

Changing Futures baseline system mapping exercise – accompanying narrative for the Sheffield system map

July 2022

1 Introduction

This note is designed to be read alongside the system map developed as part of the Changing Futures baseline system mapping exercise for Sheffield. The purpose of the note is to provide some additional context on the development of the map, explain how some of the key strengths and barriers are linked, and to outline the priorities for action identified during the workshop sessions.

1.1 Themes

The system mapping exercise focused on four themes, which are outlined in more detail below:

- Commissioning
- Referrals, eligibility, assessments and pathways
- Workforce skills and staffing levels
- Learning and adaptation

1.2 Interacting with the systems map

To view the interactive system map, please follow this [link](#) and enter the password “M@pping” (case sensitive). This map allows you to view all systems change themes at once, or to look at each theme in isolation, by using the toggle buttons along the bottom of the screen. If you hover over a single strength or barrier, it will isolate it and you will see only the relevant links between it and other factors. If you click on a strength or barrier, you will see a description of it on the left side of the map, which provides more context or detail to the strength or barrier.

1.3 Methodology

Figure 1 outlines the methodology used to develop this system map.

Figure 1: Overview of system map methodology

Stage	Detail	Dates
1. Preparation and planning	The evaluation team discussed the system mapping exercise with Changing Futures leads	February 2022

Stage	Detail	Dates
	in Sheffield and agreed three themes to focus on. The evaluation team then prepared materials for the initial workshop by consulting delivery plans, scoping discussion transcripts and any other relevant documentation.	
2. Initial system mapping workshop	The evaluation team ran an in person 3-hour workshop in Sheffield with approximately 26 participants to identify key barriers, blockages and strengths of the local system in relation to multiple disadvantage. Discussions focused on the three systems change themes identified above.	21 st April
3. System map drafting	The evaluation team developed an initial system map based on insight gathered through the initial system mapping workshop.	April - May
4. Follow-up sense-testing workshop	The evaluation team then ran a follow-up online workshop, with approximately 18 participants, to review, critique and agree amendments to the draft system map and identify key levers and priority areas of system change work. We then made amendments to the system map based on insight gathered from this sense-testing workshop.	12 th May

2 System map

Participants in the workshops identified systemic factors that prevent people experiencing multiple disadvantage getting the support they need as well as factors that enable support to be delivered more effectively. Thus the map includes both barriers and strengths in the system in Sheffield, as well as how they are connected to each other.

2.1 Commissioning

Definition: The process of assessing needs, and of planning, prioritising, purchasing and monitoring local services. Includes consideration of commissioning models.

Limited resources

Lack of resource has numerous impacts on elements of the system. There was felt to be a focus on cost over efficacy - low-cost interventions that often do not address the root causes of issues are prioritised. The structure of funding allows little time for things like good quality assessments of people's needs and risks. Limited resource was felt to

exacerbate competition for funding, which in turn hinders collaboration and makes organisations less likely to take risks on testing new approaches because of fear of failure.

As well as limited resource for commissioned services, there is limited resource for the commission process itself, which can be seen to contribute to other barriers.

Gap between commissioners and service delivery

Service providers and their staff have a wealth of expertise and understanding. But this is said to be rarely used to inform service planning and commissioning. This lack of understanding on the behalf of commissioners was argued to contribute to barriers such as a lack of joined up support and the commissioning of short-term interventions that do not last long enough to effectively address people's needs. There was a desire from participants for more commissioners to come out to services and see the challenges and the work on the ground.

Siloed budget and commissioning

The way public funding is organised reinforces siloed commissioning and services. Funding tends to be attached to specialist areas, and each funding stream has separate requirements. People experiencing multiple disadvantage don't fit neatly within these separate requirements, maybe meeting some but not all. This contributes to barriers in the way referrals, assessments and pathways operate (see below).

Lots of services but still gaps

Participants identified a plethora of services for people facing multiple disadvantage in Sheffield. While this to some degree offers choice, it can also be difficult for both professionals and service users to navigate. And despite there being so many services, there are still important gaps in what is available. This is particularly the case when it comes to more flexible support. There is a lack of dedicated services to support people with co-occurring substance misuse and mental ill health, for people with higher levels of need, or that can support people with a history of violence.

