 2022.

'...mainly being a support and the help for me when I need someone to talk to regarding the issues. And if I do have any concerns, then she does try and get them resolved or find out answers for me. And she is fantastic. She's in constant contact. So I always know what's going in, going on. So she is checking in with me to find out how I'm doing if there's any improvement. She's been fantastic' (Changing Futures Client Interview)

There was also evidence of multi-faceted support in recognition of multi-faceted needs; dealing with the whole person not one 'problem'. This relates to the aspirations and ethos of the service that were outlined by the commissioner in 2022 and 2024.

'I feel that she helps me out on more than just one level. She knows where I'm coming from, in the sense of we've had issues with mould dealing with the council not getting anywhere. So having that level of experience and not judging as well really helps. And like I say constant checking in to see how I'm doing or if she can support me with anything. She's got me referred with vita minds as well. So she's helped in more than just one aspect' (Changing Futures Client Interview)

Clients that were interviewed stated they felt valued, heard and advocated for. This was said to have a positive impact on stress, anxiety and worry.

'...obviously mental health is something that's not just going to go away. But I feel a lot better knowing that I do have someone in my corner that is going to push and get answers for me. So I feel better that I have someone listening to me and taking in everything that I am saying and I feel' (Changing Futures Client Interview)

'I always feel like no one's ever listening. With [Changing Futures worker] if I talk to her about an issue or a concern, you know, she actually listens to me and takes on what I'm saying. And will always say to me, so leave it with me, I'll see what I can find out or I'll see what I can do. Anything you need, don't hesitate to call. So I feel like I have that major support in helping me get out of here basically' (Changing Futures Client Interview)

Changing Futures clients also reflected on the overall non-judgemental approach and consistent support they had had from staff which felt distinct from other experiences.

'I'll give them five stars, they really went out of their way. And every single one was really kind to me. It's very supportive' (HoSTS Resident Interview)

A number of clients reflected on how different their life may have been had they not had the support from Changing Futures.

'I don't think I would be here if they hadn't have come into my life, and I don't find it easy to accept help' (Changing Futures Client Interview)

'If it hadn't have been for Phoenix Futures, I probably would not have been alive, maybe. Because I was in a really bad place. Because I've attempted suicide many times' (HoSTS Resident Interview)

'If it wasn't for Phoenix Futures I probably wouldn't be here to be honest' (Changing Futures Client Interview)

Staff working within Changing Futures and the Mental Health and Wellbeing Team also commented on the progress clients had made with long term support.

'She was in almost palliative care, so they didn't think they could do much more for her, and she only had about five years left to live. But she completely stopped drinking. This is, we worked with her for a year and a half. She stopped drinking, and her liver started healing again. And now as she's no longer palliative, she's no longer, they don't think she's dying anymore. And she started a course to be a peer mentor. I think she might have already started working as a peer mentor now. So from being, drinking a few bottles of wine every day, to now being sober and actually starting to volunteer' (Health and Wellbeing team interview)

Systems Level Change

The inception of the Systems Change Lead and Partnership Lead, alongside the Changing Futures operational staff team, have supported levers for change at a systems level. The stamp of 'Changing Futures' being a Government funded programme also helped galvanise conversations with interested parties and forge new partnerships and professional relationships.

'I'm seeing a lot more openness in communication between sectors' (Changing Futures Staff Interview)

Having a dedicated role to go and meet partners was a highly valuable addition to the service. The Systems Change Lead described how she had been invited to present at brand new meetings and boards. This meant that feedback from frontline staff and teams could be actioned at both a strategic and operational level as well as ensuring a breadth of agencies are aware of the complex needs agenda.

'I'm delivering a presentation to the psychosis and Perinatal team...that's why it's so good. People out there in sectors, that unless you meet them, they're the ones who are saying, oh, let's think about things. So let's see about that. And let's change things. But unless you meet them, you don't know they want to change' (Changing Futures Staff Interview)

At an operational level Changing Futures was said to offer a co-ordination role, bringing previously missing partners round the table and taking responsibility for delineating roles and actions to ensure seamless support for individuals.

