



Changing Futures Sheffield

Beneficiary Outcomes Report

June 2024



Department for Levelling Up,
Housing & Communities



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EXECUTIVE SUMMARY

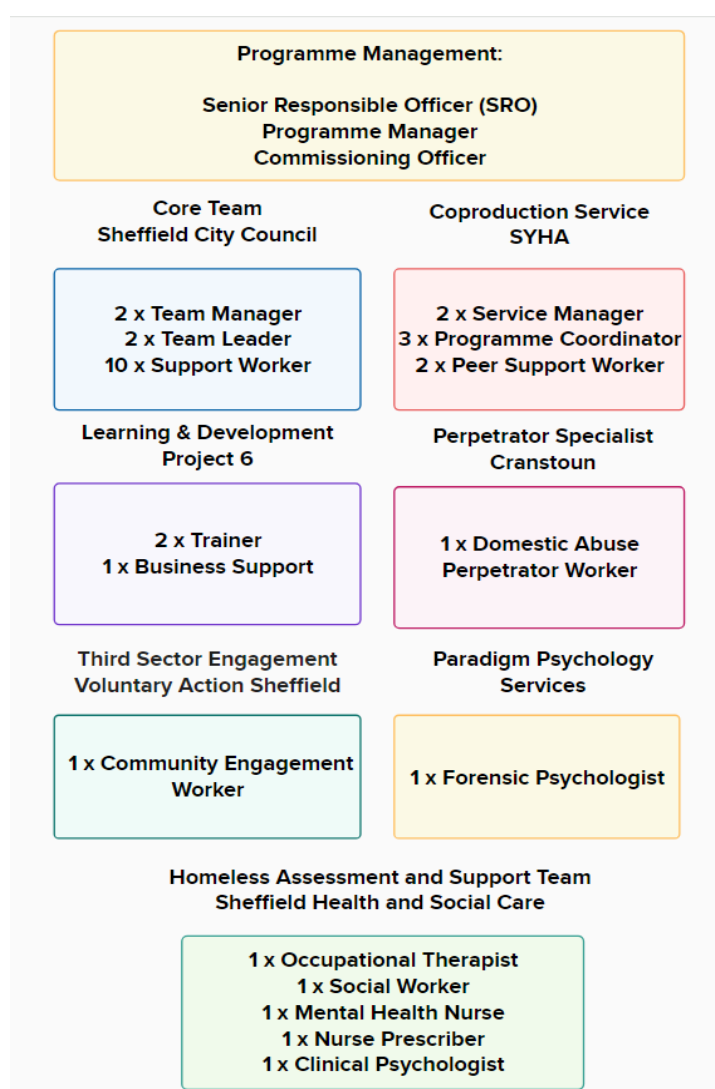
This report is a data-led evaluation on Sheffield Changing Futures beneficiary outcomes. Through a combination of qualitative and quantitative data analysis, this report evaluates the impact and approach of the Core Team and the direct support work with the cohort. It also outlines the cost implications of this approach when supporting a cohort of adults experiencing Severe and Multiple Disadvantage.

Summary:

- 42% decrease in the number of episodes of street homelessness and sofa surfing in 2023-24 compared to 2021-22.
- 51% decrease in the number of days spent street homeless and sofa surfing in 2023-24 compared to 2021-22.
- Percentage of the cohort in temporary accommodation significantly dropped by 42% from the first to second year of the programme.
- On entry to the programme, 30% of those with a substance use need were engaged in treatment and 23% reported a reduction in their use of substances. Upon exit from the programme 53% reported they'd reduced their substance use and 69% of those using opiates and 55% of those using alcohol were engaged in treatment.
- The number of days the cohort spent in custody reduced by 6% and 7% in 2023-24 when compared with 2020-21 and 2022-23
- 40% reduction in the number of days women within the cohort spent in custody when comparing 2020-21 to 2023-24.
- Total number of convictions reduced by 23.5% in 2023-24 when compared to 2021-22.
- Over half (52%) of the Changing Futures cohort is defined as having a Serious Mental Illness (SMI), with individuals experiencing multiple conditions at one time such as anxiety and depression alongside psychosis, complex PTSD, Schizophrenia, hallucinations and personality disorders.
- Reduction of 21% in the number of beneficiaries recorded as a victim of crime in 2023-24 compared to 2021-22
- 11% increase in the number of offences where a beneficiary was a recorded perpetrator of crime, when comparing 2023-24 with 2021-22. 14% reduction in the percentage of cohort who were recorded as a perpetrator of crime when comparing 2021-22 with 2023-24
- Reduction of 73% in the number of safeguarding contacts and 57% in the number of safeguarding episodes between 2021-22 and 2023-24.

- 33% of the cohort attended the Emergency Department across 2021-22 with a total of 188 presentations, compared to a total of 102 presentations in 2022-23 equalling a reduction of 46% when compared with 2021-22
- 82% of the cohort had significant levels of support from the programme and of those, 85% left the programme in a planned way.

INTRODUCTION



Changing Futures is a national programme funded by the Department of Levelling Up, Housing and Communities and The National Lottery Community Fund.

Sheffield Changing Futures received £4.473m of funding between 2021-2025 and aims to improve the lives of adults experiencing multiple disadvantage, support local system change and champion the voice of lived experience.

The programme mobilised in February 2022 and is a partnership between Sheffield City Council, South Yorkshire Housing Association, Project 6, Cranstoun, Sheffield Health and Social Care, Voluntary Action Sheffield and Paradigm.

This data report will focus on the delivery of the direct support work to beneficiaries, facilitated by:

- support workers within the Core Team
- peer support workers within the Coproduction Service

- domestic abuse perpetrator worker within Cranstoun
- clinical roles provided by Sheffield Health and Social Care
- psychological interventions provided by Paradigm

The data in this report was collated between February 2022-March 2024 through:

- Case studies completed by the Core Team, Peer Support Workers and HAST
- DLUHC quarterly return data
- Sheffield City Council case management systems
- Partner agency data provided by Adult Social Care, National Probation Service, Sheffield Health and Social Care, South Yorkshire Police, Integrated Care Board and Domestic Abuse Commissioning Team (DACT)
- Support worker data collection through data capture forms

CORE TEAM APPROACH

The role of the support worker within a service focused on this cohort is understood to be a 'system navigator' with the following characteristics:

- Low caseload
- Assertive and persistent outreach approach
- Ability to build trusting relationships
- Providing continuity of care
- Strengths-based support planning
- Understanding of the system in which they operate

A Multi-Disciplinary Team approach between the support workers, peer support workers and clinical mental health roles is critical to provide tailored and person-centered support for the individual.

The core team coproduced the values which they believed should guide the direct support work:

- Integrity
- Empathy
- Accountability
- Empowerment
- Resilience

Learning from the team found that the support work with beneficiaries typically followed the below cycle:



Relationship Building: An indeterminate period characterised by an individual's attachment style. Regardless of level of contact with the beneficiary, this is an intensive period of action, during which workers liaise with other services and get to know the person they're supporting.

Stabilisation: Once a relationship and level of trust is established, the focus remains on stabilizing the individual to a degree in relation to their basic needs.

Goal Setting: Regular support planning and goal setting is utilised to support an individual to move towards the self-efficacy phase. Support workers use the Grow Model as a framework.

Self-efficacy: It is important to note that due to the severity of need within this cohort, self-efficacy will look different dependent upon the individual and will take time, however, moving towards self-efficacy or empowering the individual should underpin goal setting.

Risk Management

Feedback from partner agencies highlighted that the core team's approach to risk supported a coordinated response which contextualized risks associated to an individual.

Part of this was achieved by:

- Demonstrating – workers were relatively unconstrained in their approach to direct support work, i.e. visiting squats to facilitate contact and close working within the team for both the victim and perpetrator of domestic abuse. The holistic nature of their work meant they ‘showed’ that those in other services can do similar
- Reassuring – consistency of programme support that was separate from crisis need resulted in informed advocacy for individuals where there are significant risks of harm or death. This fostered productive working relationships with partners and shared risk management responsibilities
- Innovating – workers created supportive and reflective spaces with partner organisations which kept the beneficiaries’ goals and needs central to the conversation. Low caseloads increased their capacity to explore and enact varied solutions to problems.

Recruitment and Lived Experience

There is a significant proportion of lived experience within the Core Team, Coproduction Service and Learning and Development Service which has shaped our values, delivery model and operational processes e.g. the way in which beneficiaries are contacted and approaches to support planning.

Changing Futures achieved Gold at the Careers Matter Lived Experience Charter for its commitment to Coproduction and recruiting those with lived experience, with the below feedback:

- “From start to finish, Sheffield Changing Futures showed that recruiting, retaining and developing people with lived experience is at the heart of everything they do. From the recruitment process with open days and recruiting managers available to potential applicants through to the point of employment”
- “Providing opportunities starting as a volunteer with a progression pathway into paid employment with several training opportunities and potential pathways to develop and self-improve”
- “Co-production is part of the ethos of this service, and it shows throughout both the application and supporting evidence”

- “An outstanding application from start to finish. This service has people with lived experience at the heart of everything they do and was a pleasure to assess”



BENEFICIARIES

COHORT IDENTIFICATION

The programme had to identify circa 80 individuals to be supported by the core team. A task and finish group was established in November 2021 which met five times and disbanded in April 2022. 25 different organisations across Sheffield participated.

To avoid the bias pitfalls of referral processes (identified need prioritised over hidden need, referrals used to move on individuals perceived as ‘difficult’ and larger organisations dominating the process) a collaborative, iterative process was agreed to identify the caseload.

This involved three stages:

- Data Approach - collating and cross-referencing data from multiple data systems and applying agreed data filters to shortlist an initial cohort.
- “Hidden Need” - we engaged organisations that support groups known to be underrepresented in mainstream provision (women, foreign nationals, people from ethnic minorities, LGBTQ) to facilitate priority access
- Emerging Need - we used existing fora to identify individuals where need was either emerging or the person had recently reached crisis

A piece of work prior to Changing Futures estimated that within the city 200 adults faced Severe and Multiple Disadvantage (experiencing three or more of homelessness, mental ill-health, substance use, victim or perpetrator of domestic abuse or contact with the criminal justice system).

The data led part of this process identified just under 3,000 people who were experiencing Multiple Disadvantage across Sheffield.

The programme also made a concerted effort to identify people less well known to services. This impacted our demographics, with over half of the programme caseload being female, noted to be unusual for the sector (51% in Changing Futures versus 13-15% in mainstream provision in Sheffield).

This was also unusual for similar Changing Futures or previous Fulfilling Lives programmes, where men usually dominate referrals due to their increased visibility.

DEMOGRAPHICS

The total number of beneficiaries was 82 as of August 2022, however three individuals died across the first half of the programme. Of the 79 who were open to the programme between February 2022 and March 2024, the below demographics were identified:

Age	Gender	Ethnicity
16-24	1 Female (100%)	1 White British (100%)
25-34	8 Female (42%) 11 Male (58%)	13 White British (68%) 2 White and Black African (10.5%) 2 White and Black Caribbean (10.5%) 1 Any other White background (5.5%) 1 Black African (5.5%)
35-44	20 Female (54%) 17 Male (46%)	24 White British (65%) 2 Black Caribbean (5%) 2 White and Black African (5%) 2 White and Black Caribbean (5%) 2 White European (5%) 1 Any other Mixed Background (3%) 1 Asian (3%) 1 Black African (3%) 1 Kurdish (3%) 1 Gypsy or Irish Traveller (3%)
45-54	7 Female (47%)	10 White British (66%) 1 Asian (6.8%)

	8 Male (53%)	1 Black African (6.8%) 1 White and Black Caribbean (6.8%) 1 White and Black African (6.8%) 1 Gypsy or Irish Traveller (6.8%)
55-64	3 Female (43%) 4 Male (57%)	6 White British (86%) 1 Black African (14%)

Figure 1

Overall, beneficiaries were predominantly White British at 54% compared to 79.1% of citizens in Sheffield, as per the 2021 Census¹. The second and third most dominant ethnic groups within the programme were Mixed White and Black Caribbean 5% and Mixed White and Black African 5%.

Overall, there was a higher representation of these ethnic groups and a lower representation of Asian British citizens within the programme when compared to the 2021 census.

However, there is limited accessible local intelligence on the prevalence of Severe and Multiple Disadvantage in racialised communities. Therefore, further exploration is needed to understand the intersectionality of SMD and ethnicity. Everitt & Kaur (2019) states that there is “a ‘hidden need’ amongst people from ethnic minority groups, particularly amongst Asian people, who may be less likely to fit this definition of SMD or to engage with mainstream support services”².

ADVERSE CHILDHOOD EXPERIENCES

SMD issues are ‘progressive, rooted in childhood and linked to underlying social and structural factors, outside of the control of the individual, and many the result of social exclusion’ (Harland et al., 2022)

It is accepted that there are high levels of adverse childhood experiences within adults experiencing Severe Multiple Disadvantage, with Lankelly Chase’s 2015 Report ‘Hard Edges’ finding that 85% of participants in a study had experienced traumatic experiences in childhood³.

¹ <https://www.ons.gov.uk/visualisations/censusareachanges/E08000019/>

² Everitt, G. and Kaur, K. (2019) A Voice for All? BAME People and Severe Multiple Disadvantage in Nottingham: An evaluation of the work of AWAAZ Opportunity Nottingham

³ <https://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf>

Figure 2 shows the childhood experiences within the cohort collated through case studies for each beneficiary.

Childhood & Adolescent Experiences	Count	Percent
Didn't finish pre-16 education	23	29
Sexual Abuse	22	28
Contact with Children's Social Care (Sheffield)	20	25
Substance Use	18	23
Death of family member	16	20
Criminality & Offending	14	18
Care Experienced	12	15
Difficult Family Relationships	12	15
Homelessness	10	13
Exposed to Sex Work	10	13
Sexual Violence (inc. sex work)	9	11
Significant Loss (Partner / Friend)	6	7
Sex Working	5	6
Displaced from Parental Home	4	5
Physical Abuse	3	4
Undisclosed Trauma	3	4
Intimate Partner Violence	2	3
Trafficking	2	3
Supportive Family	2	3
Self-Harm	1	1
Parental Needs		
Domestic Abuse	6	8
Substance Use	6	8
Criminal Activity	1	1
Poor Mental Health	1	1
Adult Experiences		
Never / mostly never been employed	19	24
Relationship Breakdown (Partner and Children)	8	10
Child Removal (Women Only)	24	61
Veteran	2	2.5

Figure 2

These are highly likely to be underestimates, due to the number of beneficiaries who have had less contact with the programme than others.

The number of individuals who did not finish their pre-16 education is significant and speaks to the need for early intervention provided in adolescence and teenage years, which may have been critical in preventing or reducing the severity of experiences of multiple disadvantage in adulthood.

Lankelly Chase's report 'Hard Edges' also found that the early life of people with experiences of multiple disadvantage often included poverty, difficult or unhealthy family relationships and very poor experiences in the education system⁴.

Beneficiaries also reported experiencing poor mental health in childhood and adolescence and limited to no mental health support at the time.