2.2 Referrals, eligibility, assessments and pathways

Definition: How people experiencing multiple disadvantage are introduced or directed into services, the eligibility requirements that are in place for key services, and how eligibility for support is assessed. Rules, processes and priorities that guide staff actions and establish processes and pathways impacting on people experiencing multiple disadvantage.

Lack of understanding of available support

The number and complexity of the system of services available means staff do not always know what support other organisations provide and so are unable to advise clients effectively. There are said to be 'too many wrong doors'. A map of services ('Help us Help') is available, though not all participants were aware of this. The frequency with which services change was also felt to be a barrier to maintaining an up-to-date directory.

Differing approaches to assessment

Linked to the multiplicity of services and siloed approach to commissioning is the fact that different services have different approaches to assessing need. This results in people having to retell their histories to different agencies.

Behavioural barriers to accessing services

People are expected to voluntarily engage in services, but this can be challenging for people experiencing multiple disadvantage. A risk averse culture (see below) exacerbates this, particularly for people with a history of violence – this is often a reason they are prevented from accessing services. However, there were examples of more open and flexible services identified and the provision of peer support to help people engage with services were seen as strengths that could be built on and extended to address these barriers.

2.3 Workforce skills and staffing levels

Definition: The nature and quality of expertise and knowledge in relevant services and sectors, and the quantity available across the system.

Limited lived experience representation

While examples were given of valuable roles played by people with lived experience in providing training and peer support, there is limited involvement within statutory services and in commissioning. Any involvement there is tends to be consultative rather than an ongoing relationship. A number of barriers were identified that contribute to this, including a lack of opportunities for people with lived experience to progress to more senior roles, a risk averse culture, power imbalances and inflexible internal processes in statutory agencies.

Understaffed services

A number of related barriers were identified relating to how services are staffed. Lack of resource and high demand of support means services do not have the staffing capacity needed to respond effectively. This contributes to high caseloads which mean staff are unable to provide the holistic care needed and creates pressure to move people through the system more quickly. High caseloads can contribute to staff burnout and high turnover, further compounding staffing barriers and reducing the ability of services to provide a consistent worker for service users.

Lack of quality training and minimum standards

Related to high staff turnover and understaffed services is a lack of understanding of multiple disadvantage. There is limited time and resource for staff training and development. Time assigned for reflective practice is not always appropriately used. It was argued that everyone in the system who comes into contact with people experiencing multiple disadvantage needs a minimum level of training. There are some local organisations that are said to offer great learning and development programmes, for

example on trauma-informed care, but some struggled to find good quality training that was not generic. Involving people with lived experience in the design and delivery of training was felt to be a strength that could be mobilised to improve training quality.

2.4 Learning and adaptation

Definition: Whether and how learning from practice is captured and used to make improvements to the way services (individually and in collaboration) support people.

Opportunities to improve partnership working

Key learning and adaptation barriers identified included a lack of communication between stakeholders. This was felt to be a particular issue in relation to the commissioning process, leading to duplication, gaps in services and learning and knowledge not being passed on. The face-to-face workshop unearthed examples of occasions where staff in one part of the system were planning to develop services without knowledge of learning that was available elsewhere about similar services.

The Changing Futures partnership board is seen as a sound foundation on which to build better connections across sectors and silos. A range of other hub meetings and communities of practice were identified as providing opportunities to improve knowledge of multiple disadvantage and share learning.

Risk averse culture and fear of failure

These two related learning and adaptation barriers were felt to contribute to both a lack of flexibility and willingness to try new approaches by services as well raising barriers to some people getting help and the greater involvement of people with lived experience.

3 Key levers and priority areas

Strengths have the potential to act as key leverage points – building on them could help address barriers. Focusing on a few key barriers could also help unlock other blockages in the system. In the follow-up workshop, participants discussed key priorities for action, these include:

Enhancing and encouraging collaboration

Simplifying the system of support for people experiencing multiple disadvantage was felt to be an important priority. Unlocking this barrier will require better collaboration between organisations to smooth pathways between services.

