Changing Futures Sheffield

Cohort Two Beneficiary Report

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Ministry of Housing, Communities & Local Government

COMMUNITY FUND

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Referral Process

For cohort 2, a new referral process was developed to reach a broader range of beneficiaries. The core team strategically co-located in five key areas identified as having significant need:

- Criminal Justice – co-location in IOM (Integrated Offender Management) Team twice a week and referrals taken directly from staff
- Adult Social Care – co-location within the MASH Team and attendance at MASH huddles to take referrals and discuss existing Changing Futures beneficiaries referred into Adult Social Care
- Primary Care – referral pathway with one primary care network through the Emotional Wellbeing Workers
- Substance Use – co-location twice a week within Likewise and referrals taken directly from staff
- Women's specific – Co-location and referral pathway with SWWOP (Sheffield Working Women's Opportunities Project) and FAST (Family Assessment and Support Team) within Children's Social Care.

This approach enabled the identification of individuals beyond those often 'visible' within Sheffield city centre to those less visible in the system. This had the unintended consequence of working with a younger cohort than cohort 1 and team managers intentionally maintained the 50/50 gender balance observed in cohort 1.

However, there were some challenges and limitations of this cohort identification process:

- Occasional confusion regarding the role of the support worker, particularly when referrals involved individuals who already had substantial support in place. This sometimes led to concerns about duplicating efforts.
- The primary care referral route was unsuccessful due to the particular pathway chosen. Referrals from the Emotional Wellbeing Service had lower levels of need and therefore did not meet the criteria of the programme.

Demographics

Figures 1 and 2 show the age range of beneficiaries in cohort 1 and 2. Upon entry, the majority of cohort 1 beneficiaries were between 36-45 years old compared to cohort 2, where the majority were between 26-45 years old.

Figure 1

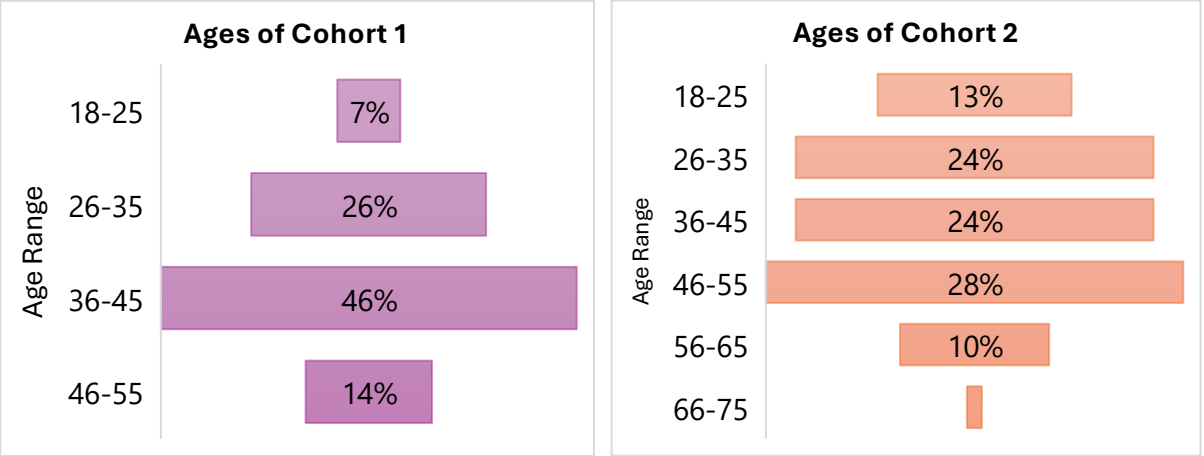


Figure 2

Figure 3 shows the gender split in cohort 1 and 2. The decision to include a women's pathway ensured that women were represented within cohort 2.

Cohort One	Cohort Two
51% female	51% female
49% male	49% male

Figure 1

Figure 4 shows the ethnicity of beneficiaries in cohort 2. There is significantly less ethnic diversity when compared with cohort 1 and the population demographics of Sheffield.

Ethnicity	Number of Beneficiaries	Percentage of Cohort
White, English, Welsh, Scottish, Northern Irish or British	55	77%
White and Black Caribbean	4	6%
Any other white background	3	4%
Black African	3	4%
Asian British	2	3%
White and Black British	1	1%
Asian	1	1%
Black British	1	1%
Any other Mixed or multiple ethnic background	1	1%

Figure 4

Areas of Disadvantage

Poor physical health was included as an additional area of multiple disadvantage and programme criteria for cohort 2.

Figure 5 shows the number of beneficiaries experiencing 3 or more areas of disadvantage on entry to the programme, with over half experiencing 5 or 6 upon entry.

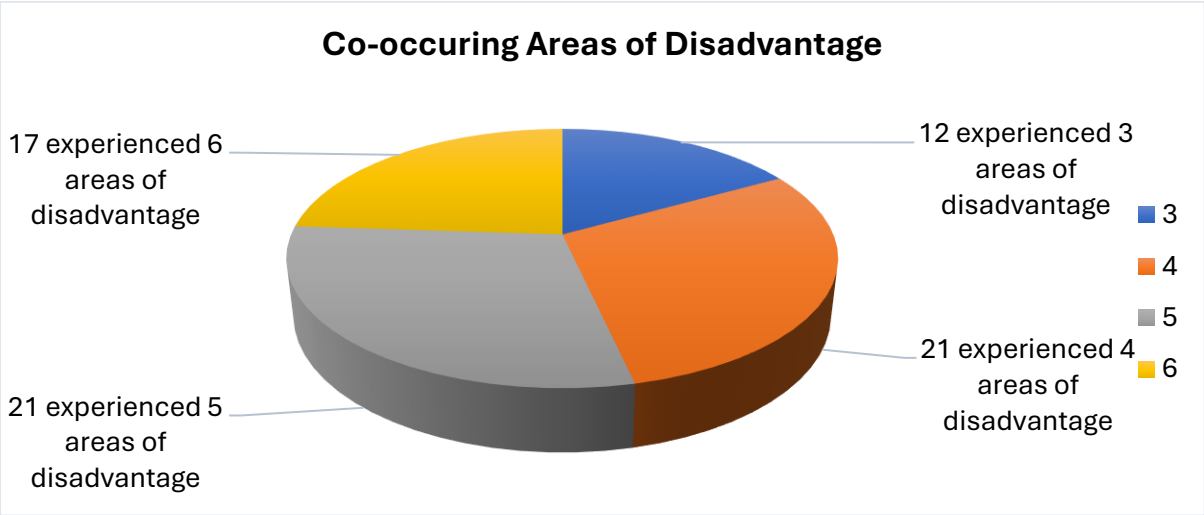


Figure 5

Figure 6 shows the percentage of the cohort affected by each area of multiple disadvantage.