Neurodiversity

Data from the national evaluation of all Changing Futures areas reports that a third⁵ of beneficiaries nationally had some form of neurodiversity, including learning disability, ADHD and acquired brain injury.

13% of the Sheffield cohort (10 individuals) report to have a learning difficulty, within which:

- 60% women and 40% men
- 1 care experienced individual
- 4 women experienced child removal
- 6 known victims of domestic abuse
- 1 individual suspected to have an ABI
- 2 self report having ADHD
- 3 self report having personality disorders

For two individuals in particular, both women, their learning disabilities significantly impacted the way in which they interacted with services e.g. struggled to attend appointments due to a limited understanding of time. A lack of professional curiosity into presenting behaviours meant that care and support was not tailored to their needs.

⁴ <https://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf>

⁵ https://assets.publishing.service.gov.uk/media/642af3b9fbe620000f17db99/Changing_Futures_Evaluation_-_Baseline_report.pdf

Acquired Brain Injury (ABI) is an ongoing area of investigation within the cohort with BISI (Brain Injury Screening Index) assessments being routinely carried out with the cohort.

Early findings from 15 completed BISI's shows that a brain injury is indicated within all individuals, with the following breakdown of injury severity:

- 1 severe
- 10 moderate
- 4 mild

Further research is being undertaken within the programme, but is needed more widely, to understand the ways in which ABI's affect this cohorts experiences of disadvantage and support services.

AREAS OF DISADVANTAGE

All beneficiaries accepted onto programme (total 82) have experienced at least three areas of disadvantage, with half experiencing all five upon entry:

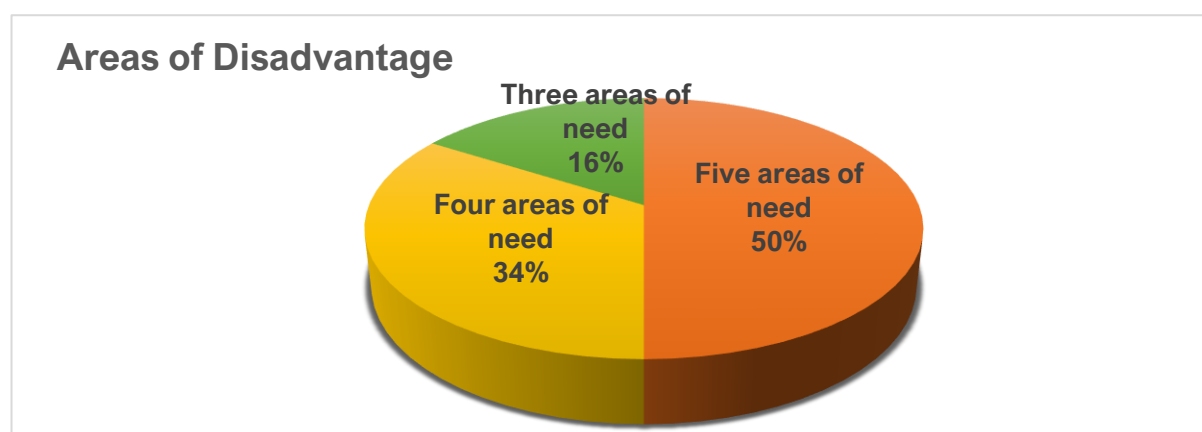


Figure 3

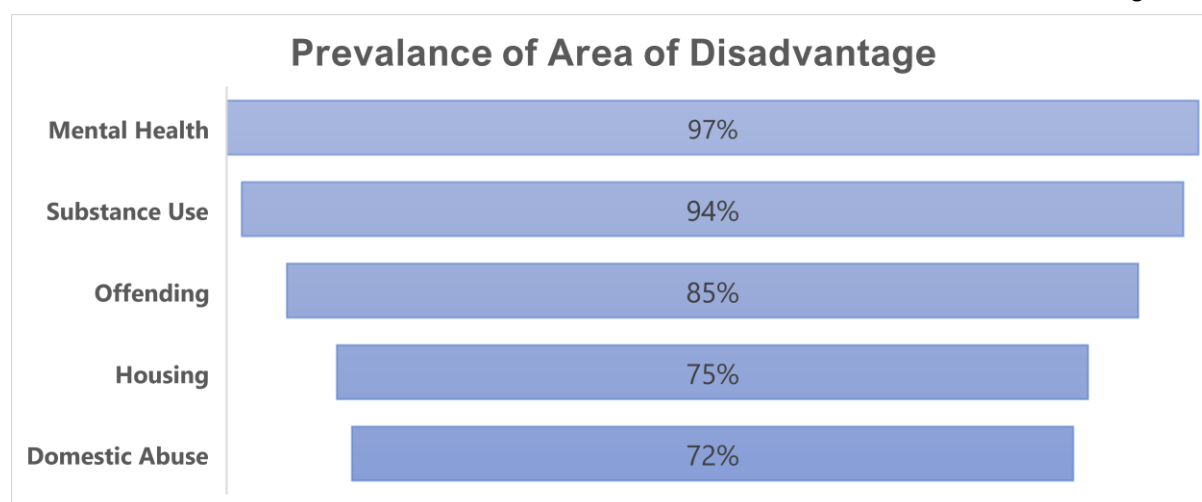


Figure 4

HOMELESSNESS

A survey of people who had experienced homelessness and substance use found high rates of anxiety and/or depression (95%), and that a large proportion of people had spent time in prison (77%). Almost all the women...had experiences of 'survival sex work' (Fitzpatrick et al., 2011)

Homelessness is a systemic issue, not an individual one, and requires a whole system response. For the purposes of this report, homelessness is defined as including street homelessness, staying temporarily with friends or family ('sofa surfing'), and spending time in hostels, night shelters or other temporary accommodation⁶.

Accommodation types and duration of stay in them among people experiencing SMD and homelessness are often chaotic. A lack of stability and consistency in accommodation drives and perpetuates a lack of trust in the system.

Data obtained through HSP, Sheffield City Council's case management system, shows that the Changing Futures cohort had 109 placements in temporary accommodation across 2020-21, 115 placements in 2021-22, 124 placements in 2022-23 and 75 placements in 2023-24.

Research into experiences of homelessness and consultation with people with lived experience tells us that certain groups are more likely to experience homelessness than others, with a particular focus on:

Care Experienced Adults

Barnardo's 2021 report 'No Place Like Home'⁷ estimates that 25% of the homeless population are care experienced and those interviewed for the report stated that "despite the 'pathway planning' process, they often did not feel ready to live independently when they left care, between age 16 and 18".

15% of the Changing Futures cohort are *known* to be care experienced and of those individuals, 83% had support needs relating to their housing upon entry to the programme. In November 2022, 25% were in a Local Authority tenancy or supported accommodation compared to 83% in March 2024.

⁶ <https://www.tnlcommunityfund.org.uk/media/insights/documents/39More-than-a-roof39-addressing-homelessness-with-people-experiencing-multiple-disadvantage-2022.pdf>

⁷ <https://www.barnardos.org.uk/sites/default/files/2021-05/No-Place-Like-Home-Report-IKEA.pdf>

Prison Experienced Adults

Crisis' 2023 briefing⁸ states that prison leavers “can be particularly susceptible to homelessness for a variety of reasons” which might include breakdowns in relationships and limited support network, barriers to accessing accommodation due to the nature of the crimes committed or probation requirements and financial difficulties including a lack of employment upon release. “In addition, prison leavers may have particular support needs in accessing or sustaining tenancies in light of past trauma or as part of moving on with life after prison.”⁹

It states that remand prisoners and those on very short-term sentences, women, young people, and those who were homeless on entering prison face particular barriers.

36% of individuals supported by Changing Futures who had a history of offending, were in a Local Authority tenancy or supported accommodation in November 2022, compared to 61% in March 2024.

Individuals who sell sex

CRESR and Stoke-on-Trent's report into the experiences of women who sell sex and homelessness¹⁰, found the main barriers to accessing support were a limited confidence or willingness to approach the local authority for housing due to previous experiences, the rules of temporary accommodation which precluded them from sex-working and the lack of choice in the types of accommodation available.

31% of the female Changing Futures cohort are known to sell sex and 75% had no accommodation or were in temporary accommodation upon entry to the programme. Upon exit, 67% were in a Local Authority tenancy or supported accommodation.

Cohort Experiences

Through case studies completed by the core team with the whole cohort, the following experiences related to housing prior to the programme were highlighted:

- History of and/or current arrears and debts
- Street homelessness following prison release
- Multiple placements in and evictions from temporary accommodation

⁸ <https://www.crisis.org.uk/media/avsdwwkv/meeting-8-briefing.pdf>

⁹ <https://www.crisis.org.uk/media/avsdwwkv/meeting-8-briefing.pdf>

¹⁰ <https://shura.shu.ac.uk/27410/2/housing-needs-exp-women-sex-work-stoke.pdf>

- Struggled to adhere to the rules of temporary accommodation
- Risk of eviction due to ASB

Most common experiences related to accommodation and housing while a beneficiary of Changing Futures:

- Unstable or no accommodation on prison release
- Victim or perpetrator of Cuckooing and/or fleeing home due to violence or fear of violence from OCG's
- Evictions from temporary accommodation due to not adhering to rules and/or behaviour towards staff or other residents
- Not feeling safe or previous bad experiences at temporary accommodation resulting in episodes of street homelessness and/or sofa surfing
- Reported feelings of isolation due to location of property being too removed from the city centre and/or support
- Not suitable for mainstream temporary accommodation due to risks and/or substance use
- Anxiety around managing a tenancy

Positive outcomes while a beneficiary of Changing Futures:

- 20% have secured accommodation through long term projects including Thrive (6 individuals), Housing First (7 individuals), RSAP (2 individuals) and START (1 individual)
- Maintaining Local Authority tenancies in instances where ASB is occurring through partnership working with Neighbourhood Teams
- Move into tenancies near support network which sustained breakaways from abusive ex-partners and exploitative associates
- Good partnership working to finding victims of domestic abuse refuge accommodation

Accommodation Outcomes

The below data is taken from HSP, Sheffield City Council's case management system, using the beneficiary's address history, placement history and a manual review of case notes.

Figure 5 shows the percentage of the cohort who have spent time in different types of accommodation in the two years prior to and two years during the programme.

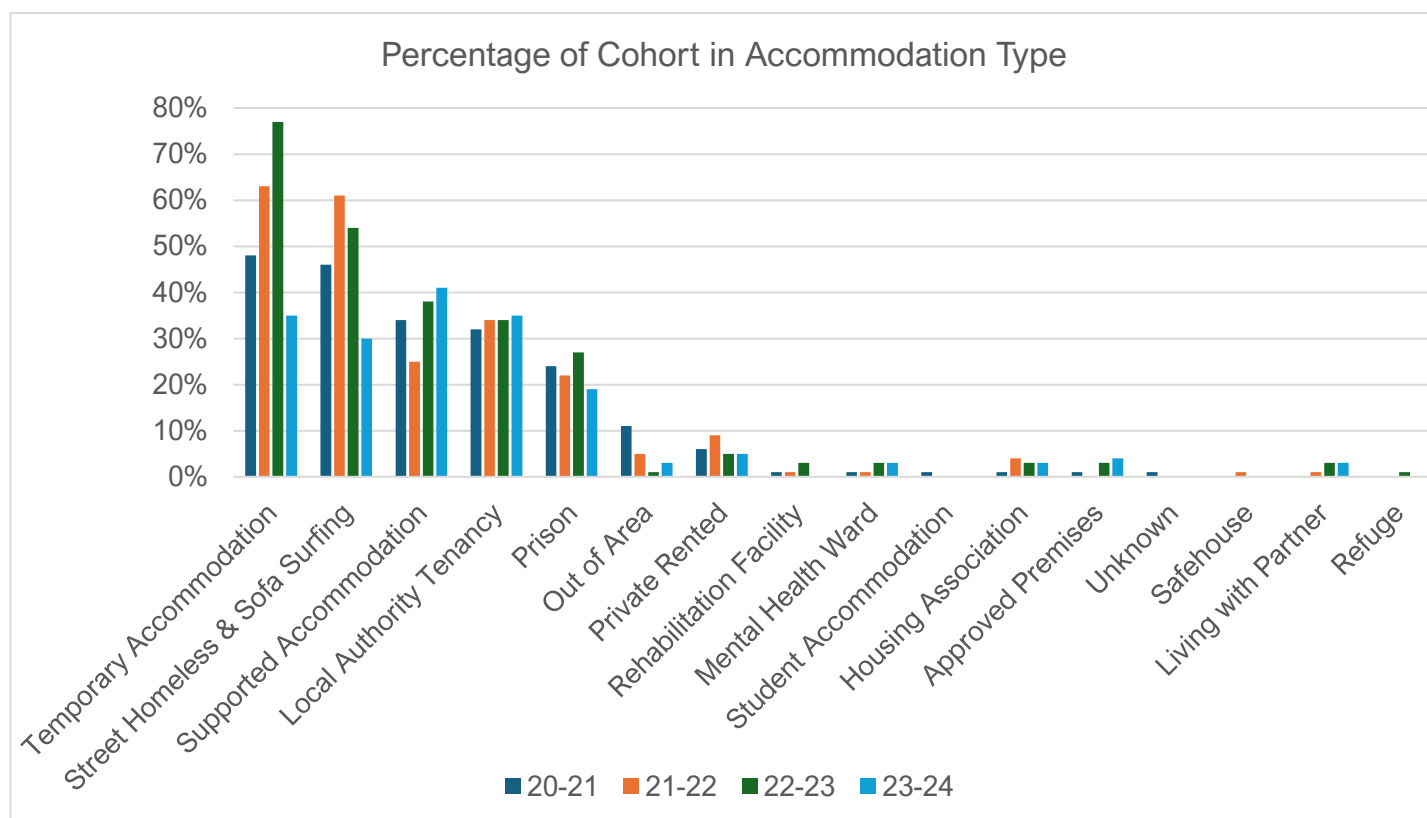


Figure 5

On average 55.5% of the cohort spent time in temporary accommodation in the two years prior to the programme compared to 56% during the programme. The percentage of the cohort in temporary accommodation significantly dropped by 42% from the first to second year of the programme.

The percentage of the cohort accessing supported accommodation has steadily increased as individuals have moved through the housing pathway into suitable tenancies which provide wraparound support.

The percentage of the cohort in a Local Authority tenancy in 2023-24 increased by 3% when compared to 2020-21 and percentage of the cohort experiencing episodes of street homelessness in 2023-24 significantly reduced when compared to the three years prior.

On average 23% of the cohort spent time in custody in the two years prior to and during the programme, however the percentage of the cohort decreased by 30% between 2022-23 and 2023-24.

A significant proportion of individuals who went into custody during the first year of the programme were recalled to complete long-term sentences, at which point they'd had limited contact with the programme.

Stability in accommodation for this cohort can be an indicator of progress dependent upon the type of accommodation and needs of the individual.

Figure 6 shows the average number of days individuals within the cohort spent in each type of accommodation.