Competition between providers for funding was identified as a key barrier that contributed to other system blockages, such as silo working. Exploring ways to reduce competition between organisations and thus enhance collaboration was felt to be something the Changing Futures programme in Sheffield should do. Getting relevant partners in the room is an important first step in achieving this. Facilitating secondments and/or apprenticeships to enable staff to work across different organisations/services was

suggested as a way for people to gain broader insights into working practices in other parts of the system.

Addressing gaps in services

The systems mapping identified important gaps in the current service provision. It was suggested there needs to be better understanding of what services are available, which are missing and whether it is possible to 'tweak' contracts to help address gaps.

Participants agreed on the need to move the focus of services and budgets onto providing longer term support for those in recovery rather than short-term crisis management. Currently support is withdrawn as people's conditions improve – this makes people feel like they are being punished for making progress.

Enhancing support for staff

Several of the priorities identified by participants can be grouped together under the umbrella of improving staff support and training. Providing trauma-informed training to increase staff understanding of the challenges people face was felt to be important for ensuring people are not stigmatised. Greater understanding of people's behaviour would, it was suggested, help prevent this being a barrier to people accessing services.

Building working environments in which staff have safe outlets for the pressure they face was also felt to be important. Staff need to feel safe and able to admit when they are struggling.

Making recovery visible was also felt to be important. Participants suggested that success stories should be recorded and shared with the staff who helped them to provide motivation. Sharing examples of success also helps demonstrate to people experiencing multiple disadvantage that recovery is possible.

Improving the way the quality of services is assessed

There was desire to find ways to improve how the quality of services is assessed, that is both more robust and focuses on more than just reporting numbers. It was suggested this could take the form of a quality audit or 'kite mark' scheme. Creating opportunities for people with lived experience to contribute should be part of this – for example, through mystery shopping services or undertaking peer research to determine whether services are meeting people's needs.

Appendix 1: Workshop attendees

Workshops were attended by representatives of the following organisations:

- The Archer Project (homelessness charity)
- Bens Centre (homelessness charity)
- IDAS (domestic abuse charity)
- Lived experience representatives
- Sheffield City Council – Adult Social Care
- Sheffield City Council – Integrated Commissioning
- Sheffield City Council – Community Services
- Sheffield City Council – Public Health
- Sheffield City Council – Community Safety
- Sheffield City Council – City Wide Housing
- Sheffield Health and Social Care Trust – HAST
- Sheffield Working Women's Opportunities Project
- Shelter
- South Yorkshire Housing Association
- Salvation Army
- South Yorkshire Police
- Sheffield Clinical Commissioning Group
- National Probation Service

Appendix 2: System map in table format

Factor	Theme	Strength /barrier	Description/further information
Commissioning of small, lived experience led activities	Commissioning	Strength	Example given of 'Dragon's lair' type exercise where people with lived experience came forward with proposals for activities. Relatively small budget but said to be effective.
Move towards measuring service impact	Commissioning	Strength	
Commissioners with practical experience	Commissioning	Strength	In some services.
Inflexible internal processes	Commissioning	Barrier	Bureaucratic processes, including legal procurement requirements and local authority's own processes, affect how commissioning is done. Also said to prevent services using people with lived experience.

Factor	Theme	Strength /barrier	Description/further information
Lack of accurate service monitoring	Commissioning	Barrier	Poor quality information leads to poor services being recommissioned. Service users reluctant to provide honest feedback. Focus on monitoring or outputs rather than outcomes.
Lots of services	Commissioning	Barrier	Allows choice and options for individuals and referral agencies. But also has negative consequences too - creates a complex system for staff and service users to navigate.
Lack of joined up support	Commissioning	Barrier	Suggestion that a single pathway needs to be commissioned.
Lack of resource	Commissioning	Barrier	Lack of resource has numerous impacts on elements of the system. There is a focus on cost over efficacy - low-cost interventions that often do not address the root causes of issues are prioritised. Lack of resource limits good quality assessment of people's needs and risks. Staff don't always have time to follow up referrals. Expected rates of pay in contracts are low. Funding structures for services leave little time for reflective practice. No dedicated staff to learn from past pilots.
Tendency towards large contracts	Commissioning	Barrier	There are fewer, smaller pots of funding currently. As a result, some grassroots organisations have been outcompeted in the market. They are unable to meet the requirements of tenders. Their skills and knowledge have been lost at a local level. This can be reversed to some extent, but the damage has already been done.
Different monitoring requirements	Commissioning	Barrier	Each funder requires different monitoring data.
Gaps in services available	Commissioning	Barrier	Particularly when it comes to more flexible support (working with people for different lengths of time). Services are not always available at the right time or place. There is a lack of dedicated services to handle dual-diagnosis and for people with higher needs including people with long-term mental health needs. Long waiting lists mean people are held in lower intensity services