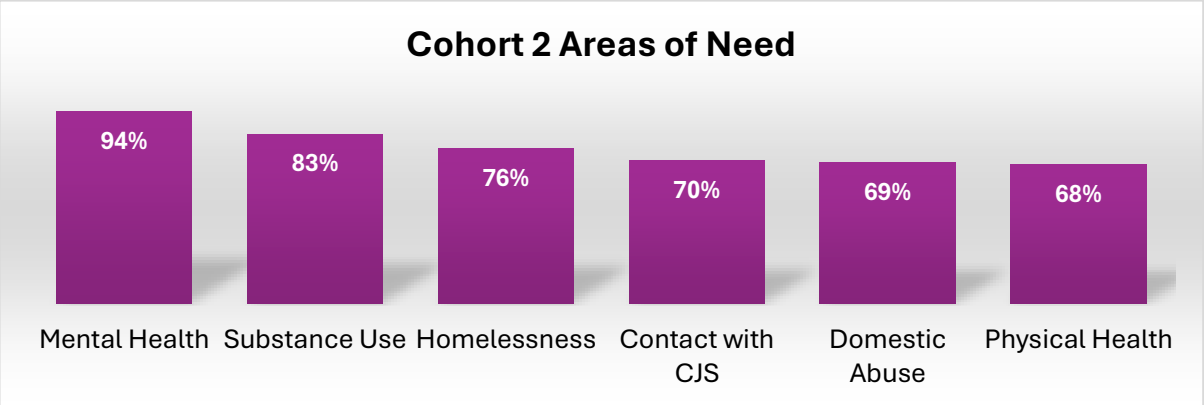


Figure 6

Similarly to cohort 1, mental ill-health and substance use were the most prevalent areas of disadvantage in cohort 2.

Beneficiary Experiences

Case studies were analysed to review common experiences prior to Changing Futures support. It is important to note that areas of the case studies had little detail or were incomplete, as this was either not captured at referral or the relationship with the individual was not yet at a stage where disclosure of personal information relating their past was possible.

Analysis showed:

- Most beneficiaries experienced turbulent childhoods, often involving abuse, neglect, or exposure to substance misuse and domestic violence.
- Most beneficiaries left education settings before 16 years
- A limited number of beneficiaries pursued higher education or vocational training
- Employment history is often sporadic due to health or substance misuse issues but there is a lack of information in this area.
- Substance use in childhood and adolescence was common and some of those beneficiaries were raised around family members who also had addictions.

Figure 7 shows some of the childhood experiences of the cohort. Sexual abuse from family members emphasises the severity of trauma experienced at an early age and when combined with their experiences of the family home environment as a whole, there is a clear picture of the challenges and disadvantage faced from a very young age.

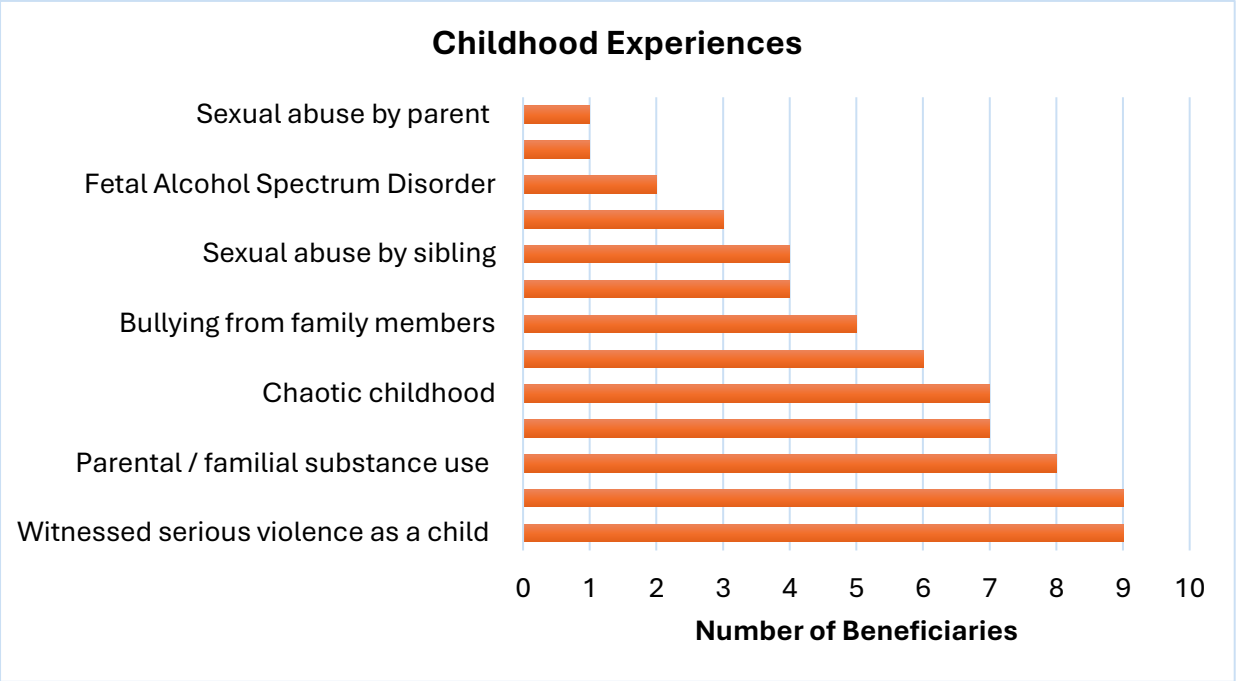


Figure 7

Figure 8 shows the cohorts experiences of loss as children and adults. Most beneficiaries report little to no psychological interventions during their childhood or adulthood, therefore most of this grief or loss is unresolved.

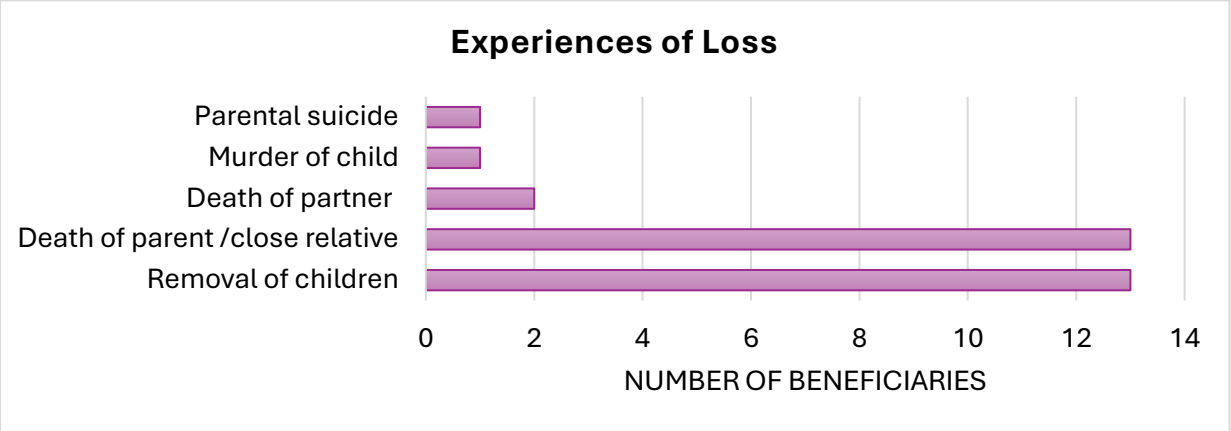


Figure 8

Figure 9 shows the cohorts experiences of exploitation. Nearly a quarter of the women supported by the programme in cohort 2 are affected by the sex industry.