'I think for us, it's really making sure that mental health are in the room and listening to the difficulties. We're not trying to fob people off. It's not necessarily it should be mental health or social care. But it's yeah, how we work in that space together? Because everyone's so pushed for resources. It's like, it's difficult isn't it to sort of say, actually, this needs to be worked by both sides at the same time. But that's actually what needs to happen. And I think that's where Changing Futures are quite supportive in that space as well aren't they because they can do some of the practical things' (Stakeholder Interview)

At a governance level, there was evidence of improved processes around shared accountability, joint management and decision making. Complex case meetings and Changing Futures case meetings were examples of opportunities to co-produce solutions for people.

'...actually sometimes that gives you the confidence if you work as a system, and done everything you can and then some of it does come down to the person making certain choices in their life. And I get, so it's a different way of managing risk as well. I think that's something that's really good as it allows the joint ownership of risk or supporting with some of those risks. I think that's, that's key, isn't it with the kind of multiple discipline working' (Stakeholder Interview)

However, there was an acknowledgement that this co-ordination and conversation can only go so far if the broader system is still not addressing wider issues. In this sense the programme had, unsurprisingly, not fully overcome some of the challenges noted at the start of the evaluation.

'Our role kind of plugs the gaps and it is helpful and that does help individuals in the long run, but it doesn't do anything to stop. We're just putting a plaster over the issue, it's not actually fixing the issues within the system. It feels that as well part of what we do is like pick up stuff that probation should be doing, you know. Most of our clients are on probation, or we get a lot of referrals that are from custody where they've been seen by a mental health nurse and the referral just says for us to refer them to mental health services, which we can't do. And I know that the process for them to, it has to be like an acute, secondary mental health need for them to be diverted from custody. But it feels like so much of the work we do is because other systems, other services aren't working and the systems aren't working' (Changing Futures Staff Interview)

Health as a sector was flagged as challenging to change at a systemic level; not least because of the number of restructures that the sector had gone through throughout the lifetime of the pilot. The housing sector was also named as particularly difficult to affect change in, recognising a lack of housing stock as a key issue.

'Certain things around accommodation and housing and pressures on local authorities, I think that is actually a much more difficult landscape now than it was even two years ago...it's fantastic that we're given funding to support people, but actually, we can't do anything, if there is no kind of bricks and mortar. And that's the stark reality.' (Changing Futures Staff Interview)

There were also a number of examples given where Adult Social Care was described as hard to engage with. But the fact the Mental Health and Wellbeing Team is staffed by social workers and housed in Adult Social care has contributed to breaking down barriers and siloed working.

'That's been really useful to have someone that we can actually refer into. And as far as I'm aware, they can then refer them on to secondary mental health services. And it's really useful. I know, like one of their team is a social worker. And it's been really good working with her, even if I just have questions around social care. Because we really struggle with social care at the moment and our clients, they've been really difficult to work with recently. So it's really good to

have someone just to call for a bit of advice around support for joint working with social care or safeguarding and stuff' (Changing Futures Staff Interview)

'I feel in some cases, we've achieved things that have been tried for years. And I feel that's mostly because of how we are positioned' (Health and Wellbeing team Interview)

There was reported progress with some housing providers in parts of the County but not others. In this sense there was not yet a uniform approach to multiple and complex needs. One Changing Futures practitioner perceived there to be a high level of stigma from certain local authorities' housing departments for their client group, stating it felt that they were seeking reasons not to house people in the local area. In recognition of this the Housing Pathway task group was operationalised to try to overcome local housing challenges for the cohort.