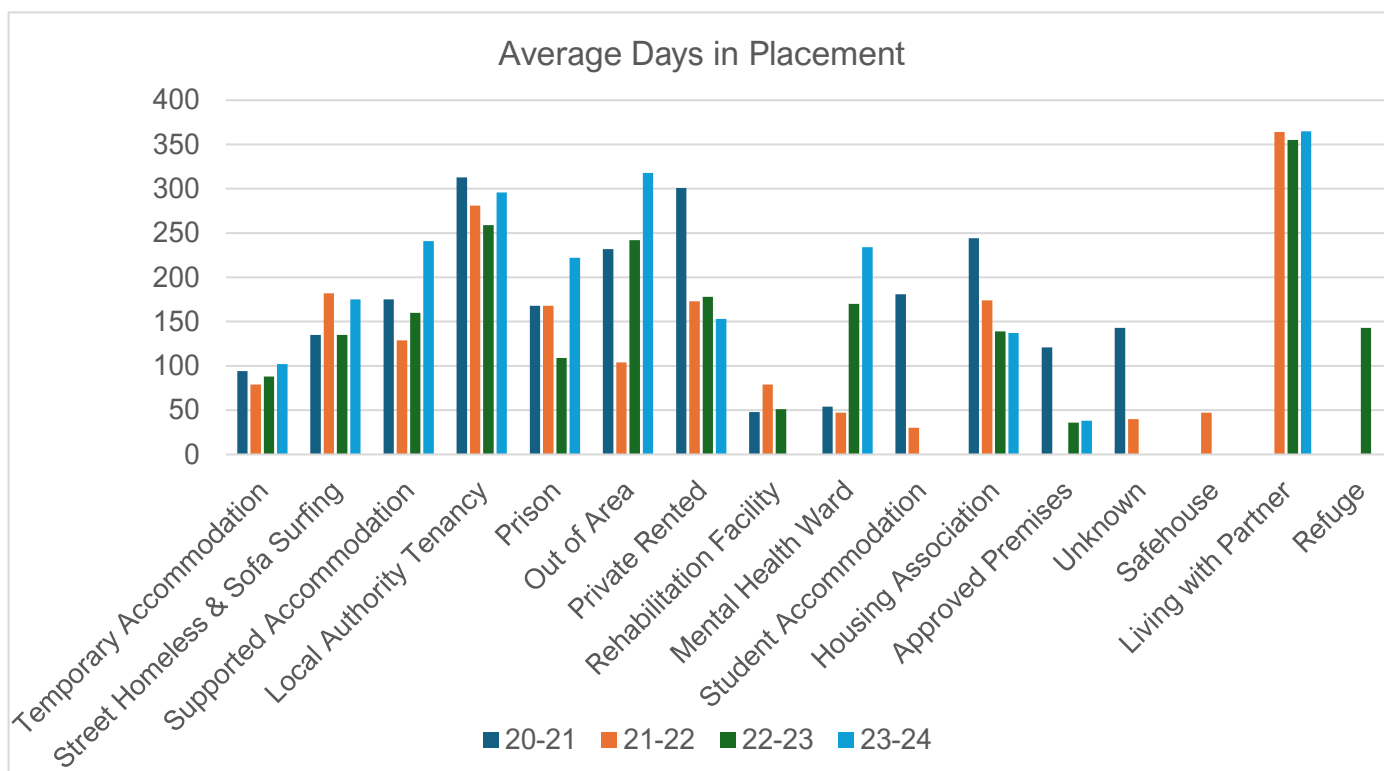


Figure 6

Per person, the average number of days spent in temporary accommodation increased incrementally between 2021-24, however less of the cohort spent time in it. This indicates that those who are in temporary accommodation are staying for longer, which is a positive outcome when part of a plan to obtain their own accommodation and when compared to alternatives of street homelessness.

Similarly, the average number of days spent street homeless has not significantly reduced however the number of individuals spending time rough sleeping has decreased.

Positively, for those who are in Local Authority tenancies they have, on average, maintained the tenancy for most of 2023-24 and the average number of days in support accommodation has increased, as individuals exit from the programme back into mainstream provision.

Two individuals moved out of area and another individual left the country to live with family. The average length of stay in private rented accommodation has reduced, however 85% of individuals who were in private rented accommodation upon entry to the programme were in the process of being evicted.

Street Homelessness and Sofa Surfing

Figure 7 shows data from HSP, Sheffield City Council's case management system, and a manual review of case notes where the number of days and episodes of street homelessness and sofa surfing were tracked.

Year	No. Episodes of Street homelessness and Sofa Surfing	Percentage Increase or Decrease	No. Days spent Street homeless and Sofa Surfing	Percentage Increase or Decrease
2020-21	96		4874	
2021-22	119	24% increase compared to 2020-21	8757	80% increase compared to 2020-21
2022-23	121	2% increase compared to 2021-22	5785	44% decrease compared to 2021-22
2023-24	69	42% decrease compared to 2021-22	4192	51% decrease compared to 2021-22

Figure 7

Analysis of individuals who had experienced episodes of street homelessness and sofa surfing shows:

2020-21 (Y1)

- 36 individuals affected by street homelessness or sofa surfing across the year.
- 28% (9 individuals) of those who experienced street homelessness or sofa surfing within the year account for 54% of total days.

2021-22 (Y2)

- 48 individuals affected by street homelessness or sofa surfing across the year.
- 31% (15 individuals) of those who experienced street homelessness or sofa surfing within the year account for 58% of total days.
- Out of those 15 individuals, 4 were among those who experienced highest level of sofa surfing and/or street homelessness in 2020-21, with sofa surfing more common than street homelessness.

- 31 individuals (86% of Y1) slept rough or sofa surfed across both 2020-21 and 2021-22.

2022-23 (Y3)

- 43 individuals affected by street homelessness or sofa surfing across the year.
- 21% (9 individuals) of those who experienced street homelessness or sofa surfing within the year account for 51% of total days.
- Out of those 9 individuals, 1 individual appeared in both Y2 and Y3 highest no. days, with this individual sofa surfing most of the year.
- The 4 individuals identified in Y1 and Y2 as experiencing the highest levels of street homelessness or sofa surfing, were also present in Y3 data although did not make up the 21% with the highest prevalence.
- 71% (34 individuals) appeared in both Y2 and Y3 data, with street homelessness more common than sofa surfing.

2023-24 (Y4)

- 24 individuals affected by street homelessness or sofa surfing across the year.
- 33% (8 individuals) of those who experienced street homelessness or sofa surfing within the year account for 56% of total days, with sofa surfing more common than street homelessness.
- 96% of those affected in Y4 experienced street homelessness and sofa surfing in Y3.
- We lost contact or had significantly less contact with with 50% of those affected in Y4.

Through case studies completed by the core team with the whole cohort, the following experiences related to street homelessness and sofa surfing were identified:

- Lack of tenancy support while in previous tenancies and they now feel they would struggle to manage a tenancy
- Feel unsafe in their property and/or fleeing violence
- Too under the influence to get home via public transport
- Their property is too far out of city centre and they feel isolated
- Some engagement dropped off when accommodated and street homelessness continued
- Suitable accommodation following prison release not found
- Episodes of street homelessness while adjusting to having a tenancy
- Episodes of street homelessness during relapses and crises as a form of self-punishment
- Survivor sex work while street homelessness

- Associates and social circle are individuals who are also street homeless
- Felt unsafe at temporary accommodation and wanted a secure tenancy

Single Homeless Project's report Women's Rough Sleeping Census 2023 Report¹¹ found that traditional rough sleeping counts was bias towards men's experiences, compared to women's experiences which are often less visible than mens.

For the purposes of this report, street homelessness is defined as:

- people sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments)
- people in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes')
- Sex workers relying on survival sex with punters for accommodation

Women experiencing homelessness may be missed by researchers. They often reduce their visibility when rough sleeping as they are often very conscious of their own vulnerability. They are also more likely to end up 'sofa surfing' rather than live in hostels (Robinson, 2016)

Figure 8 has used data from HSP, Sheffield City Council's case management system, and a manual review of case notes, and shows the number of individuals who have experienced episodes of street homelessness across the year.

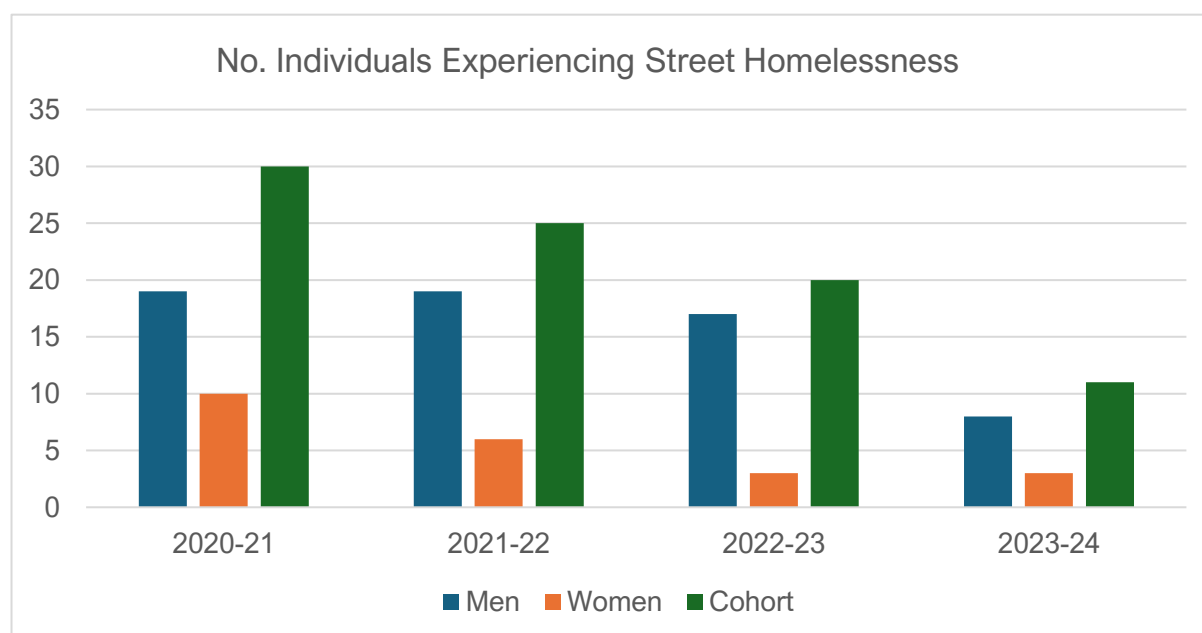


Figure 8

¹¹ <https://www.shp.org.uk/Handlers/Download.ashx?IDMF=d383bae1-cbf0-4723-b769-a4c9dec76740>

The number of men and women experiencing street homelessness has reduced across each consecutive year. Across all four years, 27 individual men (68% of male cohort) and 14 individual women (39% of female cohort) had episodes of street homelessness, totalling 52% of the cohort.

Out of the 26 men affected in 2020-21 and 2021-22, 35% went into custody for cumulatively 5 months+ over the year in either 2022-23 or 2023-24 and 1 additional individual was sectioned into an acute mental health ward.

Figure 9 shows how many individuals were known to sell sex and sofa surf or were street homeless on release from prison:

	Sex Workers	Prison Leavers	
2020-21	5 of 10 women (38%)	7 of 19 men (37%)	1 of 13 women (8%)
2021-22	4 of 6 women (67%)	8 of 19 men (42%)	1 of 13 women (8%)
2022-23	3 of 3 women (100%)	6 of 17 men (35%)	0
2023-24	2 of 3 women (67%)	3 of 8 men (38%)	0

Figure 9

Availability of and restrictions within temporary accommodation provision has a significant influence on the number of people without suitable accommodation upon release, however the impact upon the individual is also significant, where they often feel let down by the system.

SUBSTANCE USE

Substance use was the second most prevalent need within the cohort upon entry to the programme, with 94% of people affected.

Case studies completed by support workers identified the following as some of the common experiences for those in the programme:

- Individuals reported to want to self-manage a reduction in their substance use
- Individuals had prolonged periods of stability on script compared to pre-programme
- Increased engagement with treatment due to support to attend appointments
- Continued levels of ad-hoc engagement with treatment, similar to pre-programme
- Individuals stated that they felt overwhelmed and fearful when thinking about engaging in treatment or reducing their use

- For some, not all, there was some level of consistency on script while in custody and on discharge from acute mental health wards. For others, there was limited rehab or detox focus while in custody
- Barriers cited by individuals were that they found it difficult to be around other substance users at substance use services and felt patronised and talked down to when being engaged in conversations around their use.

Positive outcomes highlighted in the case studies include:

- Individuals had open and honest communication with their support workers from Changing Futures and Likewise (commissioned substance use provider) about their use, whereas previously they found it difficult
- Individuals proactively reached out to workers when they had fallen off script
- Longer periods of engagement in treatment compared to prior to the programme
- Accessed psychological support regarding their triggers for use and relapse
- Staff, notably peer support workers, with lived experience of substance use were noted to have an impact on how the individual engaged with the programme and substance use services
- Individuals accepted into rehab following two years of support to reduce use

On entry to the programme, 30% of the cohort were engaged in substance use treatment and 23% reported a reduction in their use of substances.

Upon exit from the programme:

- 53% of those with a substance use need reported they'd reduced their substance use.
- 74 individuals have continuing support needs relating to substance use.
- 5 individuals have no support needs relating to substance use.

Figure 10 shows the a breakdown of substance use within the 74 individuals who have continuing needs:

	Prescribed Methadone, Subutex or Buvidal	Crack Cocaine	Alcohol	Most common co-occurring use	Support in Place*
Opiates – 42 people (57%)	31 (74%)	39 (93%)	17 (40%)	Pregablin Spice Cannabis	29 (69%)
Alcohol – 40 people (54%)	17 (43%)	18 (45%)	n/a	Cannabis Spice	22 (55%)

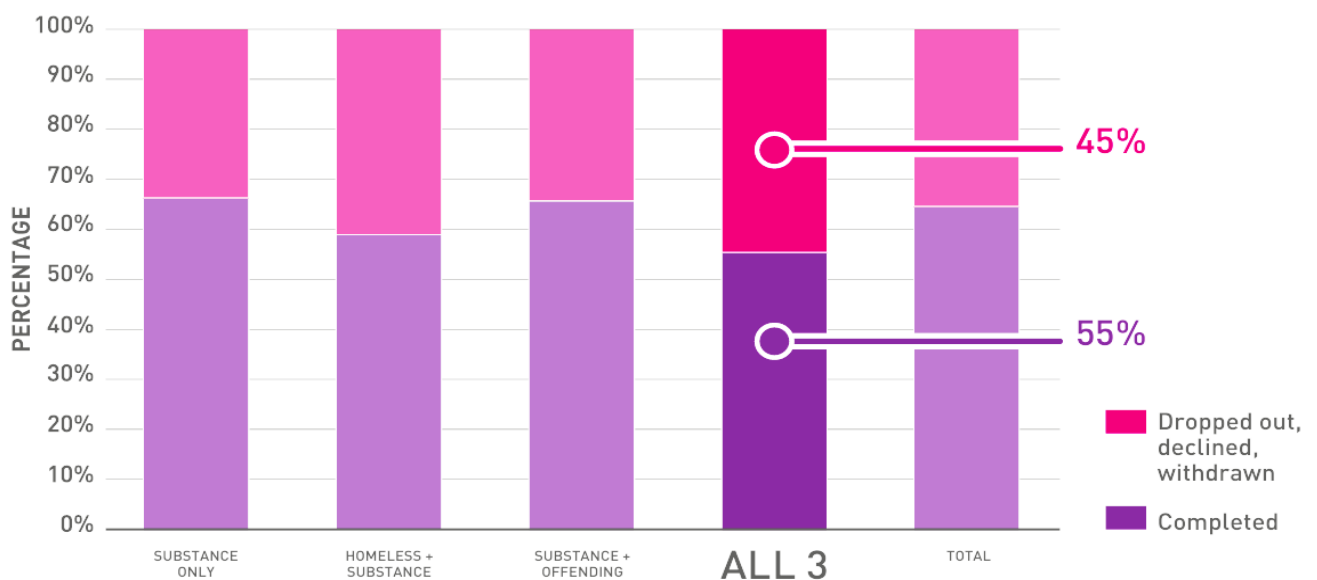
Figure 10

*Support is defined as engaging in treatment through commissioned Substance Use services by attending appointments with their recovery navigator and/or in receipt of a prescription of Methadone, Subutex or Buprenorphine.