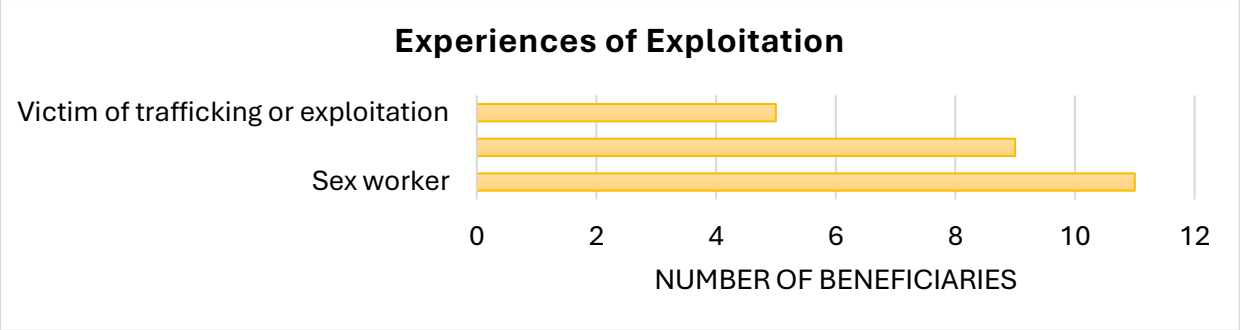


Figure 9

Area of Need: Homelessness

Figure 10 shows data collected in December 2024 on the prevalence of issues affecting the cohorts housing.

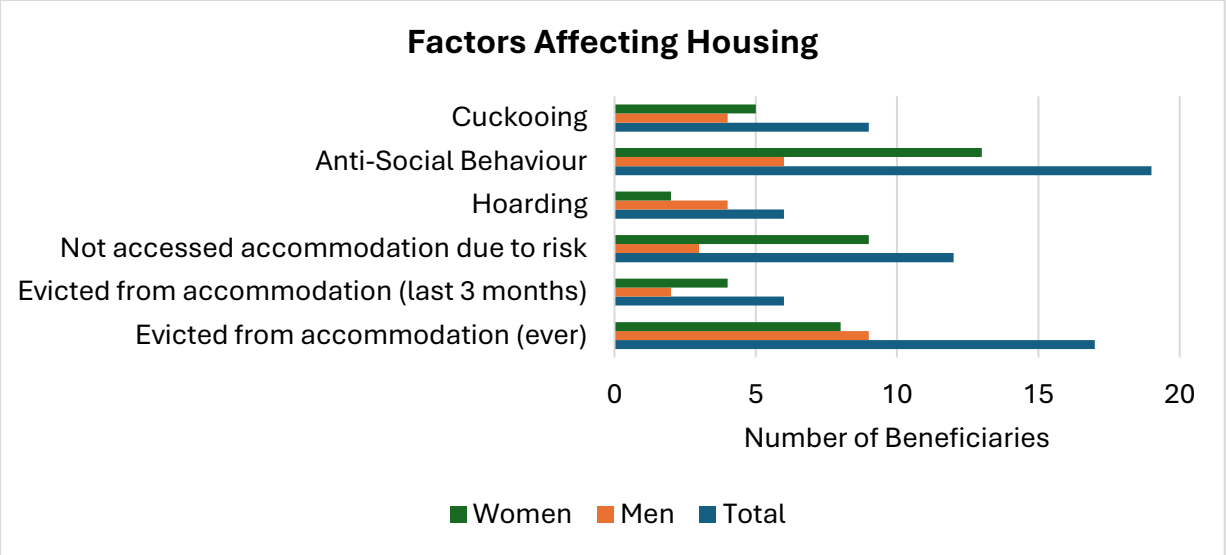


Figure 10

Analysis shows that more women than men had been unable to access accommodation due to concerns over risk and had been evicted from accommodation in the last three months.

Figure 11 shows more stable accommodation types between October 2023 and December 2024.

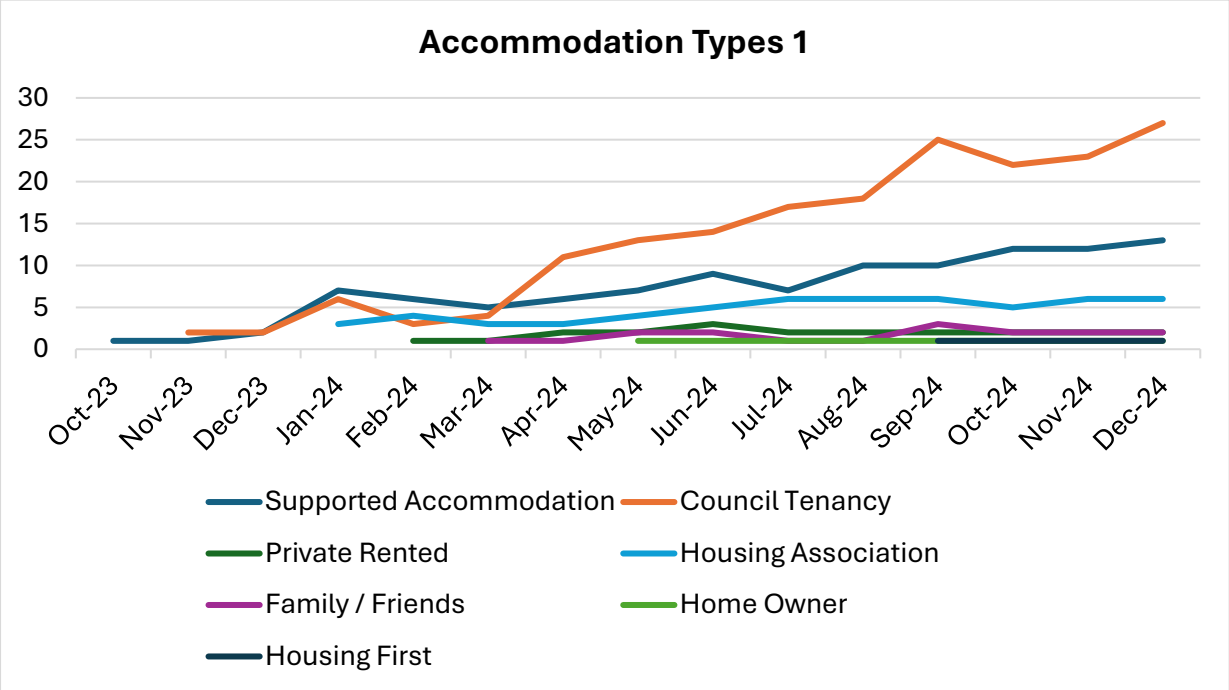


Figure 11

Analysis shows an increase of individuals in more secure accommodation, except for a small reduction in private rented due to an eviction that was nearly finished by the point at which the beneficiary started to receive support.

	On entry to the Programme	December 2024
Local Authority Tenancy	21%	39%
Supported Accommodation	14%	18%
Private Rented	4%	3%
Housing Association	6%	8%
Home Owner	1%	1%
Housing First	0%	1%

Figure 12

Figure 13 shows less stable accommodation types between October 2023 and December 2024.