Conclusions and Recommendations

Overall, the local evaluation of Changing Futures has demonstrated that the new additions to the Horizons service have been able to contribute to previously perceived gaps in the system; notably, mental health support and housing for people with multiple disadvantage. The aim of the Changing Futures agenda was to tackle obstacles and barriers at an individual and systemic level. There is evidence of this occurring in Essex. Interviews with clients, staff and stakeholders demonstrated individual success and positive changes in people's wellbeing, recovery and mental health. Where clients have been able to make such changes, this was said to have reduced pressure on the overall system (e.g. the need for significant health interventions, attendance and stays in hospital or in rehab, costs incurred for accommodation failures, triaging referrals to mental health). At a systemic level, Changing Futures continues to bring together partners and attend multidisciplinary team meetings, co-producing solutions for this cohort. Commissioners recognised that the systemic 'dial' moves slowly but it is certainly moving in the right direction. Being part of the broader Changing Futures national programmes has afforded some benefits in moving this dial; having Government backing to galvanise conversations and underscore the importance of this agenda.

In terms of recommendations to continue to strengthen the system, concerns were raised about people presenting with comorbidities around learning difficulties *and* mental health challenges. This was particularly notable where learning difficulties are below a diagnostic threshold and/or relate to neurodivergent conditions such as ADHD or ASD. This was especially borne out in regards to finding suitable housing options for this cohort.

The addition of the Health and Wellbeing team and HoSTS have allowed new solutions to longstanding challenges in mental health and housing with success. This is not to say gaps do not remain but historic obstacles have been mitigated in some way and feedback would suggest these should continue to be funded and/or expanded.

Reflecting back on commissioner conversations early on in the Changing Futures implementation about their aspirations for the programme, these have been borne out. There is evidence that

principles such 'positive persistency' and supporting the presenting person rather than *just* their presenting needs are very much the cornerstone of Changing Futures, the Mental Health and Wellbeing Team and Phoenix HoSTS. Positive persistency also was pervasive in discussions around systemic change. The overall impact of this is improved outcomes for individuals; as noted in qualitative interviews, case studies, case file reviews and quantitative data.

Appendix A:

Questions that shaped that evaluation arising from Essex's submission to Changing Futures bid.

Service Qualities:

Research Question	Finding Summary
To what extent does the Changing Futures service build a long lasting therapeutic relationship?	The average length of time on the cohort was found to be 238 days which enables a therapeutic relationship to be built.
To what extent is the offer of support consistent, long term and unwavering?	See above for duration of support. Evidence of this being consistent, long term and unwavering through case file review, client and staff feedback.
Are services delivered in a flexible, truly person-centred way, with empathy and consideration for the experiences of each individual and with a shared responsibility for the whole person?	There was evidence of this in interviews with staff and external stakeholders. At an individual staff level this was achieved but at a whole systems level there was room for progress amongst some statutory providers.
How are waiting times to other services managed? What is put into this interim period?	The Mental Health and Wellbeing Team was able to offer support for people while waiting to be seen by statutory services. The long-term nature of this and Changing Futures also supported periods of wait for other services.
Has the addition of a specific mental health function worked to support this cohort better?	The Mental Health and Wellbeing Team is one of the resounding successes of the Changing Futures pilot and received unanimously favourable review.

System level change:

Research Question	Finding Summary
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<p>To what extent are services coming together and working jointly? Is there a partnership strategy to support working with multiple disadvantage?</p>	<p>There was good evidence of services working together jointly; especially at an individual case-management level. There is also a Changing Futures Strategy (2021-2025) which exists to support partnership working.</p>
<p>Have there been any unexpected partnerships or joint working formed?</p>	<p>The creation of Phoenix HoSTS was not foreseen at the start of the programme and has had a huge amount of benefit for residents and stimulated interest in other housing partners.</p>
<p>How has Changing Futures advanced or changed the culture and approach to working with complex service users?</p>	<p>Changing Futures has built on the success of other Phoenix Futures services. The main advancements have been in tackling long standing gaps in mental health support and housing for people with multiple disadvantage.</p>
<p>To what extent does the system feel equipped to work independent with multiple disadvantage as a result of Changing Futures?</p>	<p>The evaluation findings would suggest that Changing Futures is still a critical linchpin in the system; driving systemic change.</p>
<p>To what extent is there an improved understanding of the needs of individuals experiencing multiple disadvantage?</p>	<p>Stakeholders and staff reported there to be an overarching understanding of the needs of this cohort but some inflexibility in statutory provisions such as mental health and adult social care.</p>
<p>To what extent does the system now act as a unified, less siloed, whole in addressing the needs of this cohort?</p>	<p>The lever of change to reduce fragments in the system has been progressing in the right direction but statutory provisions such as mental health and adult social care still remain somewhat siloed. The Mental Health and Wellbeing Team has gone some way in beginning to tackle this.</p>
<p>Do less people go on to need structured, secondary treatment (in mental health services)?</p>	<p>There is no quantitative data on this but anecdotally there is feedback to suggest that the Mental Health and Wellbeing Team has contributed to a reduction in a) inappropriate referrals to secondary care and b) supporting people in their coping skills and providing low level care to divert them from secondary mental health</p>