Of those, 46% have a physical disability compared to 15% who have a condition which affects them neurologically and 12% who report to have a learning difficulty.

Figure 11 is taken from Lankelly Chase's Hard Edges report and presents a broad picture of the main types of outcomes for completed drug and alcohol treatment journeys in 2011.

Figure 14: Substance treatment journey discharge outcome summarised by SMD category 2011



Source: Authors' analysis of NDTMS; note that cases transferred (mainly to prison) are omitted, as treatment is provided in a different way for this group post transfer

Figure 11

The report notes that more complex cases of SMD see somewhat lower levels of completion and drug-free outcomes.

Significantly, this data set does not explicitly analyse data for those experiencing Serious Mental Illness (SMI) or who are victims or perpetrators of domestic abuse.

MENTAL ILL HEALTH

Figure 12 and 13 represents data from Sheffield Health and Social Care (SHSC) showing the number of referrals into and contacts within the specified mental health services for this cohort in the year prior to the programme up to November 2023.

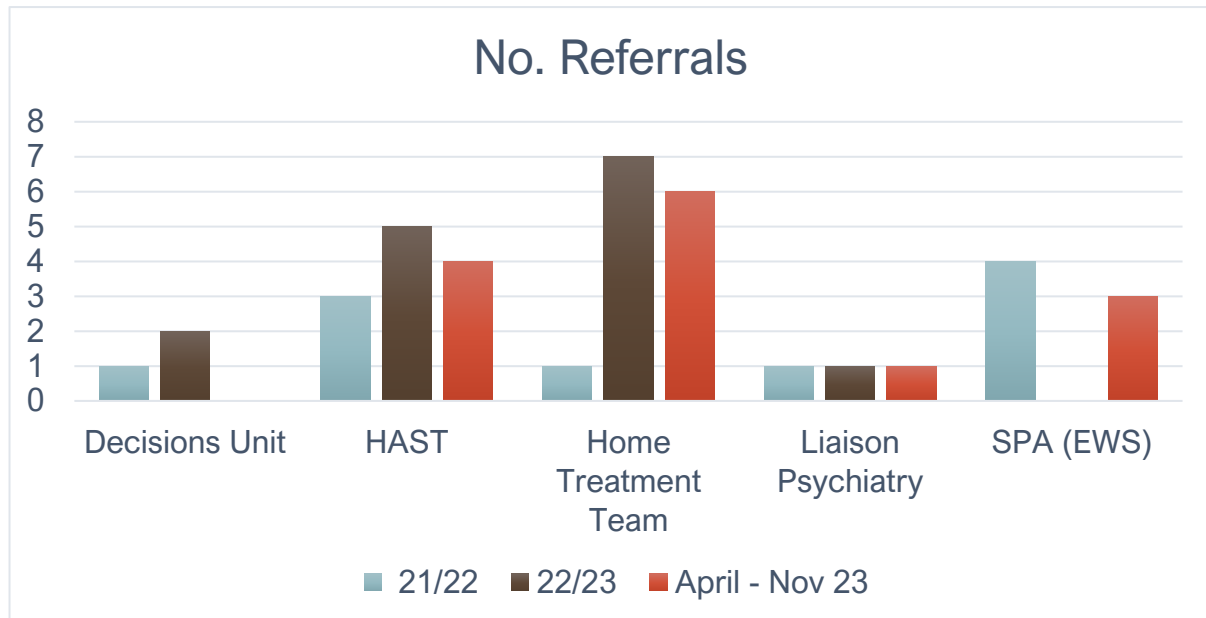


Figure 12

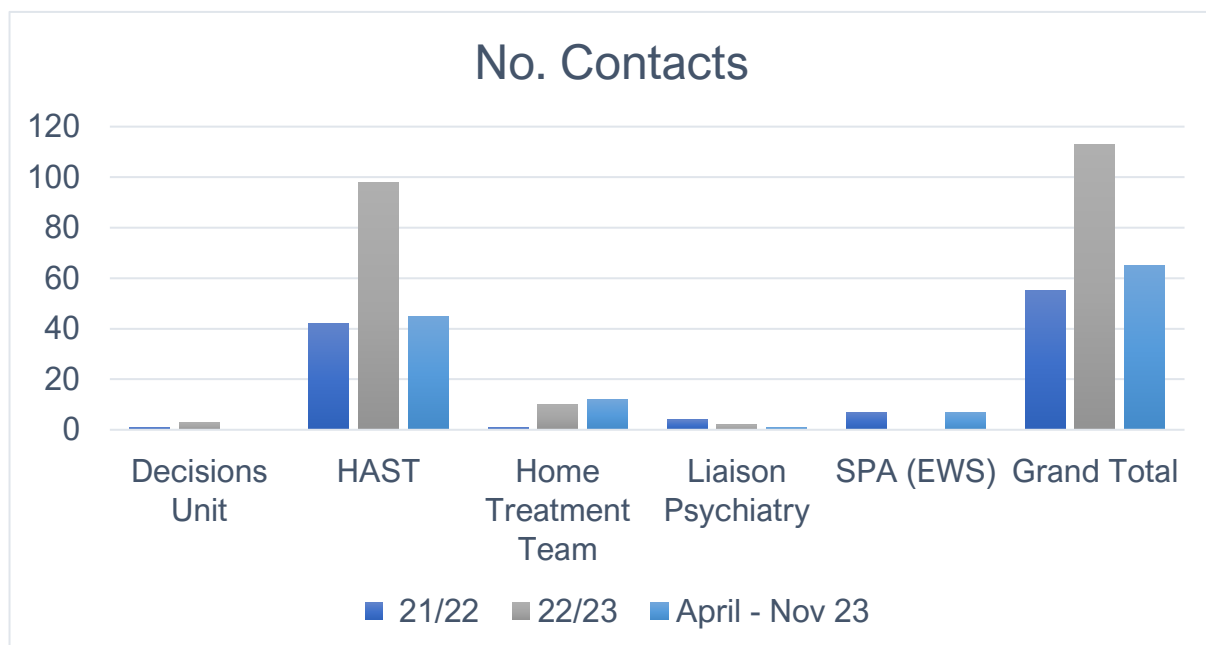


Figure 13

Both figures show that this cohort was not particularly 'well known' to mainstream mental health services prior to the programme.

Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Over half (52%) of the Changing Futures cohort can be defined as having an SMI, with individuals experiencing multiple conditions at one time such as anxiety and depression alongside psychosis, complex PTSD, Schizophrenia, hallucinations and personality disorders.

4 individuals have been sectioned in acute mental health wards while receiving support from the programme, 2 of which have been supported by HAST.

Public Health England's 'Severe mental illness (SMI) and physical health inequalities: briefing'¹² reports that poor physical health is common in people with SMI with:

- many people experiencing at least one physical health condition at the same time as their mental illness – this is known as co-morbidity
- frequent diagnoses of more than one physical health condition at the same time as their mental illness – this is described as multi-morbidity

Of those experiencing an SMI, over 50% also have needs relating to a physical health issue or disability.

Case studies completed by support workers within the core team raised the following:

- Individuals self-reported to withdraw from services due to low mood
- Mental health support was an area that needed more flexibility than most
- Incremental increases in trust resulted in individuals seeking treatment for the first time or disclosing for the first time that they were experiencing things such as auditory hallucinations, which otherwise would have been undiscovered
- Recovery journey for individuals ebbed and flowed, however for some as the programme progressed, when they experienced a relapse, they were less severe than before and the individual felt aware of what had happened
- Individuals mental health needs were often hidden while street homeless and being accommodated allowed staff opportunity to see the impact it had upon the individual

¹² <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing>

- One individual had multiple inpatient admissions prior to the programme, which reduced to one across 18 months – they are now taking medication and attending their appointments without support
- Individuals reported that they see having to engage with too many people a punishment and them needing to do better. This links to common reports of feelings of shame across the cohort

Alongside the core team of support workers, funding was provided to Sheffield Health and Social Care (SHSC) to add additional capacity within the HAST (Homeless Assessment Support Team) to provide specialist clinical interventions for this cohort.

These specialist roles included an Occupational Therapist, Social Worker, Clinical Psychologist, Mental Health Nurse and Nurse Prescriber.

Funding was also provided by Paradigm Psychological Services, which enabled further access to psychology support.

On average, 27 individuals were actively engaged with HAST across year 2 (2023-24) compared to 22 individuals in year 1 (2022-23) – average of 63% of those referred. Beneficiaries attended 59% of HAST appointments and approximately 50% of Paradigm appointments .

20 individuals were known to HAST prior to being a beneficiary of Changing Futures. On average, there was a 3 week referral to assessment wait time, significantly lower than mainstream mental health services.

Data collection in year two of HAST provision captured that the following assessments were completed:

<i>Assessment Type</i>	<i>No. Completed</i>
Home assessments	3
Mental health act assessments	6
SCP assessments	39
Sensory assessments	0
Cognitive ACE assessments	3
Brain Injury Screening Index (BISI) assessments	0
Social care reviews completed by social worker	17

HoNOS assessments	51
Other assessments completed e.g. ADHD/ASD	5
Total	123

Figure 14

Case studies completed by HAST highlighted the below as areas in which clinical input supported the cohort:

- Individuals had a broader range of treatment options, i.e. depot, anxiety, rare mood stabilisers, antipsychotics, who had previously not sustained treatment for their mental health or not been able to access through primary care or mainstream mental health services
- HAST support to the core team, through case formulations, provided insight into individuals presentations and needs
- Supported the individual to have agency over treatment
- Individuals had better relationships with their GP through HAST support to communicate their mental health needs and prescription requirements. Medication reviews through HAST also supported this
- Practical support, e.g. aids and adaptations at home, provided through Occupational Therapist assessments
- Individuals accessed physical health checks
- Liaison with GP's to access specialist diagnostic assessment e.g. for ASD and ADHD and other assessments, such as Alcohol Related Brain Damage
- Supported with NOMAD system for medication
- Advocacy for individuals while in hospital and inpatient on acute wards to improve comms and understanding from clinical staff towards the individual. Also, supporting individuals to cope with feelings of 'violation' following medical treatment and increase resilience towards and therefore engagement with follow up care
- Tools, such as creating a map of unmet needs for the client, helped them and workers to plan and prioritise
- Support to other agencies to depersonalise and give context to individuals presenting actions

Case Study

<p>History</p>	<ul style="list-style-type: none"> ○ Physically and sexually abused as a child ○ Young carer for his mum ○ Left school at 15 years old ○ Drug use in mid-late teens
<p>Historic contact with mental health services</p>	<ul style="list-style-type: none"> ○ Known to secondary mental health services for 16 years due to concerns of severe neglect, anxiety, depression, auditory hallucinations and paranoid thoughts ○ Historically received treatment from the home treatment team
<p>Situation prior to Changing Futures</p>	<ul style="list-style-type: none"> ○ Self-medicating using alcohol, cannabis, heroin and crack ○ Sexual assault in prison and street homeless upon release ○ Suicide attempts including cut to femoral artery and drinking bleach ○ Living in squats, tents and street homeless and causing ASB in the city centre
<p>Support received from HAST</p>	<ul style="list-style-type: none"> ○ Housed in supported accomodation project however home uninhabitable due to needles, food waste and hoarded items ○ HAST pre-engagement work allowed the mental health nurse to build a rapport ○ Referred to psychiatrist due to concerns around lack of insight into illness ○ Liaison with psychiatrist and AMHP team who agreed that a mental health act assessment was needed ○ Two attempts were made to section via the mental health act - second attempt was successful due to the relationship built with the community mental health nurse, psychiatrist and support worker ○ Abstinent from substances while in hospital ○ Stabilised on medication for paranoid schizophrenia and has engaged well in community treatment on discharge ○ Engaged with GP for physical health for the first time since release from prison 3 years ago ○ Support to maintain tenancy and attend activities such as a DJ'ing course and enjoyed this as he used to be a DJ ○ Reduced self-harm and suicidal ideation

Figure 15

Specialist psychological input with individuals highlighted the following:

- Benefits of therapeutic letter writing when unable to meet in person
- Significant feelings of shame leaves individuals prone to self-punishment and avoidance of services
- Therapeutic approaches of acceptance and commitment therapy, compassion focused therapy and behavioural activation approach utilised to positive effect
- Individuals reported to understand themselves and their attachment styles, responses to loneliness, drug use and grief better
- A psychology drop in at SWWOP was utilised
- Support to individuals that helped to reframe and depersonalise difficult experiences supported them to centre on their own needs – in one instance this was crucial to staying in hospital long enough to get medical attention
- Support to individuals around ways of noticing and communicating their needs in more constructive ways
- For one individual, support to imagine what life they'd like to have motivated them to go to a substance use rehabilitation facility

CRIME AND OFFENDING

Upon entry to the programme, 85% of the cohort had a history of offending and/or contact with the criminal justice system and 53% were actively open to probation between April 2022 – March 2024.

Case studies completed by support workers identified the following as some of the most common experiences for those in the programme:

- Significant proportion of offending related to substance use, i.e. thefts to fund an addiction or public order offences occurring while under the influence
- Cohort of individuals known to probation services for long periods of time
- For some, prison provided a high level of structure and routine which they didn't have in the community
- Visits to individuals in and collections from prison were felt to be meaningful for individuals in the programme and provided continuity of care
- Support workers assisted with pre-sentence reports and supported individuals to attend court which achieved positive outcomes, i.e. community sentence rather than custodial
- Overall, individuals had a better relationship with their probation officer and there was good partnership working e.g. flexibility in appointment days and times to achieve this

- One individual stated it is the first time in 5 years they've not been open to probation.