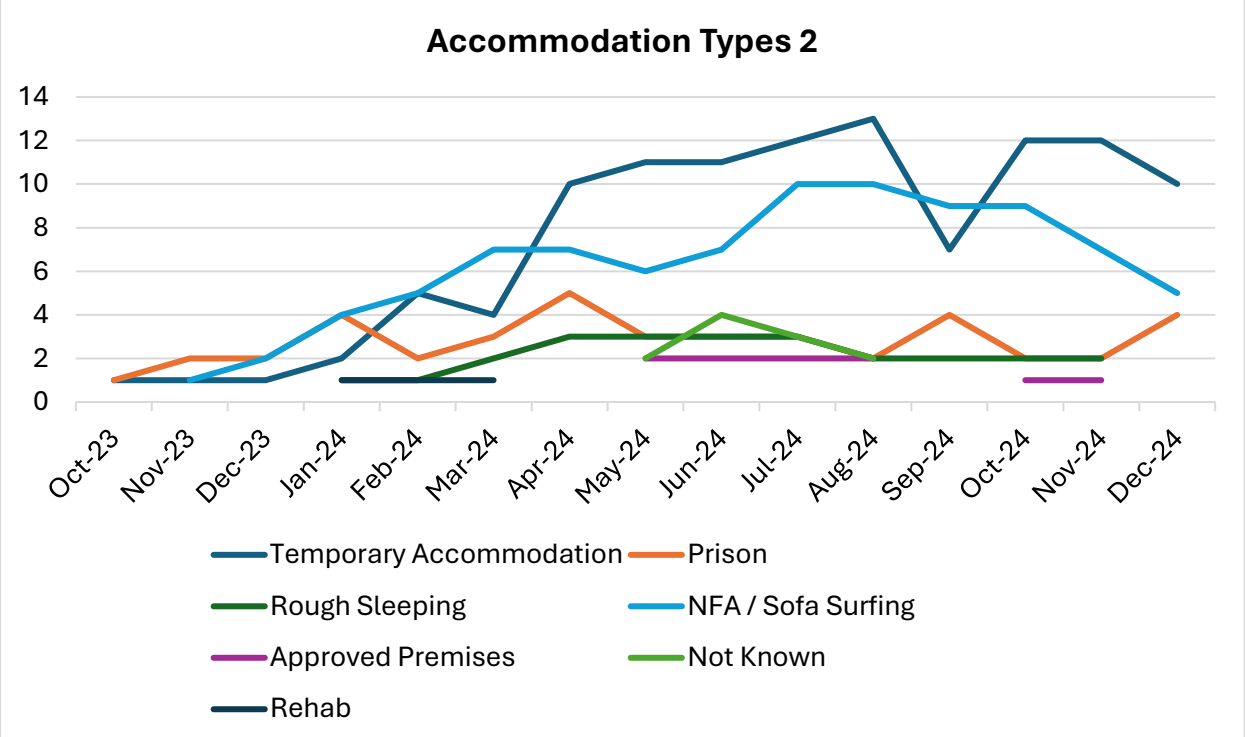


Figure 13

Analysis shows an overall reduction in street homelessness and less stable accommodation types, except for temporary accommodation and those living with family and friends. Those who've moved into temporary accommodation are being

supported through the homelessness pathway and a few beneficiaries have moved in with family for additional support.

	On entry to the Programme	December 2024
NFA / Sofa Surfing	15%	7%
Rough Sleeping	13%	3%
Living with Family / Friends	0%	3%
Prison	10%	6%
Rehabilitation Facility	1%	0%
Temporary Accommodation	11%	14%

Figure 14

Case Study Analysis

Case studies also highlighted several themes on the cohorts' experience of homelessness and the role of the Changing Futures support worker:

- Advocacy around eviction prevention – challenged eviction notices and advocated for clients in court, often involving legal aid through Shelter
- Addressed immediate housing needs by supporting beneficiaries to access temporary accommodation – particularly for those fleeing domestic abuse or facing immediate homelessness
- Worked closely with Adult Social Care, Mental Health services, and Substance Use support services to address beneficiaries underlying issues impacting on their housing stability
- Helped to navigate systemic barriers such as navigating the complexities of housing applications
- Supported beneficiaries to develop the skills to maintain tenancies such as budgeting, managing arrears and understanding their rights as tenants

Area of Need: Domestic Abuse

Many beneficiaries had experiences of domestic abuse in their childhoods and a significant proportion had been victims due to abuse from family members. Figure 15 shows the prevalence in the cohort:

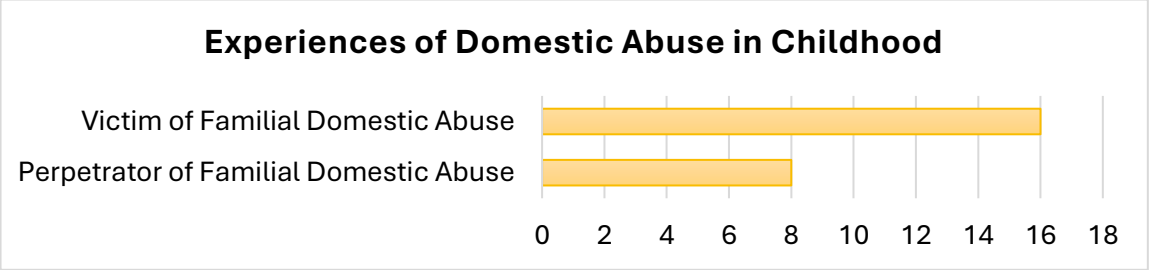


Figure 15

Of the 71 programme beneficiaries in cohort 2:

- 38 are known victims of domestic abuse either historically or currently on entry to the programme
- 33 were known to MARAC between 2014-2024
- 25 were current victims of domestic abuse on entry to the programme
- 23 identified as experiencing domestic abuse during programme support
- 5 were current perpetrators on entry to the programme and of those 3 were recorded as both victim and perpetrator.

MARAC (Multi-Agency Risk Assessment Conference)

MARAC is a multi-agency meeting attended by agencies such as police, housing, IDAS and health services to create a co-ordinated risk management plan to protect the victim.

Figure 16 shows the number of MARAC cases involving the Cohort between April 2014 and November 2024.