Individuals with SMD:

Research Question	Finding Summary
What is the experience of those with SMD who are and aren't working with Changing Futures /not engaged	Interviews with those with SMD demonstrated that Changing Futures has had a positive impact on their lives; in terms of their self-confidence, physical and mental wellbeing and recovery. The evaluation was not able to reach those who had not engaged.
How have outcome monitoring scores been affected?	Of the sub-sample that was selected for analysis for this evaluation the majority of outcome monitoring scores have been positively affected.
Do individuals show improved access to mental health support?	Individuals with low to medium level mental health needs have benefitted from the Mental Health and Wellbeing Team. This service has also been able to support referrals to EPUT where appropriate.
Are individuals less likely to be evicted?	The NDTA scores on the area of housing have shown positive changes (for the 10 cases that were selected at random). Phoenix HoSTS has also supported a cohort of individuals who were previously at high risk of eviction.
To what extent have people experienced reduced A&E presentations or increased GP registration (at a cohort level)	A small number of individuals interviewed on the Changing Futures cohort described changes in their physical health and presentation at A&E and hospital; this was namely as a result of abstaining from alcohol through Changing Futures support.
Do individuals report feeling more able to 'self manage'?	Individuals who were interviewed described they were better able to cope with difficult feelings and namely that the Health and Wellbeing team had supported them in identifying coping strategies and reducing the risk of acting impulsively.
To what extent are the services perceived to be truly person-centred, trauma informed co-ordinated support?	Interviewees described that Changing Futures was consistent, sensitive and supportive. They liked that the care given was idiosyncratic to their own needs. However, some external services were still said to demonstrate a lack of person-centred care.
How has the programme of leisure and support activities been received?	This has not been accessed as envisaged by Changing Futures clients.

To what extent is change sustained?	Only one person has re-presented on the cohort suggesting change is sustained on discharge.
How is step-down managed? And is this timely and appropriate?	A significant number of clients on Changing Futures have been stepped down to other Phoenix Futures services and there is a benefit associated with the range of services that Phoenix provide; this makes graduated care much more seamless.
To what extent do those with multiple disadvantage feel they have to repeat themselves and their story? How is information shared across services to reduce the risk of re-traumatisation?	This was not discussed to a great extent in interviews but individuals noted that having an advocate through Changing Futures meant that they could communicate on their behalf with partner agencies which, in turn, saved them having to repeat their story.

Partner Interviews:

Research Question	Finding Summary
How have partners experienced the trauma informed care training?	The trauma informed care training was not positively received by partners on the whole.
What is the experience of partners/agencies working with those with multiple disadvantage?	Partners described that they sometimes felt quite 'alone' or 'unsure' when working with multiple disadvantage which is why they valued the support and advice from Changing Futures teams.
How are partners brought in by the partnership lead - what value does this add?	Evidence from interviews about the value in having dedicated roles to liaise and network with new partners. This is achieved through attending meetings, conferences, relevant boards and presenting the Changing Futures agenda.
What are the perceived benefits of working in a multi- agency way?	Partners described a shared sense of responsibility, accountability and coproducing solutions through multi-agency working.
Do staff feel more satisfied being able to work more flexibly and creatively working to support people with multiple disadvantage?	This was not raised in the evaluation.

Appendix B:

Questions in NDTA:

Scores in Brackets which make up total scores in the data presented earlier in the report.