Factor	Theme	Strength /barrier	Description/further information
			that are not right for them. Individuals with violent history must travel to Doncaster to receive secondary support.
Commissioners are under-resourced	Commissioning	Barrier	
Commissioning of short-term support	Commissioning	Barrier	Short-term interventions (i.e. 9 months) not long enough to address multiple and complex needs. Crisis services more common than those providing ongoing support for recovery.
Lack of involvement of frontline services	Commissioning	Barrier	Service providers and their staff have a wealth of expertise and understanding. But this is rarely used to inform service planning and commissioning. Service staff don't know who to contact to feed in their insights. There is a desire for more commissioners to come out to services and see challenges and the work directly - 'commissioning by walking around'.
Competition for funding	Commissioning	Barrier	Organisations fighting for same funding and people. Services become 'precious' about their service users. Drive to 'add value' every time a tender is issued leads to a dilution of core offer by focusing on new elements.
Siloed budgets and commissioning	Commissioning	Barrier	Funding tends to be attached to specialist areas such as mental health, drugs and alcohol etc. Each funding pot has separate requirements. People experiencing multiple disadvantage don't fit neatly with these separate requirements, maybe meeting some but not all. This is a national issue related to how government money is allocated for specific purposes, but also a local issue. Likely to be challenging to join this up. There is a reluctance to do joint commissioning.
Voluntary sector support	Referrals, eligibility, assessments and pathways	Strength	Examples of voluntary sector organisations being flexible in responding to need. For example, St. Wilfs took people to get their Covid vaccinations.

Factor	Theme	Strength /barrier	Description/further information
Clear pathway through housing support	Referrals, eligibility, assessments and pathways	Strength	Pathway has been simplified. People who demonstrate strong independent living skills at The Green can move onto guaranteed life tenancies. Private landlords offering housing to people on Housing Benefit.
Mapping of community activities	Referrals, eligibility, assessments and pathways	Strength	Help people experiencing multiple disadvantage to engage in their communities e.g. 'Help us Help' map
Open, accessible and flexible services	Referrals, eligibility, assessments and pathways	Strength	Some services provide more open and flexible services that are more tailored to individual needs.
Navigator role	Referrals, eligibility, assessments and pathways	Strength	This role (currently used by Shelter and domestic abuse organisations, and soon to be developed by Changing Futures) provides ongoing support to people regardless of the services with which they are engaging.
Crisis bias	Referrals, eligibility, assessments and pathways	Barrier	Perceived bias towards funding of crisis services. Resource targeted at supporting those in greatest need rather than providing support at an earlier point in time before situations escalate.
Weak transition points	Referrals, eligibility, assessments and pathways	Barrier	Ability to maintain engagement with services is most challenging at transition points, especially transition from child to adult services. Support workers change when people move from one service to another.
Lack of awareness of support available	Referrals, eligibility, assessments and pathways	Barrier	There is a lack of understanding of what support is available. Staff don't always know what support other organisations provide so can't advise clients effectively. This results in people being directed to the wrong service. Requests for an up-to-date map of services - but this has been difficult to realise as services change so frequently.
Behaviour bars access	Referrals, eligibility, assessments and pathways	Barrier	People's behaviour bars their access to services. People are expected to be seen to engaging with services, but this can be challenging for people facing multiple disadvantage.