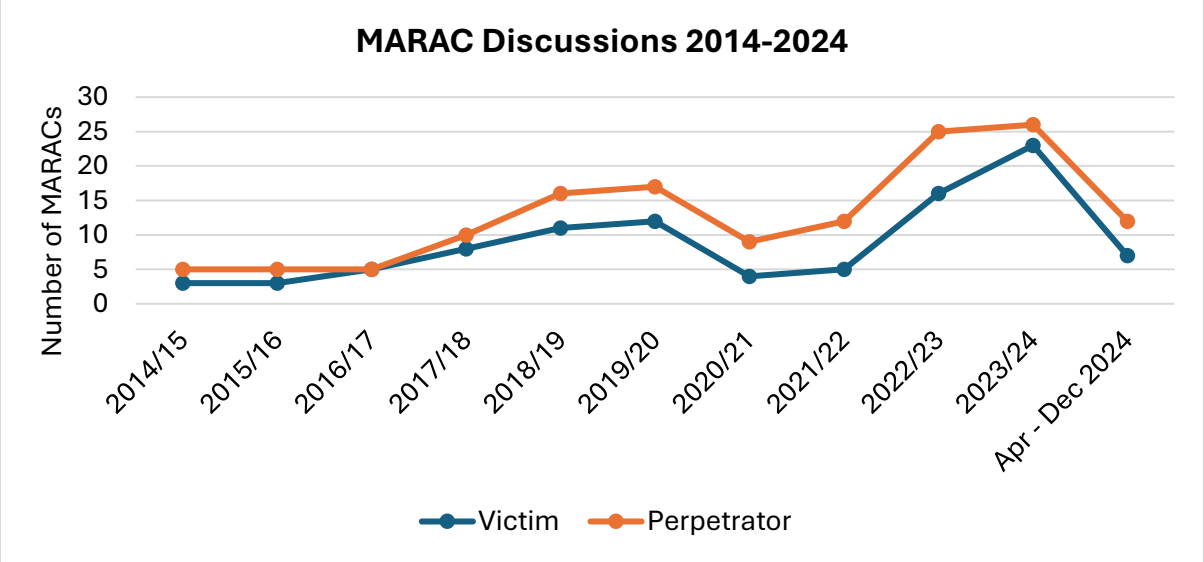


Figure 16

If we assume that the rate of MARAC discussions continues at the same rate as the first 9 months of 2024, there would still be a 45% reduction in the number of MARAC discussions.

Figure 17 shows the number of MARAC cases involving the cohort once they had accepted supported from the programme.

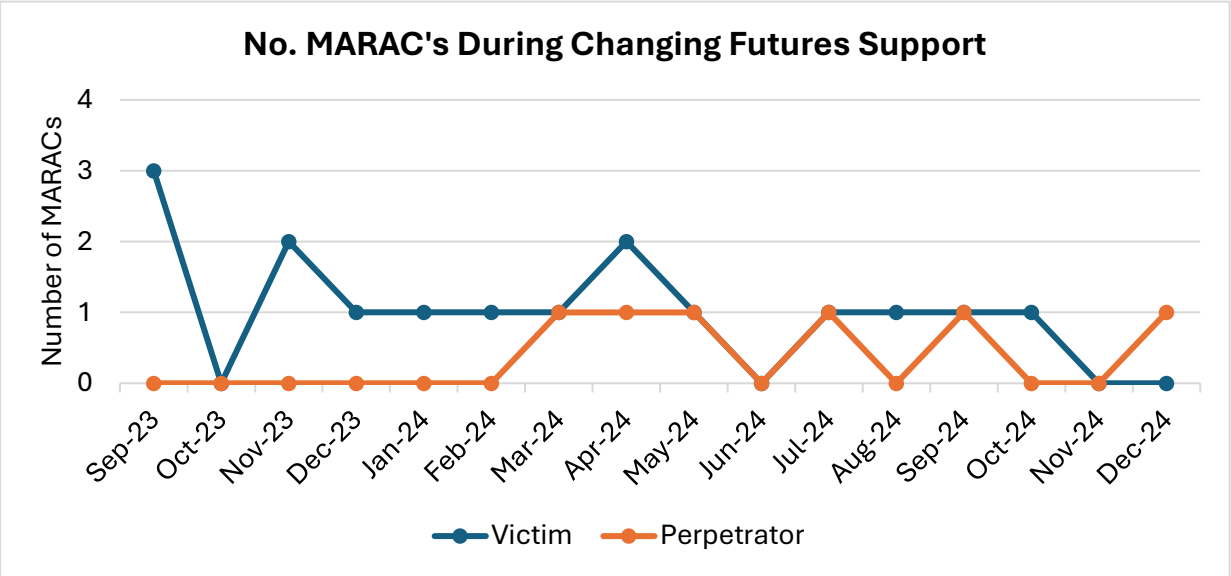


Figure 17

68% of those currently experiencing domestic abuse while receiving support from the programme were heard at MARAC and were therefore high-risk cases of domestic abuse.

The remaining 32% have been assessed as medium risk or the abuse has become historic while receiving support.

Case Study Analysis: Support Strategies

The case studies highlighted a number of support strategies utilised by the Changing Futures Programme Support Workers in supporting beneficiaries in addressing the DA need. These strategies focused on emotional support, trust and confidence building, advocacy, multi-agency collaboration, and provision of support to perpetrators.

Trust and Confidence Building

One individual, after receiving support to report incidents to the police following a period of trust and confidence building, is now self-reporting - something which other services were unsure they would ever do.

Consistent support improved victim/survivors' confidence and beneficiaries reported that they began to feel safe and motivated. This enabled them to break long standing cycles of behaviour.

Advocacy Support

Beneficiaries were informed of legal processes and supported through court procedures. For one individual, they felt that the trauma informed response from the police resulted in them feeling able to make a full disclosure.

Multi-agency Collaboration

Case studies highlighted the importance of professional curiosity in cases where the beneficiary was unable to recognise behaviour as abusive or where they felt unable to speak up about the abuse they were experiencing.

One individual was dependent on her abusive partner due to not having her own Subutex script. New patients needing to attend daily pick up was the barrier as the abuse meant she wasn't able to do this. With support, she was referred into the 'HOPE' pathway within Likewise who now deliver her script.

Another individual was taken to a MASH huddle by Changing Futures, leading to the allocation of a new social worker and a clearer support plan.

Practical Support and Safety Measures

One individual did not feel safe at home which had been targeted by her perpetrator of 14 years. Despite its lack of safety, it was the only place they had ever known as home. Various services had encouraged the beneficiary to move unsuccessfully. Through the support of Changing Futures and Shelter, they have signed for a new tenancy on the other side of the city.

Provision of Support to Perpetrators

One beneficiary and their partner had a history of domestic abuse before receiving support. This abuse had contributed to the removal of their children. The perpetrator was referred into the Inspire to Change program and the victim into Paradigm Psychological Support Service where she received specialist therapeutic support.

The partner's engagement with Inspire to Change reduced the risk of future abuse and created behavioural changes created a safer environment for the beneficiary. The beneficiary often reflected on her frustration at not receiving this kind of support earlier in her life.

Area of Need: Substance Use

83% of the cohort (59 individuals) report to have substance use needs linked to either alcohol or drug use.

Out of those individuals:

- 53% have support in place and 44% report a reduction in substance use
- 44% are using opiates of which 65% are in treatment and on script
- 47% are using crack cocaine
- 17% are using cannabis and 9% using spice
- 66% are using alcohol
- 34% are using both opiates and crack cocaine
- 17% are using opiates, crack cocaine and alcohol
- 14% report to be reducing their substance use without treatment

Figure 18 shows the average age of those using each substance and those who do and don't have current support needs linked to substance use.