The National Probation Service, provided the programme with anonymised individual data related to offences committed by the cohort, particularly the date of conviction, offence type and sentence duration.

The number of days the cohort has spent in custody, either due to a new custodial sentence or recall, has reduced by 6% and 7% in 2023-24 when compared with 2020-21 and 2022-23. Re-offending and convictions in the year 2021-22 was likely affected by Covid restrictions. The biggest reduction (40%) can be seen within the female cohort when comparing 2020-21 to 2023-24.

	2020-21	2021-22	2022-23	2023-24
Total days in custody	3188	2854	3154	2959
Men	2251	1892	2456	2399
Women	937	962	698	560

Figure 16

Figure 17 shows the number of convictions within the time period, how many offences were committed by men and women in the cohort and the percentage of the cohort this relates to.

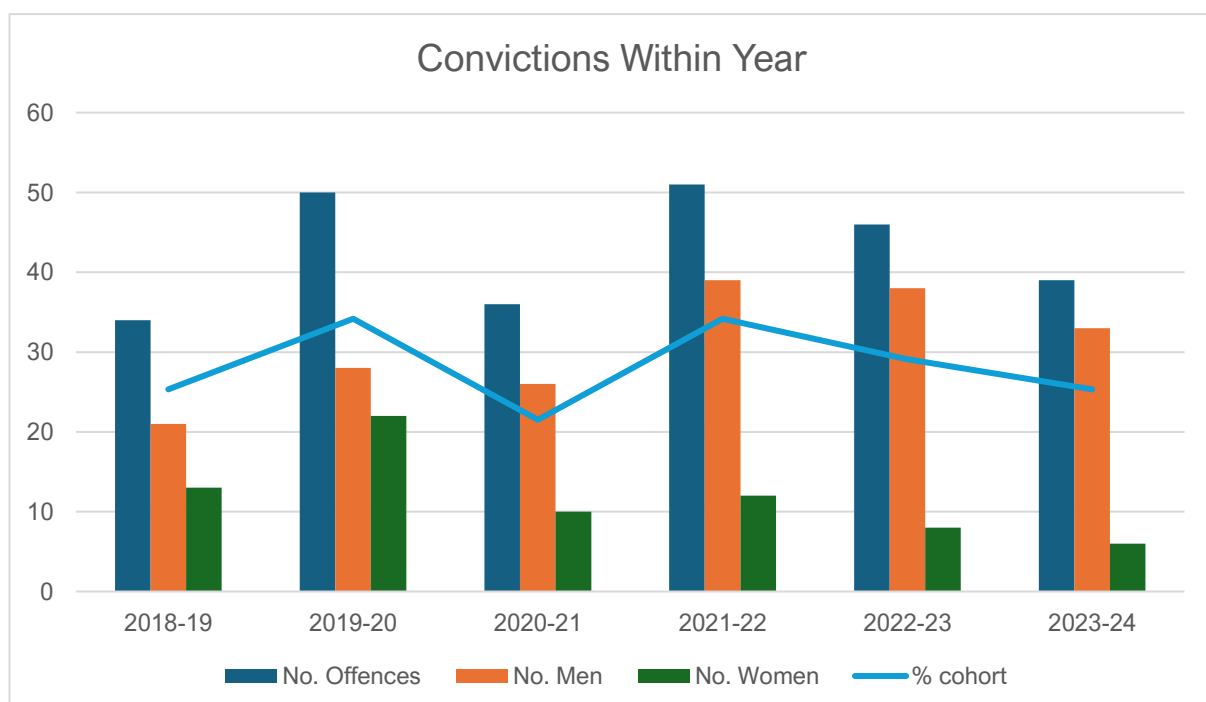


Figure 17

Analysis shows that:

- A total of 256 convictions across 79 people in 6 years
- A reduction in convictions across 2020-21 is highly likely to be an anomaly due to Covid restrictions and we can assume that the rate of offending without restrictions in this year would likely have been similar to or higher than 2019-20
- Total number of convictions reduced by 23.5% in 2023-24 when compared to pre-Changing Futures support in 2021-22

This is the first time, excluding 2020-21, where rates of offending has consistently decreased for this cohort

As shown in figure 18, a consistent number of beneficiaries have received custodial sentences over the course of the programme, however a third of these individuals either declined Changing Futures support and/or the programme had limited contact with them.

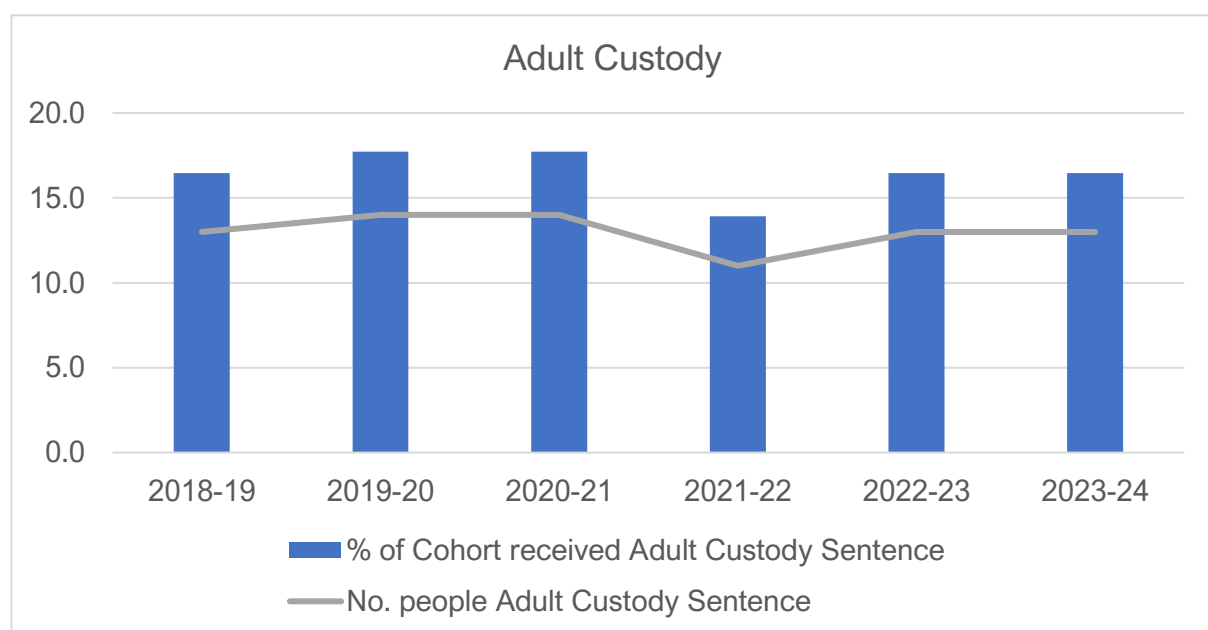


Figure 18

As such, we can conclude that reductions in offending is not linked to increased numbers of the cohort in custody. In November 2022 12% of the cohort were in custody compared to 6.3% in March 2024.

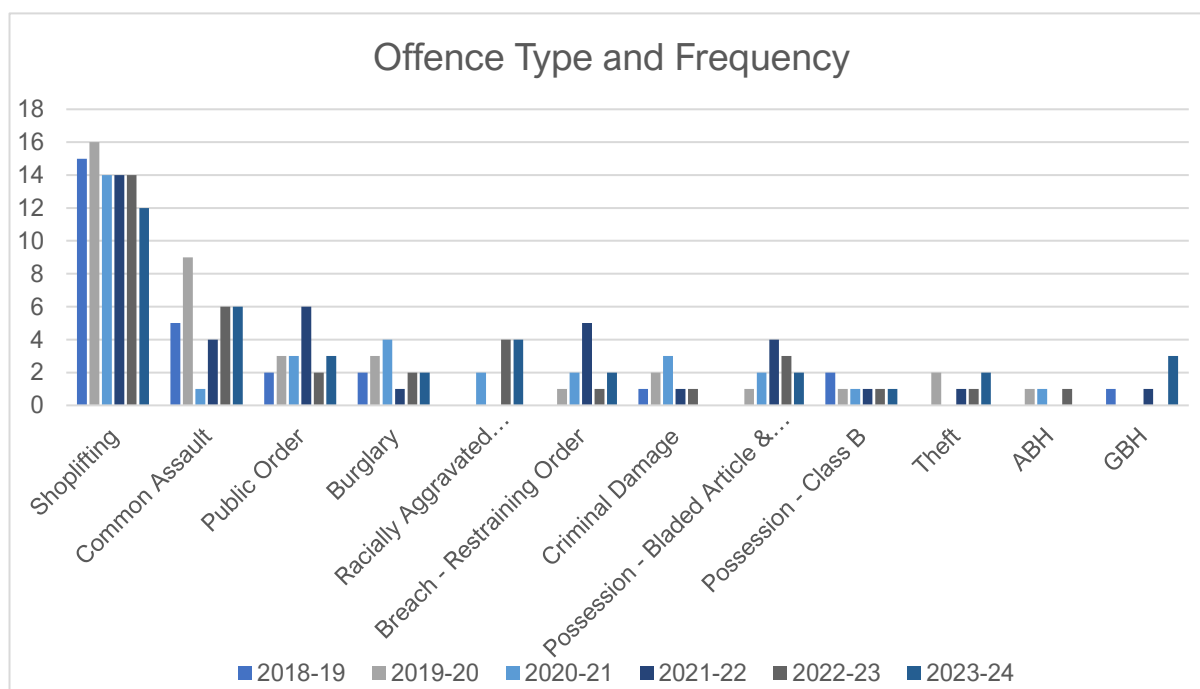


Figure 19

Figure 19 shows that shoplifting has consistently been the most common conviction within the cohort and there has been a small reduction (14%) in the number of convictions for this offence type since the beginning of the programme.

Other offences where there has been a reduction when comparing 2021-22 and 2023-24 include:

- Public order (50%)
- Breach of Restraining Order (60%)
- Possession of Bladed Article (50%)
- Theft, Robbery, Threats to Kill, Arson, False Representation, Assault PC, Equipped for Stealing, Criminal Damage (100%)

Offences where there has been an increase when comparing 2021-22 and 2023-24 include:

- Common Assault, Theft (33%)
- Burglary (50%)
- GBH (66%)

Offences where there were zero convictions in 2021-22:

- Racially Aggravated Harassment, Alarm or Distress – 4 convictions in 2023-24
- Breach of Supervision Order, Breach of CBO – 2 convictions in 2023-24

However, it is noted that delays between offences being committed and sentencing at court may minimise the impact of the programme on offending behaviour.

35% of the cohort were managed by probation in the community upon entry to the programme. This has decreased to 26% upon exit, with 9 beneficiaries (31%) completing their orders with no new offences.

Recalls

Data provided by The National Probation Service shows that in 2022-23, 8 individuals were subject to recall a total of 13 times and in 2023-24, 8 individuals were subject to recall a total of 11 times. Only 3 individuals were recalled both years.

Due to the merging of CRC and NPS across 2021-22, it is not possible to compare recall rates prior to joining the programme.

Victims of Crime

Data from South Yorkshire Police was provided aggregated and anonymised. This means that further investigation is not possible to analyse or explain trends in this data set.

For the purposes of the below table, Year 0 represents the time period March 21-Feb 22, Year 1 March 22-Feb 23 and Year 2 March 23 – Feb 2024. Figure 20 shows the no. of recorded victims of crime and no. of offences recorded.

	<i>Number</i>	<i>Percentage of Cohort</i>	<i>Time period</i>
<i>Victim of crime</i>	66	83.5	Either Year 1 or Year 2
	58	73.4	Year 0
	58	73.4	Year 1
	50	63.3	Year 2
	42	53.2	Across Year 1 & Year 2
	16	20.3	Year 1 but not Year 2
	8	10.1	Year 2 but not Year 1
<i>No. offences recorded as victim</i>	347		Year 0
	307	-12%	Year 1
	273	-21%	Year 2

Figure 20

Analysis shows that:

- Overall reduction year on year in the number of offences where a beneficiary was recorded as a victim during the programme, with an overall reduction of 21% when comparing the final year of the programme with the year prior
- 10% reduction in the number of individuals in the cohort who were a reported victim of crime when comparing Year 0 to Year 2
- Over half the cohort were recorded as a victim of crime across the 2 year programme

Within the cohort, differences were noted between individuals in the number of offences they were recorded as a victim across the 3 years.

Figure 21 shows the number of individuals who experienced an increase or decrease in the number of offences where they were recorded as a victim compared to previous years.

	No. of individuals	Percentage of total victims in year	Time Period
Increase in offences	31	53%	Year 1 compared to Year 0
	30	60%	Year 2 compared to Year 0
	28	56%	Year 2 compared to Year 1
Decrease in offences	35	60%	Year 1 compared to Year 0
	33	66%	Year 2 compared to Year 0
	35	70%	Year 2 compared to Year 1

Figure 21

Analysis shows that:

- The number of victims affected by increasing crime reduced over the programme
- Proportionately, a higher percentage of recorded victims in year 2 experienced increased crime when compared to year 0, however without individual data it is difficult to ascertain whether this is because of third party reporting, individuals have been supported to report or because of a genuine increase in crime

SYP data stated that for seven individuals who had recorded a decrease (of greater than or equal to five offences fewer) in offences where they were listed as a victim during Year 1 in comparison to Year 0, for all 7 there was a continued decrease in offences recorded in Year 2 in comparison Year 0.

Perpetrators of Crime

For the purposes of the below table, Year 0 represents the time period March 21-Feb 22, Year 1 March 22-Feb 23 and Year 2 March 23 – Feb 2024. Figure 22 shows the no. of recorded perpetrators of crime and no. of offences recorded.

	Number	Percentage of Cohort	Time period
Perpetrator of crime	69	87.3	Either Year 1 or Year 2
	64	81.0	Year 0
	62	78.5	Year 1
	53	67.1	Year 2
	46	58.2	Across Year 1 & Year 2
	16	20.3	Year 1 but not Year 2
	7	8.9	Year 2 but not Year 1
No. offences recorded as suspect	393		Year 0
	428	+9%	Year 1
	437	+11%	Year 2

Figure 22

Analysis shows that:

- Overall increase year on year in the number of offences recorded where a beneficiary was a recorded perpetrator of crime, with an overall increase of 11% when comparing 2023-24 with 2021-22
- Reduction of 14% of the percentage of cohort who were recorded as a perpetrator of crime when comparing 2021-22 with 2023-24
- Over half the cohort were recorded as a perpetrator of crime across the programme

The figure below shows the number of individuals who experienced an increase or decrease in the number of offences where they were recorded as a offender compared to previous years.