Factor	Theme	Strength /barrier	Description/further information
Different assessment approaches	Referrals, eligibility, assessments and pathways	Barrier	Different organisations have different means of assessing need. This means people have to repeat their histories. Greater consistency is needed in processes between organisations.
Too many 'wrong doors'	Referrals, eligibility, assessments and pathways	Barrier	
Risk averse culture	Referrals, eligibility, assessments and pathways	Barrier	'Risk of violence' system flag limits the support options available - even if incident happened many years ago. Staff fearful of the consequences if a serious incident results from their supporting a person with a violent history.
Trauma-informed services	Workforce skills and staffing levels	Strength	Some services are trauma-informed and offer opportunities for reflective practice. Psychologists are provided in some services.
Examples of good quality training	Workforce skills and staffing levels	Strength	Some organisations have great learning and development programmes. Examples of good training include trauma-informed training from the police and probation service neurodiversity training.
Peer support resource	Workforce skills and staffing levels	Strength	Peer-workers can help plug gaps in staffing. Staff members and volunteers with lived experience can provide support throughout people's journey, an understanding of multiple disadvantage and advocate for clients. They also help give people confidence in services through recommendation. Peer researchers are available to contribute to commissioning and things have changed as a result of their input. Peer audit can help improve service quality monitoring e.g. through mystery shopping.
Some lived experience involvement in training	Workforce skills and staffing levels	Strength	
High caseloads	Workforce skills and staffing levels	Barrier	High caseloads prevent provision of holistic care and creates pressure to move people through system quickly. Lack of time due to

Factor	Theme	Strength /barrier	Description/further information
			high caseloads results in a lack of focus on people's needs. Housing sector said to be a particular challenge in this regard, but it is an issue across the board with demand outweighing capacity.
Lack of understanding of multiple disadvantage	Workforce skills and staffing levels	Barrier	In particular on how long is required for interventions to be effective, for people to make progress and likelihood of relapse.
Burnout	Workforce skills and staffing levels	Barrier	Workers end up becoming desensitised.
Understaffed services	Workforce skills and staffing levels	Barrier	In particular, within mental health services. Negatively affects capacity for training
Staff turnover	Workforce skills and staffing levels	Barrier	Means people have to repeat their histories.
Lack of understanding of reflective practice	Workforce skills and staffing levels	Barrier	What reflective practice entails is said to be misunderstood by some services. There is a lack of structured forms of reflective practice or time allocated for reflective practice is misused.
Training too generic	Workforce skills and staffing levels	Barrier	Can be difficult to find better quality training.
No minimum level of training	Workforce skills and staffing levels	Barrier	In particular for those working with people experiencing multiple disadvantage. But everyone in the system needs the necessary skills to offer a warm welcome to people.
Lack of progression for people with lived experience	Workforce skills and staffing levels	Barrier	Lived experience roles are voluntary or poorly paid.
Limited lived experience representation	Workforce skills and staffing levels	Barrier	In particular in statutory services and in commissioning - some limited examples only. Involvement of people with lived experience in commissioning tends to be consultation rather than an ongoing iterative process. Limited representation can be as a result of quotas or tokenism. There is a fear of failure in case people get coproduction wrong. There is also a need to have a more holistic understanding of what lived

Factor	Theme	Strength /barrier	Description/further information
			experience might look like ('not just a homeless person under a bridge'). More funding, training and support is required to enable people with lived experience to take on new roles.
Proactive response to Covid-19	Learning and adaptation	Strength	Galvanised change e.g. VCF, housing, mental health worked well together to response to Covid 19 challenges and have since built on this and 'Everybody in' initiative. VCSE adapted well to Covid by bringing in additional resources
Opportunities for partnership working	Learning and adaptation	Strength	Other opportunities include: open access multiple disadvantage community of practice every 2 months enables sharing of learning e.g. 'team around the person'; weekly health hub with housing, health, and mental health teams. These provide opportunities to improve awareness of multiple disadvantage and for self-reflection. More integration is happening between health and social care.
Lack of communication between stakeholders	Learning and adaptation	Barrier	Particularly in the early stages of commissioning a service. Leads to duplication, gaps and learning/knowledge not being passed on.
Fear of failure	Learning and adaptation	Barrier	Organisations avoid testing out new approaches due to fear of failure. Services in city are programmed to be cautious. Robust business case and/or permission required to instigate change. Staff are defensive and reticent to learn. People don't respond well to challenge.
Power imbalances	Learning and adaptation	Barrier	People experiencing multiple disadvantage don't feel they are listened to