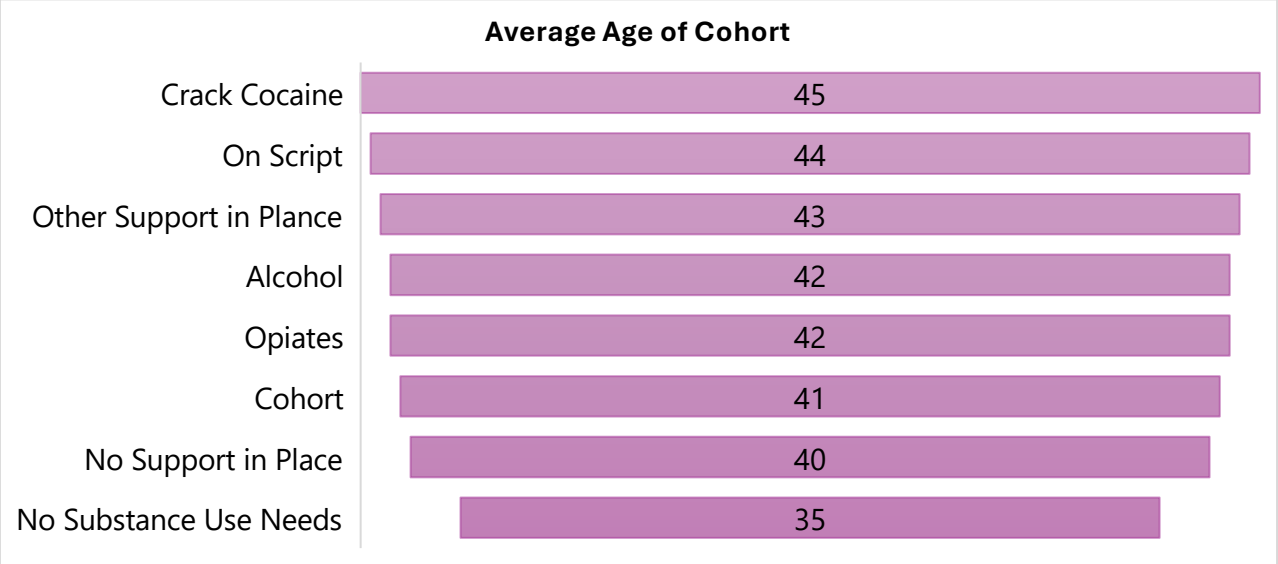


Figure 18

Case study analysis found that individuals often had long histories of substance misuse, including heroin, crack cocaine, and alcohol.

The case studies highlighted a number of support strategies utilised by the Changing Futures Programme Support Workers in supporting beneficiaries with their substance use:

- **K**: Open communication and support from the diabetes team helped K refrain from relapse. He was offered support by substance misuse services and encouraged to engage in positive activities.

- **D**: Provided with emotional support and referrals to substance misuse services. She was also inspired by a colleague's recovery story and encouraged to engage in positive activities.
- **E**: Supported to reduce his substance use through referrals to substance misuse services and encouragement to engage in positive activities. He was also provided with emotional support to address underlying mental health issues.
- **H**: Referred to substance misuse services and encouraged to engage in positive activities, such as cooking groups, to reduce his drinking and build a supportive community.

These strategies were essential in addressing substance misuse and supporting individuals on their journey to recovery.

Barriers included a lack of engagement with substance misuse services and the impact of substance misuse on mental and physical health. Support included referrals to substance misuse services, harm reduction strategies, and ongoing encouragement to engage with treatment. Outcomes varied, with some individuals achieving periods of sobriety and others continuing to struggle with addiction.

Area of Need: Mental Health

Of the 71 people in cohort 2, 70% have identified mental health needs. This increases to 77% when taking into account those suspected of having an undiagnosed need.

Figure 19 shows the number of beneficiaries who report to have the a mental health need.

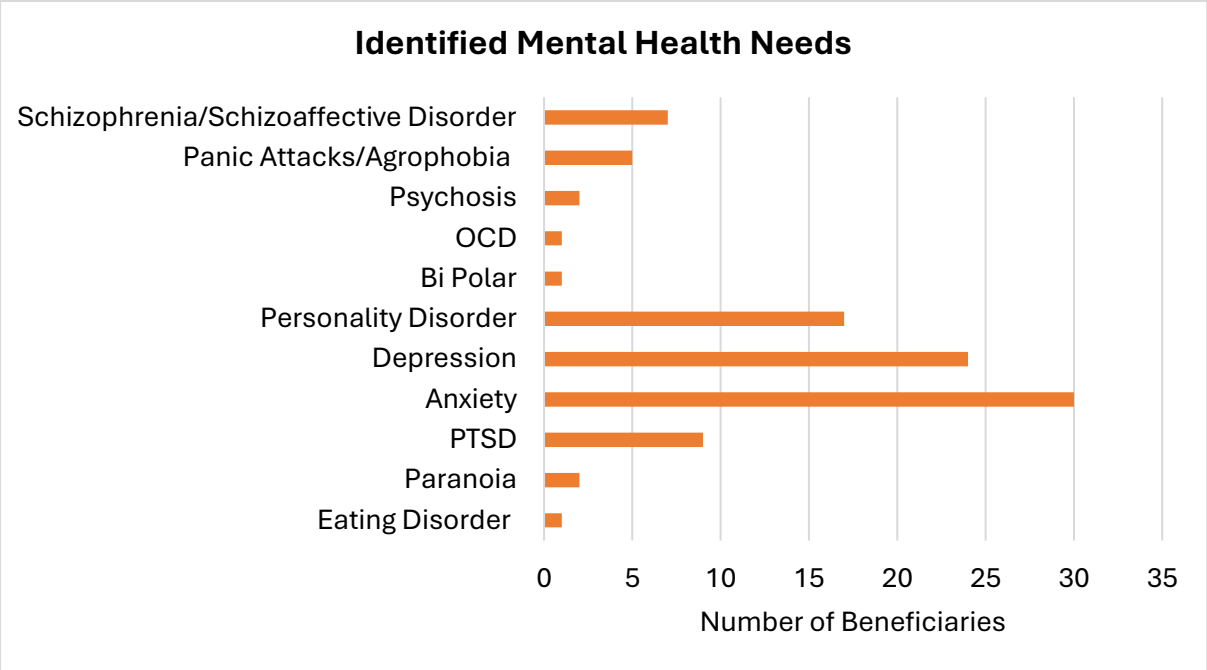


Figure 19

Analysis shows:

- Anxiety and depression account for the vast majority of needs
- There is a high prevalence of personality disorders, post-traumatic stress disorder (PTSD) and schizophrenia / schizoaffective disorders
- 28 individuals (40%) were experiencing severe mental illness (SMI)

Figure 20 shows the number of beneficiaries currently receiving suport for their mental health.