Engagement with front line services score

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

Intentional self-harm score

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

Unintentional self-harm score

1. No concerns about unintentional risk to physical safety (0)
2. Minor concerns about unintentional risk to physical safety (1)
3. Definite indicators of unintentional risk to physical safety (2)
4. High risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment (3)
5. Immediate risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment (4)

Risk to others score

1. No concerns about risk to physical safety or property of others (0)
2. Minor antisocial behaviour (2)
3. Risk to property and/or minor risk to physical safety of others (4)
4. High risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour (6)
5. Immediate risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour (8)

Risk from others score

1. No concerns about risk of abuse or exploitation from other individuals or society (0)
2. Minor concerns about risk of abuse or exploitation from other individuals or society (2)
3. Definite risk of abuse or exploitation from other individuals or society (4)
4. Probably occurrence of abuse or exploitation from other individuals or society (6)
5. Evidence of abuse or exploitation from other individuals or society (8)

Stress and anxiety score

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

Social effectiveness score

1. Social skills are within the normal range (0)
2. Is generally able to carry out social interactions with minor deficits, can generally engage in give-and-take conversation with only minor disruption (1)
3. Marginal social skills, sometimes creates interpersonal friction; sometimes inappropriate (2)
4. Uses only minimal social skills, cannot engage in give-and-take of instrumental or social conversations; limited response to social cues; inappropriate (3)
5. Lacking in almost any social skills; inappropriate response to social cues; aggressive (4)

Alcohol and drug misuse score

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

Impulse control score

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

Housing score

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

Appendix C:

M.S is a 38 years old male living in small town in Essex. MS lives in a one bedroom flat with his dog Lilly. M.S has been in a relationship with his partner Karl for approximately two years, however their relationship gets challenging at times. MS is the oldest of 9 children; His mum has alcohol difficulties and therefore he often took a lead role even when he was young. This may have had an impact on the development of his identity and the role he played with those around him.

M.S works full time from home and finds his job fulfilling and he takes pride at his hard work. M.S often felt he needed to be over productive at work or “people please” which neglected him managing his own needs.

M.S has been referred to the Changing Futures team by his alcohol support worker to help M.S manage low mood, depression and anxiety. M.S has developed alcohol dependency as he is using alcohol as a way of coping with emotions.

M.S is experiencing difficulties managing his anxiety and depression. M.S was also experiencing increased suicidal thoughts and has a history of suicide attempts in the past.

M.S initially felt feelings of shame but struggled to communicate or express this to others, particularly his partner. There was resistance to learning to tools to support coping mechanisms. However it was discussed how change can be uncomfortable but also an opportunity for personal development.

To support M.S to progress, it was important to support him with building a foundation to develop coping strategies and boundaries.

M.S has continuously worked towards his alcohol recovery with Essex ARC. M.S undertook a 10-day detox at Topaz Ward in Chelmsford and has enrolled in day rehab SHARPS. Unfortunately, as a result of taking prescribed medication which showed as a positive opioid result on his drug test, M.S was asked to leave SHARP. M.S took responsibility for his recovery and took initiative to reach out for further support at the time. M.S remains sober and is maintaining his sobriety with healthy coping skills he learned along his inspiring journey. M.S demonstrated high levels of determination, tenacity and strong will throughout working with the Mental Health and Wellbeing Team. M.S used the discussions about healthy relationships and boundaries to make positive changes. He started to put his own mental health and wellbeing first, before the “demands” of others; he was able to attend a Christmas Party when he was 4 months sober and managed this situation where other people were drinking around him.

M.S has now gone into counselling to work through historical trauma, and he now has the skills to manage the difficult feelings that may come up as part of this process.

M.S is pleased with the support he received, and all identified goals has been achieved, therefore he has been discharged from the Mental Health and Wellbeing Team - Changing Futures

S had been struggling with her mental health for several years and was known to many professional services that were all trying hard to work holistically with her and to keep her safe. Unfortunately for many professionals this became much harder when S became increasingly vulnerable and appeared to be being exploited. S's children had been placed in care and crack cocaine was being used frequently. S had described experiencing years of trauma and said that she found it hard to work through such difficult feelings and emotions that she was experiencing. As a result, crack cocaine was temporarily used as a 'sticking a plaster' over the rawness. S often used to describe feeling like she was 'looking up out of a black hole and didn't know how to get out in the light again'. S described feeling nothing like her old self and desperately missed feeling happy.