	No. of individuals	Percentage of total suspects in year	Time Period
Increase in offences	37	60%	Year 1 compared to Year 0
	28	53%	Year 2 compared to Year 0
	26	49%	Year 2 compared to Year 1
Decrease in offences	31	50%	Year 1 compared to Year 0
	38	72%	Year 2 compared to Year 0
	39	74%	Year 2 compared to Year 1

Figure 23

Analysis shows that:

- There is a positive reduction in the percentage of the cohort who are increasing perpetrators of crime
- There is a positive increase in the percentage of the cohort who are decreasingly being recorded as perpetrators of crime

DOMESTIC ABUSE

1 in 20 women have experienced extensive physical and sexual violence, compared to 1 in 100 men (Scott et al., 2015)

A total of 36 programme beneficiaries are known victims of domestic abuse, with 29 being known to MARAC between 2014-2024 and 21 known perpetrators of domestic abuse, with 13 known to MARAC between 2014-2024.

6 sets of perpetrators and victims were supported by the programme simultaneously, with 5 intimate relationships and 1 familial relationship.

Upon entry to the programme, 59 individuals had domestic abuse related support needs, either as victim or perpetrator. Upon exit, 20 individuals have support needs which are due to current and known domestic abuse concerns – 18 victims and 2 perpetrators.

Case studies completed on beneficiaries raised the following as common themes:

- Victims would present at services with their partner and it was a barrier to accessing support
- Victims reported to struggle with feelings of isolation and loneliness
- Most perpetrators were either not ready to work with Cranstoun on issues related to domestic abuse or did not view being a perpetrator as a priority need
- Victims had experienced a long history of abuse, exploitation and coercive control from childhood or adolescence
- For some victims, time spent in prison accounted for the most significant periods of being away from perpetrators and 'out' of the relationship
- By supporting both victim and perpetrator in the programme, workers were able to spend time with both and gain the trust of the perpetrator. By doing

this, time was spent alone with the victim to discuss support which otherwise would have been difficult

- One individual left their perpetrator after 2 years of programme support
- Beneficiaries were supported to report to the police – 2 convictions over the programme for Non-fatal strangulation and breach of restraining order
- Most common barriers to reporting include perpetrators links to organised crime and exploitation related to sex-work
- Most meaningful work with perpetrators on domestic abuse took place once the relationship was established and open and honest conversations took about the relationship, which included the repercussions of re-offending
- Some victims reported that they appreciated that support was being offered to their partners as this helped with engagement for both parties
- ASB complaints at properties and tenancies due to domestic abuse
- Positive joint working with IDAS (commissioned domestic abuse service) to support engagement with their organisation and support Safezones placements
- 3 victims were supported into refuge accommodation, by liaising with domestic abuse services and refuge and practical support to arrive safely.

There are close links between domestic abuse, poor mental health and substance use (Robinson, 2016). The majority of women in prison have faced domestic or sexual abuse / violence (Agenda, 2019)

MARAC (Multi-Agency Risk Assessment Conference)

MARAC is the multi-agency forum where victims who have been assessed as at high risk of harm or homicide are discussed so a joint risk management plan can be put in place.

Two individuals were victim and perpetrator for 43% of MARAC cases in the two years prior to the programme. During the two years of the programme, this reduced to 9% of total cases (34% reduction).

Another two individuals were victim and perpetrator for 14% of MARAC cases in the two years prior to the programme and 18% of total MARAC's during the two years of the programme, although the number of MARAC's was the same in both time periods.

Figure 24 shows data from the Domestic Abuse Commissioning Team on the number of MARAC's where individuals from the cohort were listed as perpetrator or victim.

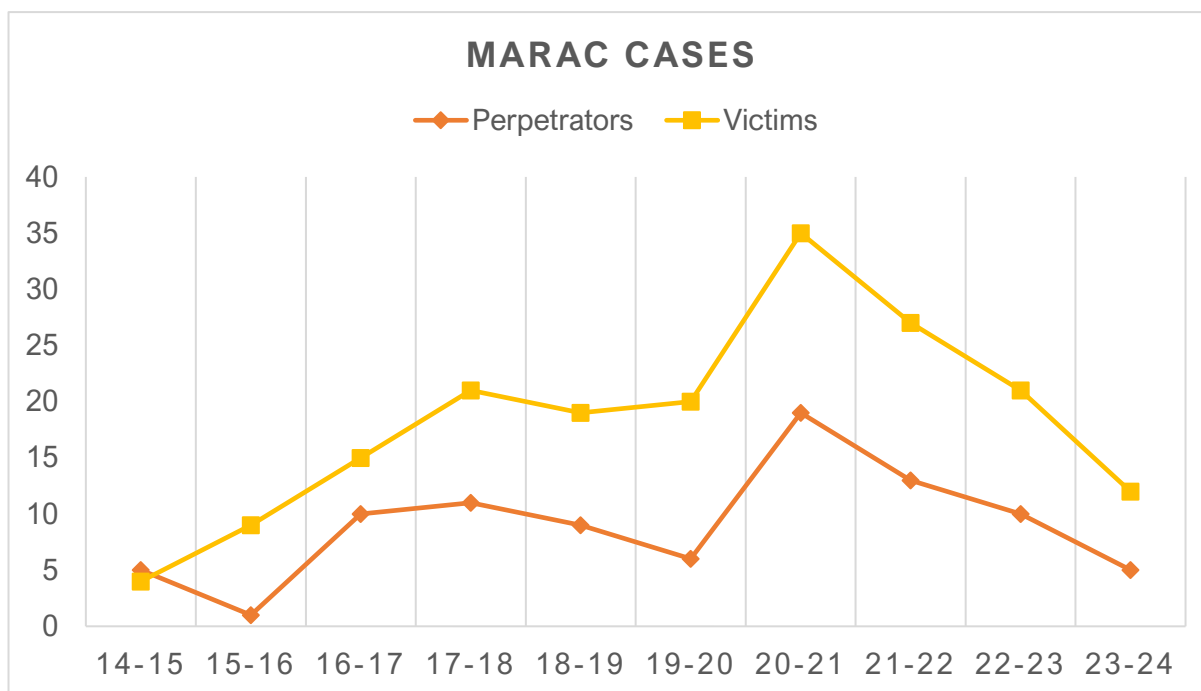


Figure 24

It shows that the number of MARAC's involving beneficiaries has reduced by 57.5% in 2023-24 compared to 2021-22.

Investigation into the experiences of those known as MARAC victims and perpetrators:

- One victim had limited contact with the programme and no. of MARAC's increased from two years prior to during the programme
- One victim's perpetrator had significant contact with the programme and there was a significant reduction in perpetrated incidents
- One victims' perpetrator received a long-term sentence and through Changing Futures support has a package of care through Adult Social Care
- One victim was subject to MARAC an equal amount across the two years prior to and during the programme. They had a significant amount of contact with the programme however their perpetrator did not
- Three victims were supported to move out of area and into refuge – two returned to Sheffield however upon return there was a reduction in perpetrated incidents
- One victim has had periods of time in custody and was on section on an acute mental health ward between December 2023-March 2024

It is important to note that MARAC is triggered by reported incidents of domestic abuse and is not representative of all experiences and/or incidents.

AREAS OF FOCUS

ADULT SOCIAL CARE

Data obtained from Adult Social Care, shows that between April 2018 – March 2024 there was a total of 190 safeguarding contacts for beneficiaries, of which 83% were for women within the cohort. Figures 25 and 26 show the number of safeguarding contacts and episodes across the cohort by year and gender:

Figure 25

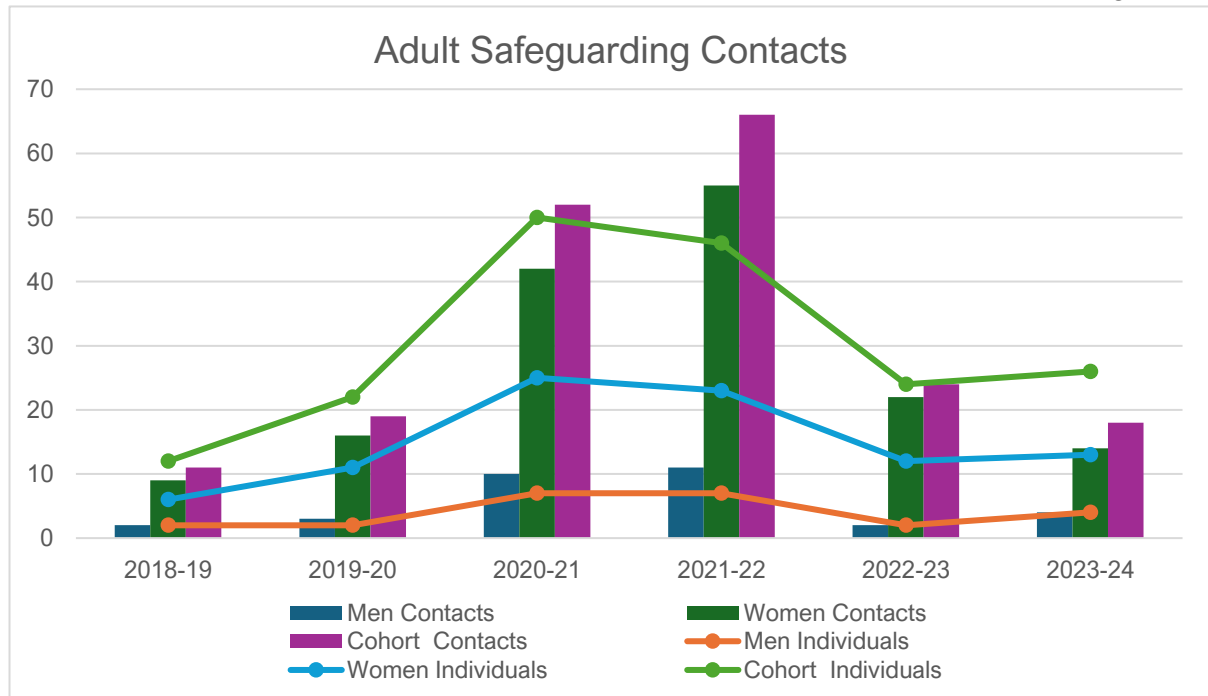
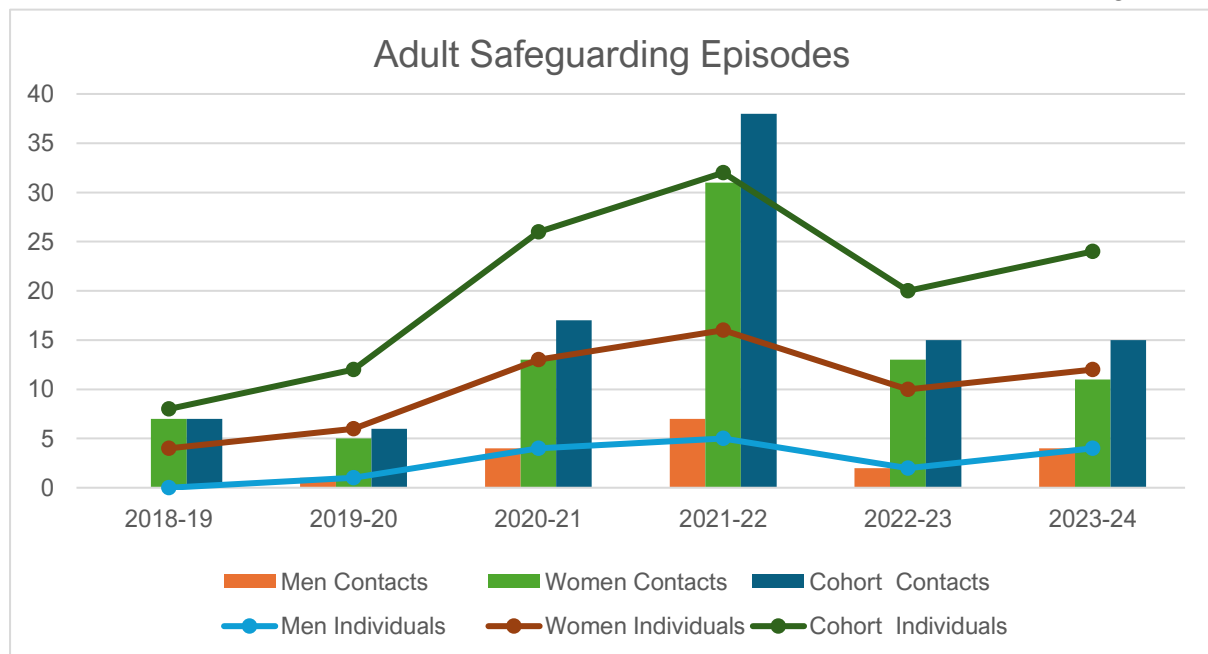


Figure 26



Analysis shows that:

- There is an overall reduction of 73% in the number of safeguarding contacts and 57% in the number of episodes between 2021-22 and 2023-24.
- Feedback from partner agencies working with the cohort reports that Changing Futures supported risk management alongside agencies involved in that persons care through good partnership working, an MDT approach and the use of Complex Case Management and Team Around the Person meetings.
- Reported concerns for women are significantly higher than for men within the cohort.
- Most concerns for women are related to domestic abuse.

Across the six years of safeguarding contacts:

- 16 individuals known across 1 year
- 14 individuals known across 2 years
- 5 individuals known across 3 years
- 4 individuals known across 4 years
- 1 individual known across 5 years
- 1 individual known across all 6 years

Of the 21 individuals who were known for a safeguarding contact prior to the programme but not following:

- 5 individuals spent considerable time in custody across 2022-24
- 1 individual is in receipt of a care package
- 1 individual moved out of area
- 1 individual declined support from the programme
- 13 had significant contact with the programme

PHYSICAL HEALTH

Learning from working with this cohort highlights the impact of co-morbidity and the reduced life expectancy they experience. It is understood that this is a cohort of individuals who, at the point of referral to the programme, may need some form of care or support for their adult lives' due trauma and life experience. This does not mean there is not a goal or hope to have independent living, however they will need more time and support to achieve it.

NICE's Inclusion Health framework¹³ identify those experiencing multiple disadvantage alongside other vulnerabilities, such as sex work, as needing additional investment and a tailored approach to their healthcare.

Out of 39 women in the cohort:

- 29 (74%) have a health need
- 19 (49%) have a disability
- 13 (33%) have an enduring health need (i.e. condition that will be managed)

Out of 40 men in the cohort:

- 30 (75%) have a health need
- 18 (45%) have a disability
- 20 (50%) have an enduring health need

This is compared to the general population, where 25% have identified physical health needs that create limitations. In addition, 90% of the cohort smoke. 59% of people with health needs and 27% of those with enduring health needs are accessing treatment, the most common treatment accessed is medication via their GP.

Figure 27 shows a breakdown of health needs across the cohort:

	Count - Health Need	Percent	Count - Enduring Health Need	Percent
Musculoskeletal	32	41%	29	91%
Vascular	15	19%	8	53%
Respiratory	12	15%	10	83%
Mobility	10	13%	4	40%
Podiatry	8	10%	3	38%
Neurological	8	10%	6	75%
Cardiovascular	4	5%	1	25%
Oral health/Dental Care	3	4%	2	67%
Visual Impairment	4	5%	3	75%
Gastric issues	2	3%	2	100%

¹³ <https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/>

Fibromyalgia	1	1%	1	100%
Diabetes	1	1%	1	100%
Human Immunodeficiency Virus	2	3%	2	100%
Cancer	1	1%	1	100%
Gynaecology	1	1%	0	0%
	103		72	

Figure 27

1 individual accessed primary care through the Special Allocation Scheme and following Changing Futures support, they are now accessing a mainstream GP and is happy to have better access to face to face appointments as this was a key goal at the beginning of programme.