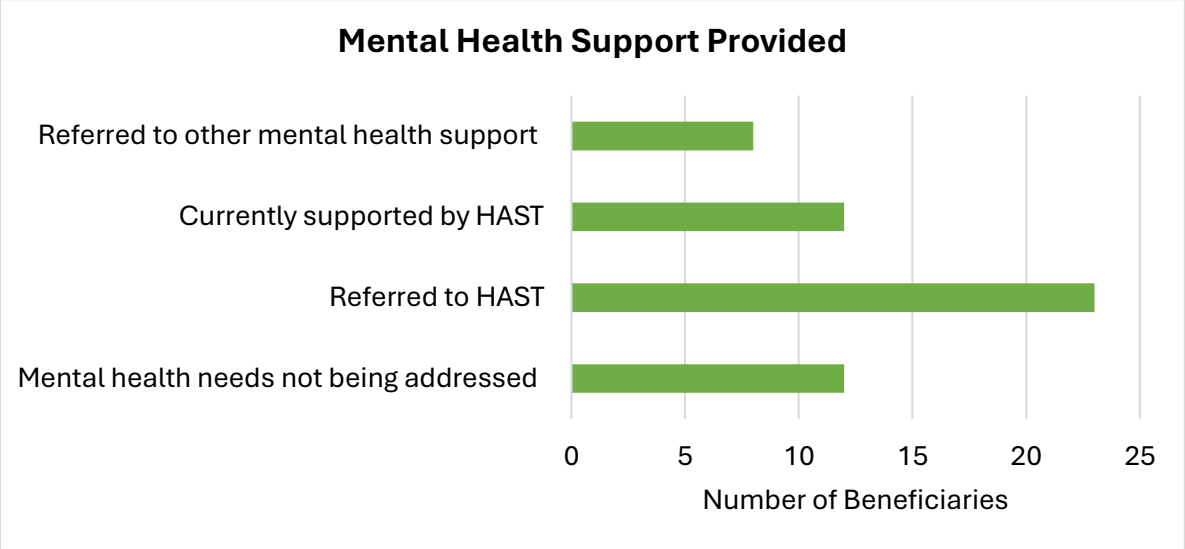


Figure 20

Analysis shows:

- 73% of people were not receiving any emotional or wellbeing support from any service
- As of December 2024, 42% of the cohort were benefiting from emotional and wellbeing support through the established relationship with their worker.

HAST (Homeless Assessment and Support Team)

HAST, Sheffield Health and Social Care Trust's specialist mental health service for those experiencing homelessness, have continued to work with a proportion of cohort 2 with 24 beneficiaries referred and 22 accepted.

Case studies were reuquested for all individuals supported by HAST – 9 were returned for this report.

Presenting Issues of People Referred to HAST

Mental Health Problems: Many beneficiaries had diagnoses such as PTSD, bipolar disorder, schizophrenia, anxiety, depression, and personality disorders.

- H: Referred due to PTSD, suicidal ideation, and deteriorating mental health. He had not taken his mental health medication for months and had multiple voluntary inpatient psychiatric admissions.
- W: Diagnosed with paranoid schizophrenia, her mental health was rapidly deteriorating, and she was experiencing increasing paranoia.

Substance Misuse: Several beneficiaries had issues with alcohol and drug dependence.

- D: Had a history of excessive alcohol use and smoking crack. She was on Buvidal injections for opioid addiction.
- T: Used crack and Spice, and her substance use increased significantly after her partner moved in with her.

Homelessness and Housing Instability: Many were either homeless or in unstable housing situations.

- C: Homeless since January 2023, often mismanaged his diabetes to get admitted to the hospital due to homelessness.
- T: Fleeing domestic abuse and was homeless, staying in temporary accommodations.

Criminal Justice Involvement: Some had histories of criminal activity and were under probation.

- B: Had a history of robbery, gang involvement, drug supply, and several prison sentences.
- H: Under probation for firearms offences and had a suspended sentence order.

Self-Neglect and Suicidal Behavior: Beneficiaries often exhibited self-neglect and had histories of suicide attempts

- H: Exhibited self-neglect, had multiple suicide attempts, and often injured himself impulsively.
- J: Had suicide attempts, anxiety, and depression, and struggled with day-to-day tasks.

<u>Approaches and Interventions Used to Support People</u>

Mental Health Assessments and Treatment: Beneficiaries received comprehensive mental health assessments and appropriate treatments which is something that they would not have been able to access without HAST being there.

- W: Received a rapid diagnosis of paranoid schizophrenia and was prescribed Quetiapine. She also engaged in writing to express her experiences with psychosis.

- C: Completed a comprehensive mental health assessment and was restarted on Quetiapine and Fluoxetine, which she had taken while in prison.

Substance Misuse Support: Interventions included referrals to substance misuse services and support with medication management.

- B: Maintained on Buvidal injections for opioid addiction and received ongoing support from Changing Futures.
- W: Referred to Likewise to manage and reduce her substance use, especially important due to her pregnancy.

Housing Support: HAST collaborated with housing services to secure stable accommodation for beneficiaries

- T: Liaised with Housing Solutions to secure a council flat, moving from temporary accommodation.
- W: Moved from Target Housing to the GROWTH project to escape her abusive partner and secure a safer living environment.

Multidisciplinary Team (MDT) Input: Regular MDT meetings were held to coordinate care and develop comprehensive support plans. The MDT in HAST is a defining feature of their apporach and ensure a holitic case formulation for the person.

- H: Attended several complex case meetings involving probation workers, alcohol recovery workers, and housing workers. The MDT approach helped address his trauma and alcohol addiction.
- C: Received input from occupational therapy, psychiatry, and psychology, with assessments and plans discussed in MDT meetings.

Psychosocial Interventions: Beneficiaries were encouraged to engage in positive activities and build supportive relationships.

- W: Encouraged to attend the gym and engage in writing as therapeutic activities. She also received support from a peer support worker.
- T: Supported to engage in musical activities at Right Trax studio, where he played a leading role in designing a community project.

Challenges to Working with the Beneficiaries

Amount of Contact: Many beneficiaries had difficulty engaging consistently with services. D often missed appointments, was hard to reach, and had difficulty engaging consistently with services. T had poor attendance at GP and pregnancy-related appointments, and her engagement with services reduced significantly after her partner moved in.

Complex Needs: The beneficiaries had multiple, interrelated issues that required coordinated and sustained support. For example, T had multiple issues including

alcohol dependence, mental health problems, and exploitation. Addressing all these needed required coordinated and sustained support. In B's case they struggled with alcohol addiction, PTSD, and suicidal ideation, making it challenging to stabilize his situation.

Relapses and Instability: Beneficiaries often experienced relapses in substance use or mental health crises. W experienced a significant deterioration in her situation after her partner moved in, leading to increased drug use and chaotic behavior. D had several relapses involving drink and drug binges, leading to further hospital admissions for uncontrolled blood sugars.

Risk of Harm: There were significant risks of self-harm, suicide, and exploitation. H had a history of suicide attempts and was at risk of violence from others. His self-neglect and impulsive self-harm behaviors posed significant risks. In another case, W was often exploited and abused by men, and her paranoia and substance use increased her vulnerability.

Outcomes of the Support Offered by HAST

Improved Mental Health: Beneficiaries showed improvements in mental health with appropriate treatment. In E's case, her paranoia reduced with medication, and she felt well enough to go on holiday and attend college! In T's case, she felt more mentally stable after restarting her medications and engaging with psychological support.