Over the duration of four months S worked with the Mental Health and Wellbeing Team to complete Dialectical Behavioural Therapy. Sessions were covered around distress tolerance, mindfulness, and acceptance. Art therapy sessions were too carried out where S chose to paint and be creative, an activity that she used to love to do. S connected with her children by painting them pictures to send to their carers. During this time, her worker was chairing meetings with other professionals and reaching out to rehabilitation centres that would support S when she was ready to complete a 12-week Narcotic anonymous programme. A barrier for S going to the rehab (which was out of the area) was that she would struggle to have supervised contact with her children (as this usually took place in a family centre). However, through liaising with the children's social worker we were able to ensure this contact was put in place and everyone was supported.

In January, S and her worker went to the rehab where she embarked on her journey of completing a 12-week programme. S has been abstinent from substances close to three months and has found that she has got that 'spark back'. S reports in her weekly reflective sessions via phone that her mental health has improved drastically, she has enjoyed completing therapeutic classes as well as NA meetings daily. S has had contact with her children since being at the centre and describes feeling proud that her children can see how far she has come. When leaving the centre soon, the Mental Health and Wellbeing Team will be working in collaboration to ensure that a robust support plan is put in place long-term. Exploring where the most appropriate accommodation is for her and ultimately in an area where S has a positive network of support to enable her to continue her journey of recovery and positive mental health.

RH was referred to Changing Futures Wellbeing Team in May 2023 due to concerns relating to his mental health, Learning Disability and self-neglect. RH was convicted of Engaging in Sexual communication with a child in January 2023 and is under a Sexual Harm Prevention Order (SHPO) and on the Sex Offenders Register for 7 years. Following this conviction RH's mental health declined, he started using alcohol as a coping strategy, expressed thoughts of harm to himself and felt unable to take care of himself or his home.

Within the initial assessment the following areas were identified that RH wanted to work on;

1. Improving personal hygiene
2. Improving the cleanliness of his home
3. Improve his daily routine (i.e. sleep and daily tasks)
4. Moving out of the area
5. Coping better with his mental health and mood
6. Increasing socialisation and making friends

In order to support RH with the above areas the following interventions were completed;

- Support with consistency in taking prescribed medications: setting alarms on his mobile phone and organising medications into dosette boxes
- Support in building a daily routine to help with personal hygiene and cleanliness of his home: This was achieved by developing a visual aid for him to tick off on a daily basis to keep track of the home and self-care tasks he had completed. RH reported that he found this really useful as it was easy to read because of the pictures. At the time of discharge RH was in a regular routine of completing daily cleaning tasks around the home and tended to his personal care at least every other day.
- Support to access the community, increase socialisation and making friends: RH was referred to a range of local social groups supporting people with Learning Difficulties and Mental Health Difficulties. RH's MOSOVO and probation officer both agreed he would be able to attend an over 18's group and they accepted him following referral. At the time of discharge RH had been attending for over a month and it had significantly impacted his mood and wellbeing. He reported to be having a lot of fun, was pleased that he has made friends and feels more motivated to get out and do things.
- Support to manage his finances: A budgeting plan was completed with RH as he said he wanted to save and pay off his debts quicker. RH and I coproduced the plan and he has a copy that he can write on and wipe out on a daily basis where needed similar to that of the daily living tasks.
- Support to follow up on Care Act Assessment: RH remained eligible for a Care Act Assessment and this was partially completed, however due to the inability to commission services within the Changing Futures team the assessment was handed over to his locality social care team.

RH reported his mental health and wellbeing had significantly improved, reiterated by a significant increase in his scaling tool scores. RH remained open to Probation and MOSOVO and he was also working with Peabody to support him with housing related needs.