Case studies completed raised the following:

- Feelings of fear, stigma, shame and anxiety over physical health issues kept beneficiaries from accessing healthcare in the community (via GP) or hospital treatment
- Previous upsetting experiences in health settings, particularly hospitals, resulted in feelings of fear of accessing treatment
- Wait times prior to planned or unplanned appointments heightened feelings of anxiety and support workers staying with them was a deciding factor in accessing treatment
- Feelings of being treated with a lack of respect by medical and clinical staff
- Traumatic memories related to the deaths of friends and family members heightened feelings of anxiety and wanting to avoid medical spaces
- Support to access sexual health treatment was significant, one individual is now receiving HIV medication regularly to the point where it is now undetectable
- Relationships between beneficiary and support worker key to them feeling comfortable raising health concerns, e.g. issues relating to incontinence
- For one individual, effective coordination with prison resulted in an early cancer diagnosis
- Hospital visits important to making the individual feel valued and keeping them on ward
- Beneficiaries reported that accessing medical attention through day centers such as The Cathedral Archer Project felt less intimidating
- For issues relating to infection, support through the personalization fund to access hygiene products was essential

- Hospital staff were brought into Complex Case Management (CCM) meetings and Team Around the Person (TAP) meetings with positive outcomes in coordinating treatment and hospital discharge

Data from the Sheffield Place Integrated Care Board (ICB) showed that:

- 33% of the cohort attended ED across 2021-22 with a total of 188 presentations
- Total of 102 presentations in 2022-23 equaling a reduction of 46% when compared with 2021-22

Unfortunately, data was not obtained from the ICB for the year 23-24, but data collection within the Core Team, which has its limitations due to worker knowledge, showed that there were at least 59 presentations to ED in 2023-24. If accurate, this evidences a 69% reduction in ED attendances when compared with 2021-22.

In July 2022, 68% were registered with a GP which increased to 90% in December 2023.

ENDINGS

Due to the long-term nature of support provided through the programme and the depth of trusting relationships developed with the cohort, planning for the programme support ending started 9 months in advance.

This consisted of:

- Case formulations with forensic and clinical psychologists
- Work as a team around the concept of endings and the impact upon the individual and staff member
- Discussing openly fears and anxieties around support ending
- Revising the cohort's support plans to focus on goal setting, self-efficacy, and the ending of support
- RAG rating of the cohort around suitability and readiness to end programme support, completed by team managers with support workers and clinical mental health staff
- Sessions around endings facilitated by a psychology student on placement within the core team

Overall, 82% of the cohort had significant levels of support from the programme and of those, 85% left the programme in a planned way.

The below was identified within the case studies completed by support and peer support workers on reflections and circumstances in the cohort at the point of closure:

- One individual went from avoiding eye contact, to making eye contact, to being ready for appointments to asking for appointments
- One individual has contact 3 times a year with their removed baby, compared to previous child removals where they have no contact. The contact they have with their baby gives them hope and motivation
- Increased resilience in managing difficult situations and relationships – building capacity to remove themselves and come back when in a better space
- Positive, supporting and safe relationship support worker meaningful to the individual, although there has not been a significant increase in attending appointments
- Continuity of care from prison had significant impact on their relationship with the worker and view of the service
- They are doing interviews for the NHS about needs of vulnerable women and finds this really rewarding
- They said it was the best service they'd had for years – they felt comfortable to open up about previous sexual abuse, attended positive activities and found this rewarding
- Longest time they've ever had stability - not within the criminal justice system, housed, abstinent and medicated
- Proud of themselves and what they've achieved over the last two years
- Grateful for the intensity of support as they stated they needed it and had not been offered it before
- They are excited to have gotten their first flat, found the resettlement support invaluable and looks forward to using it as a space to reconnect with family
- They didn't feel able to speak openly about their mental health struggles or future goals or aspirations to anyone else within their circle – being able to do this with their support worker was meaningful
- They found being out of prison overwhelming and bad situations on release compound feelings of failure. Changing Futures advocacy while in prison and to prepare for release was reassuring
- They are confident in the network around them and went on holiday to Skegness alone
- For those at high risk of harm or death, Changing Futures support acted as a safety net, facilitated by the capacity to spend time conducting assertive outreach

Interviews with beneficiaries will be conducted from July-September 2024 by Lincoln University as part of a wider programme evaluation.

COST AVOIDANCE ANALYSIS

There is an increasing body of evidence that the current single need and disconnected service delivery and commissioning approach is not only ineffective for individuals, but also has serious economic and social costs to public services.

The estimated cost to the system, per individual, per year, ranges from:

- £19,000 Lankelly Chase report (including benefits but excluding domestic abuse related costs)
- £25,000 CFE report
- Between £36,696 and £43,400 MEAM Evaluation

Lankelly Chase's report "Hard Edges" estimates that Severe and Multiple Disadvantage is estimated to cost a conservative £10.1bn per year across the SMD populations to the criminal justice system, mental health and homelessness services.

This report estimated this cohort cost the system £19,000 (including benefits and excluding domestic abuse costs) per person per year, 4–5 times the benchmark of £4,600 per person for the general population.

Figure 28

Evidence from the Fulfilling Lives Programme supports the Hard Edge's report's findings. CFE's report 'Why We Need to Invest in Multiple Disadvantage'¹⁴ based on four years of Fulfilling Lives Programme data found that for those experiencing SMD "many of their interactions with public services are negative and/or avoidable. Few receive the treatment they need.

This results in substantial cost to the public purse. When people first join the Fulfilling Lives programme, they are each using, on average, over £25,000 in public services per year. Across all Fulfilling Lives beneficiaries this equals over £88.5million" (Lamb et al., 2019).

Battrick et al's two-year evaluation¹⁵ of MEAM pilot sites found that better coordinated interventions from statutory and voluntary agencies can reduce the cost of wider service use for people with multiple needs by up to 26.4%.

¹⁴ <https://cfe.org.uk/wp-content/uploads/2024/04/CFEP10075-Why-we-need-to-invest-updated-method-and-notes-resupply-221213-WEB.pdf>

¹⁵ <https://meam.org.uk/wp-content/uploads/2014/02/MEAM-evaluation-FTI-update-17-Feb-2014.pdf>

This study focused on individuals in three localities who were supported to engage with better-coordinated services. Individuals were chosen using an assessment tool and all had multiple needs. The study collected administrative data directly from local agencies and mapped this against published unit costs.

It found that average service use costs per individual prior to the intervention (excluding benefits) were between £36,696 and £43,400 per year.

Sheffield Changing Futures

Evidencing 'value for money' or cost savings within a two-year period has the potential to perpetuate harmful narratives around short term invest to save models when working with adults facing severe multiple disadvantage. This cohort needs sustained investment to address needs which have often been left untreated. Because of this, costs are expected to increase before seeing long-term reductions in costs to the system.

Our programme methodology for tracking system costs:

- External data sources – ICB A&E presentations 2021-22, National Probation Service Offending History, Adult Social Care contacts
- Internal data source 1 – Sheffield City Council case management system - case notes, address history, temporary accommodation placement history
- Internal data source 2 – data capture forms completed by support workers monthly which captured no. arrests, ambulance call outs, A&E presentations, hospital admissions, police call outs, fire service call outs, criminal court proceedings, court proceedings for housing issues, no. homeless presentations
- Greater Manchester Combined Authority Unit Cost database used to estimate costs

Data collection and analysis limitations

- The programme was unable to external obtain data on the cohort in some areas prior to the programme commencing, therefore were not able to compare all system costs prior to and at the end of two years of support. It was also not possible to obtain external data in all areas on the cohort's service contacts

- Programme reached capacity in August 2022; therefore, internal data shown is from September 2022 onwards - the point at which all beneficiaries consented to be part of the programme.
- Internal data source 2 collated through support worker knowledge increased in accuracy throughout the programme as relationships were developed. There is less data on individuals who had less contact with the programme. Issues with data quality must be considered throughout all time periods.
- A small sample size such as the Changing Futures cohort is only indicative of system costs and therefore potential 'savings'. It is not indicative of system costs for other individuals who are facing Severe and Multiple Disadvantage.
- Source data for the figures 28-32 can be found in Appendix 1 (page 53)

Data Analysis:

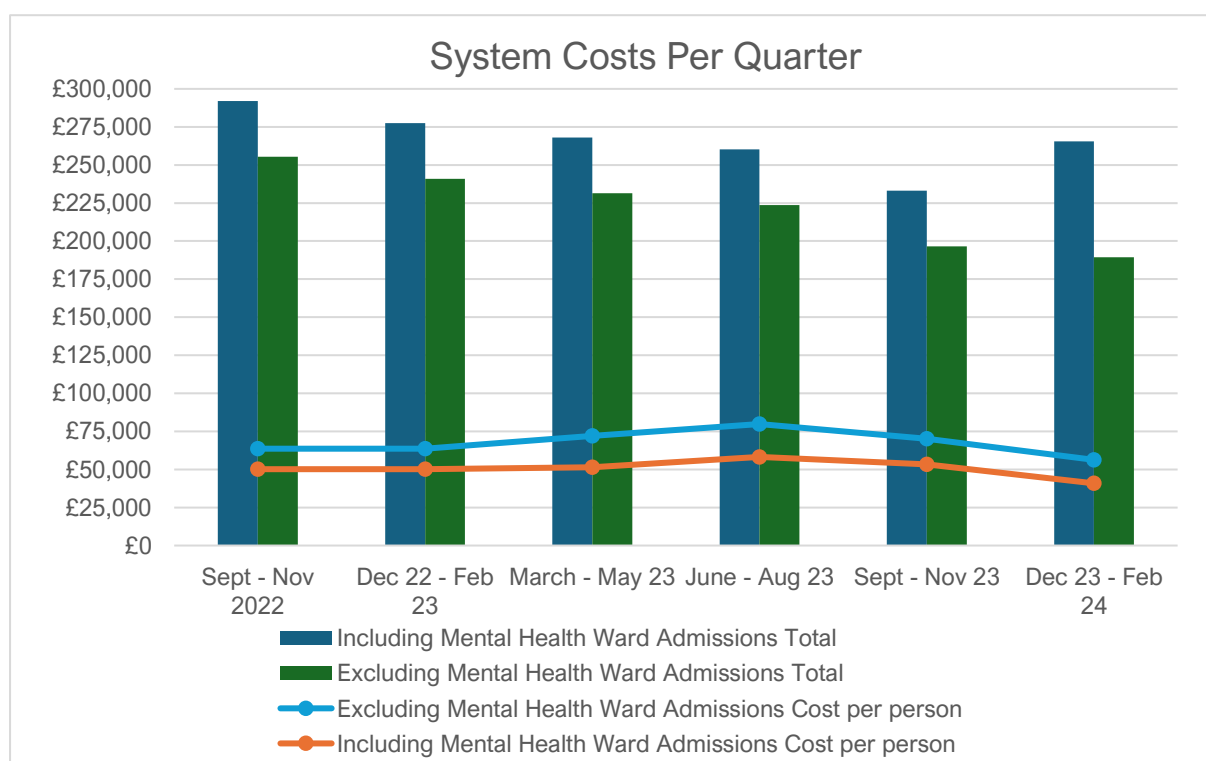


Figure 28

Analysis shows that:

- Mental health ward admissions caused an average 16.5% increase in total costs each quarter
- 24% reduction in costs to the system from Q1 to Q6 excluding mental health ward admissions

- 20% reduction in system costs including mental health ward admissions from Q1 to Q5
- 9% reduction in system costs between Q1 and Q6 including mental health ward admissions
- Total costs and costs per person decreased between Q1 to Q5 before increasing in Q6. This is due to an increase in individuals in acute mental health settings and an increase in the number of weeks two individuals were admitted to a hospital ward

Figure 29 shows the costs per *unique person* in each quarter. The number of unique individuals ranged from 53-61.

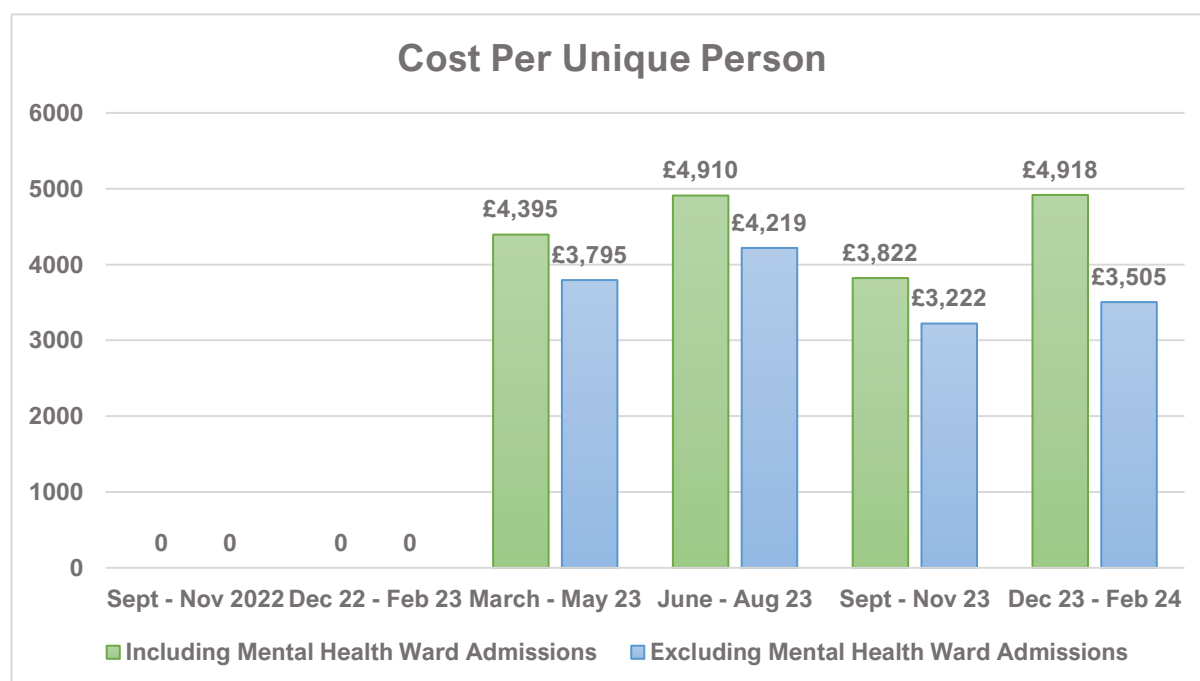


Figure 29

Analysis shows that:

- Average cost per *unique person* has slightly decreased between Q3 and Q6 however due to data limitations, it is not possible to compare Q1 to Q6 and Q6 to pre-Changing Futures support
- Mental health ward admissions significantly increased the cost per unique person in Q6

Offending Related Costs



Figure 30

Analysis shows a 33% reduction in prison custody costs when comparing Q1 to Q6.

Cost avoidance data in appendix 1 shows a 32% reduction in costs related to arrests across Q1 to Q6 – however there is no external data from SYP to corroborate this.

Housing Related Costs

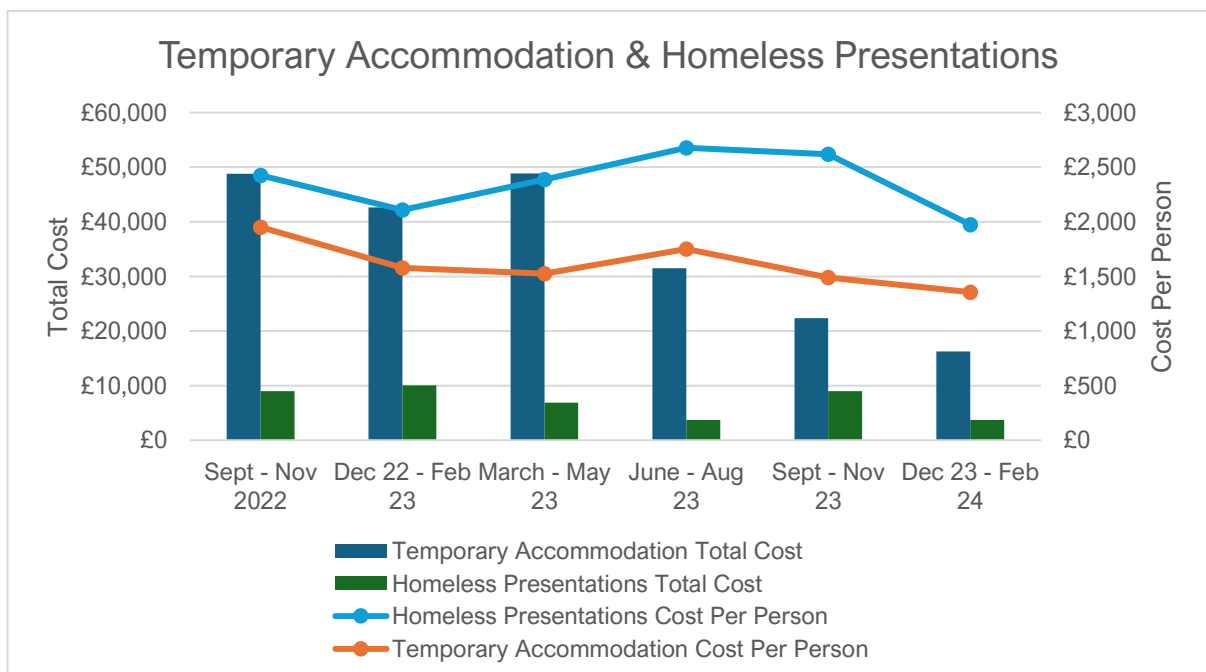


Figure 31

Analysis shows that:

- 67% reduction in total temporary accommodation costs when comparing Q1 to Q6 – these figures have been obtained from Sheffield City Council's case management system
- 59% reduction in total homeless presentation costs when comparing Q1 to Q6



Figure 32

Analysis shows that:

- Total costs reduced by 38% between 2021-22 and 2023-24
- Overall numbers of individuals in temporary accommodation reduced between 2021-22 to 2023-24 however average cost per unique person increased as individuals are supported through the housing pathway
- Costs per unique person would be expected to decrease as individuals move on from temporary accommodation into their own tenancies or supported accommodation

Health Related Costs

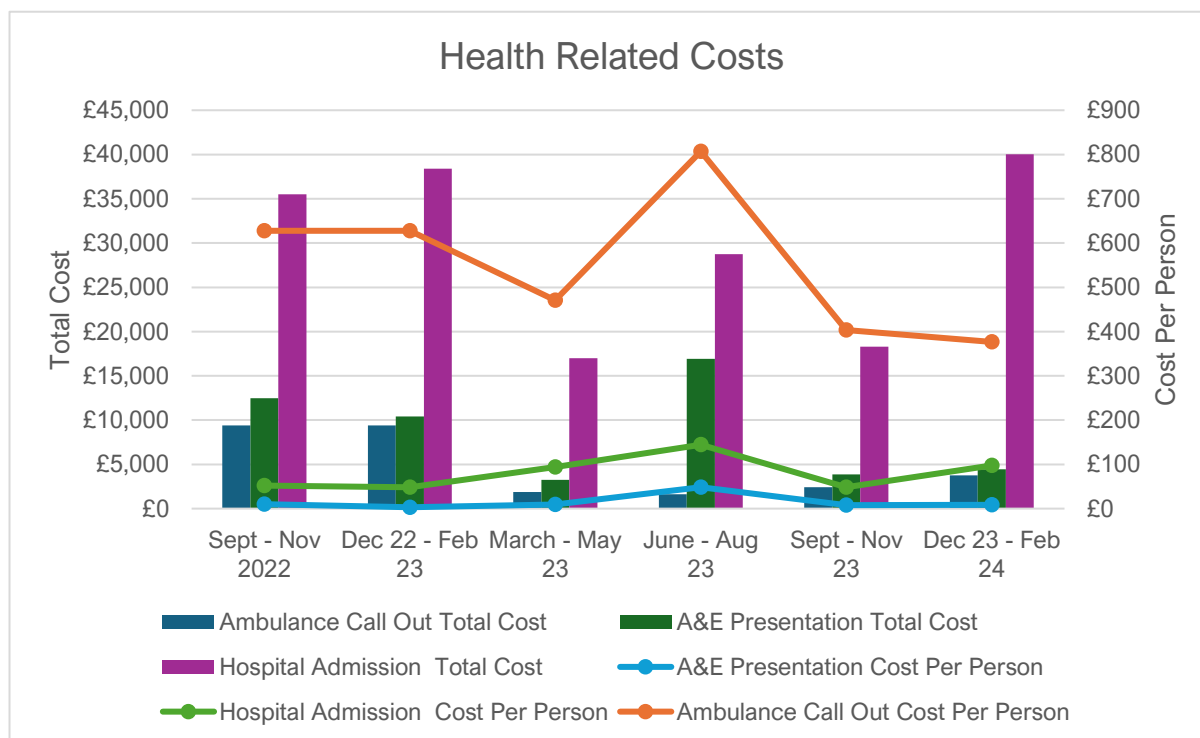


Figure 33

Analysis shows that:

- 49% reduction in hospital admission costs when comparing Q1 to Q5 and 12% increase when comparing Q1 to Q6
- 60% reduction in ambulance call outs when comparing Q1 to Q6
- 65% reduction in A&E attendance when comparing Q1 to Q6

Domestic Abuse Related Costs

Research from Hester et al (2019)¹⁶ found that:

“Financial analysis of the cost to the state associated with perpetrators identified as high-risk via the MARAC referral pathway, shows the existing costs to the public purse to be £63,000 per case. Applying this cost to all 76,000 cases heard at MARAC in England and Wales in 2018, represents an estimate of the existing cost to the state of high-risk domestic abuse of £4.8bn.

¹⁶ <https://drivepartnership.org.uk/wp-content/uploads/2023/08/Evaluation-of-the-Drive-Project-Executive-Summary.pdf>

Of the £63K cost per case, £24,565 relates to victim-survivor and children costs and £38,835 relates to perpetrator costs, with £32,000 of that perpetrator cost falling to the police and criminal justice system.”

	Cashable Victim Costs	Cashable Perpetrator Costs	Total Within Year	Total Saving
2020-21	35 MARAC's £859,775	19 MARAC's £608,000	54 MARAC's £1,467,775	
2021-22	27 MARAC's £663,255	13 MARAC's £504,855	40 MARAC's £1,138,110	
2022-23	21 MARAC's £515,865	10 MARAC's £388,350	31 MARAC's £904,215	£233,895 (compared to 2021-22)
2023-24	12 MARAC's £294,780	5 MARAC's £194,175	17 MARAC's £488,955	£649,155 (compared to 2021-22)

Figure 34

Cost of Street Homelessness

Crisis' 'At What Cost'¹⁷ report estimates that the cost of a single person sleeping rough in the UK for 12 months is £20,128 versus the cost of successful intervention £1,426. Using this estimate, the estimated cost of street homelessness on the Sheffield system for this cohort is:

	2020-21	2021-22	2022-23	2023-24
No. Days Street Homeless	4874	8757	5785	4192
No. Unique People Affected	36	48	43	24
Average no. months street homeless	4.44	6	4.44	5.76
Cost to the System	£268,105	£483,072	£320,236	£231,874
Average cost per person in year	£7,447	£10,064	£7,447	£9,661

Figure 35

¹⁷ https://www.crisis.org.uk/media/20677/crisis_at_what_cost_2015.pdf

Appendix 1

Figures 35-40 show the source data for figures 28-33.

September 2022 - November 2022 (Q1)			
	No. people	Cost	Av. Cost Per Area
<i>Prison Custody</i>	17	£84,035	£4,943
<i>Arrest</i>	25	£7,281	£291
<i>Ambulance</i>	15	£9,415	£628
<i>A&E Presentation</i>	25	£12,474	£499
<i>Hospital Admission</i>	17	£35,516	£2,089
<i>Police Call Out</i>	8	£1,561	£195
<i>SYFR</i>	0	£0	£0
<i>Court Proceedings (criminal)</i>	6	£1,680	£280
<i>Court Proceedings (Housing)</i>	0	£0	£0
<i>Supported Accommodation</i>	21	£45,601	£2,171
<i>Temporary Accommodation</i>	25	£48,768	£1,951
<i>Homeless Presentations</i>	19	£9,010	£474
<i>Acute Mental Health Ward Admission</i>	1	£36,636	£36,636
<i>Total</i>		£291,977	£50,158
<i>Total without Acute Mental Health Ward Admission</i>		£255,341	£13,522

Figure 36

December 2022 - February 2023 (Q2)			
	No. people	Cost	Av. Cost Per Area
<i>Prison Custody</i>	14	£76,650	£5,475
<i>Arrest</i>	17	£5,720	£336
<i>Ambulance</i>	15	£9,415	£628
<i>A&E Presentation</i>	22	£10,395	£154
<i>Hospital Admission</i>	17	£38,381	£2,258
<i>Police Call Out</i>	8	£1,855	£232
<i>SYFR</i>	0	£0	£0
<i>Court Proceedings (criminal)</i>	6	£1,680	£280
<i>Court Proceedings (Housing)</i>	0	£0	£0
<i>Supported Accommodation</i>	22	£44,144	£2,007
<i>Temporary Accommodation</i>	27	£42,640	£1,579
<i>Homeless Presentations</i>	19	£10,070	£530
<i>Acute Mental Health Ward Admission</i>	1	£36,636	£36,636
<i>Total</i>		£277,586	£50,115
<i>Total without Acute Mental Health Ward Admission</i>		£240,950	£13,479

Figure 37

March 2023 – May 2023 (Q3)

	No. people	Cost	Av. Cost Per Area
<i>Prison Custody</i>	12	£71,616	£5,968
<i>Arrest</i>	8	£2,600	£325
<i>Ambulance</i>	4	£1,883	£471
<i>A&E Presentation</i>	7	£3,267	£467
<i>Hospital Admission</i>	4	£16,974	£4,244
<i>Police Call Out</i>	19	£1,849	£97
<i>SYFR</i>	2	£730	£365
<i>Court Proceedings (criminal)</i>	10	£17,360	£1,736
<i>Court Proceedings (Housing)</i>	1	£1,750	£1,750
<i>Supported Accommodation</i>	20	£57,716	£2,886
<i>Temporary Accommodation</i>	32	£48,843	£1,526
<i>Homeless Presentations</i>	8	£6,890	£861
<i>Acute Mental Health Ward Admission</i>	1	£36,636	£36,636
<i>Total</i>		£268,114	£51,364
<i>Total without Acute Mental Health Ward Admission</i>		£231,478	£20,696

Figure 38

June 2023 – August 2023 (Q4)

	No. people	Cost	Av. Cost Per Area
<i>Prison Custody</i>	14	£71,436	£5,103
<i>Arrest</i>	8	£3,120	£390
<i>Ambulance</i>	2	£1,614	£807
<i>A&E Presentation</i>	7	£16,929	£2,418
<i>Hospital Admission</i>	6	£28,759	£4,793
<i>Police Call Out</i>	16	£2,542	£159
<i>SYFR</i>	0	£0	£0
<i>Court Proceedings (criminal)</i>	9	£6,160	£684
<i>Court Proceedings (Housing)</i>	1	£1,750	£1,750
<i>Supported Accommodation</i>	20	£56,098	£2,805
<i>Temporary Accommodation</i>	18	£31,497	£1,750
<i>Homeless Presentations</i>	4	£3,710	£928
<i>Acute Mental Health Ward Admission</i>	1	£36,636	£36,636
<i>Total</i>		£260,251	£58,223
<i>Total without Acute Mental Health Ward Admission</i>		£223,615	£21,587

Figure 39

September 2023 – November 2023 (Q5)

	No. people	Cost	Av. Cost Per Area
<i>Prison Custody</i>	11	£67,932	£6,176
<i>Arrest</i>	13	£5,460	£420
<i>Ambulance</i>	6	£2,421	£404
<i>A&E Presentation</i>	10	£3,861	£386
<i>Hospital Admission</i>	9	£18,287	£2,032
<i>Police Call Out</i>	23	£1,791	£78
<i>SYFR</i>	0	£0	£0
<i>Court Proceedings (criminal)</i>	14	£7,840	£560
<i>Court Proceedings (Housing)</i>	1	£1,750	£1,750
<i>Supported Accommodation</i>	24	£55,820	£2,326
<i>Temporary Accommodation</i>	15	£22,360	£1,491
<i>Homeless Presentations</i>	8	£9,010	£1,126
<i>Acute Mental Health Ward Admission</i>	1	£36,636	£36,636
<i>Total</i>		£233,168	£53,384
<i>Total without Acute Mental Health Ward Admission</i>		£196,532	£16,748

Figure 40

December 2023 – February 2024 (Q6)

	No. people	Cost	Av. Cost Per Area
<i>Prison Custody</i>	11	£64,966	£5,906
<i>Arrest</i>	13	£4,940	£380
<i>Ambulance</i>	10	£3,766	£377
<i>A&E Presentation</i>	10	£4,455	£446
<i>Hospital Admission</i>	9	£36,970	£4,108
<i>Police Call Out</i>	16	£1,965	£123
<i>SYFR</i>	0	£0	£0
<i>Court Proceedings (criminal)</i>	11	£3,640	£331
<i>Court Proceedings (Housing)</i>	0	£0	£0
<i>Supported Accommodation</i>	24	£54,432	£2,268
<i>Temporary Accommodation</i>	12	£16,268	£1,356
<i>Homeless Presentations</i>	6	£3,710	£618
<i>Acute Mental Health Ward Admission</i>	3	£85,911	£28,637
<i>Total</i>		£281,023	£44,549
<i>Total without Acute Mental Health Ward Admission</i>		£195,112	£15,912

Figure 41