Stabilized Housing: Many beneficiaries were able to achieve more stable housing situations. T secured a council flat, providing a stable living environment and reducing his anxiety about housing and K moved to a new property under the GROWTH project, away from her abusive partner, improving her safety and stability.

Enhanced Engagement with Services: Some beneficiaries began to engage more consistently with support services. For example, H continued to build a trusting relationship with his HAST worker and engaged with alcohol recovery services. W engaged with Likewise and psychological support, although her substance use remained a challenge.

Reduced Risk and Improved Safety: The interventions helped reduce risks and improve safety. In B's case, his risk to others was reduced as he became less agitated and more stable on medication. He was able to attend his GP and job center appointments alone. Whereas in W's case, her mental health improved, and she engaged in positive activities like attending the gym and writing, reducing her risk of harm.

Summary

These detailed examples illustrate the complex and multifaceted nature of the issues faced by the beneficiaries and the comprehensive, multidisciplinary approach taken by HAST to address these challenges.

It also highlights that a simple assessment and treatment function was not often evidenced and instead interventions went hand in hand with intensive case management practices. This likely because of the combination of the high prevalence of low level mental health needs (anxiety and depression) and/or the stage at which someone was ready for assessment and treatment.

For beneficiaries who had severe mental illness and were in a place to have regular contact with HAST, the provision proved invaluable.

Area of Need: Criminal Justice

Figure 21 shows the number of offences over the last 5 years, split by the number of total individuals and gender.

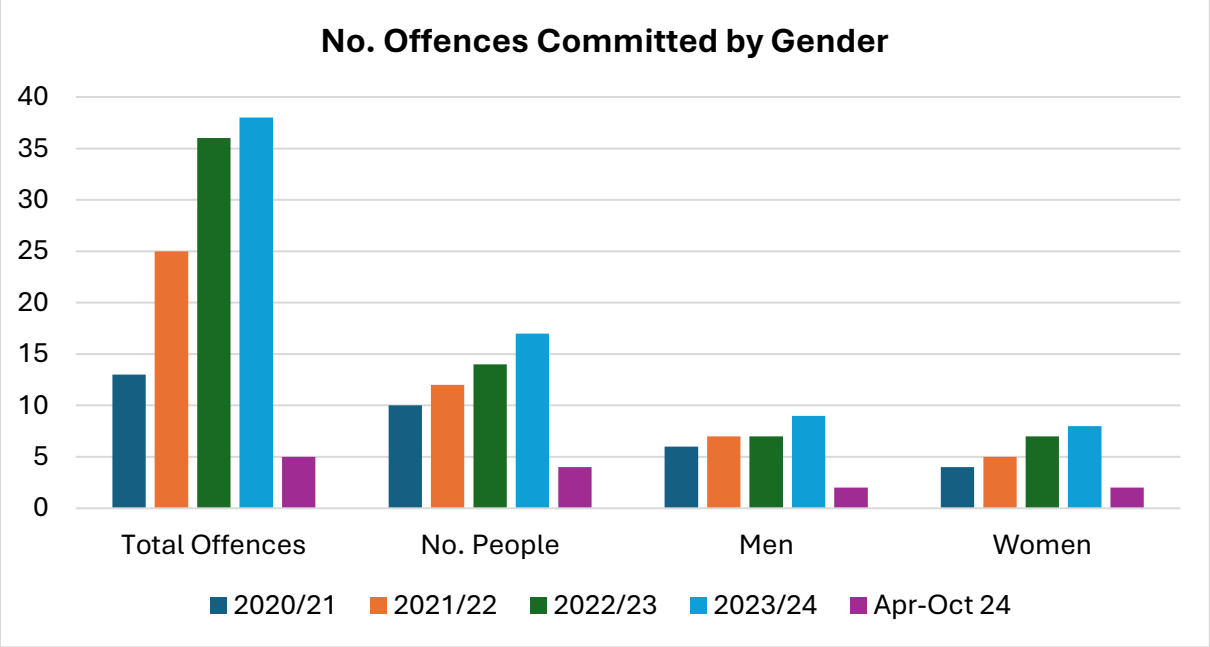


Figure 21

Analysis indicates early positive outcomes linked to offending. If the offending rate continues at a consistent pace, there would be a 50% reduction in offending in 2024/25 when compared with 2023/24.

Type of Offences

The data has been reviewed in phases to capture the outcomes of those who entered the programme at different points in the year.

Phase 1 – beneficiaries who consented between September 2023 – February 2024
Phase 2 – beneficiaries who consented between March 2024 – July 2024

In repsect of Phase 1:

- 17 offences committed in the 8 months prior to Changing Futures support
- 8 offences committed in the first 8 months of Changing Futures support (53% reduction)

In repsect of Phase 2:

- 25 offences committed in the 8 months prior to Changing Futures support
- 5 offences comitted in the first 8 months of Changing Futures support (80% reduction)

Figure 22 shows the offences commited type for phase 1.

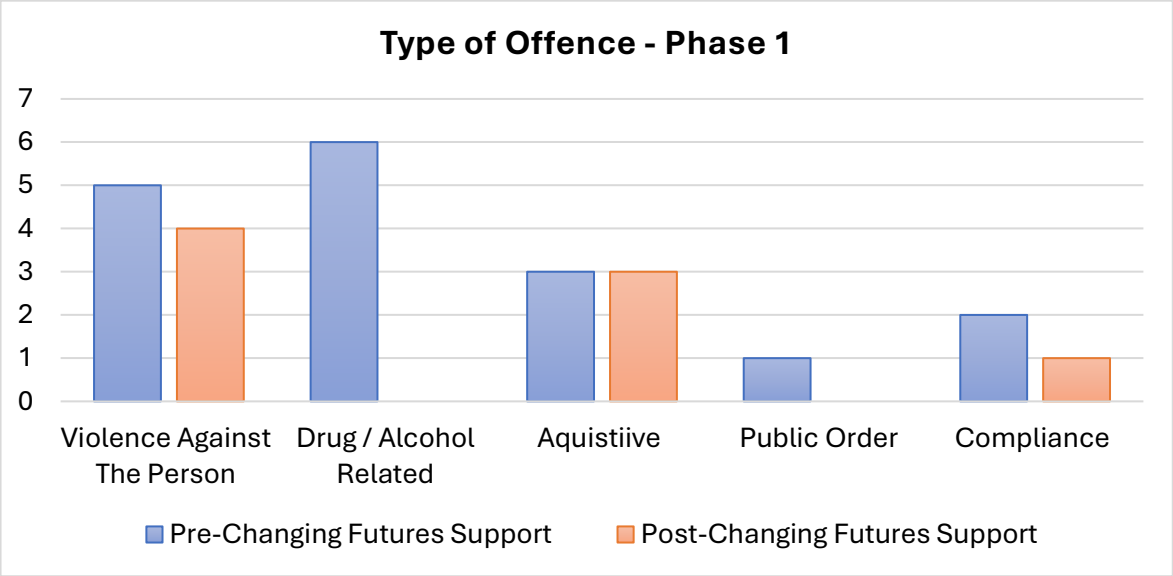


Figure 22

Figure 23 shows the offences commited type for phase 2.

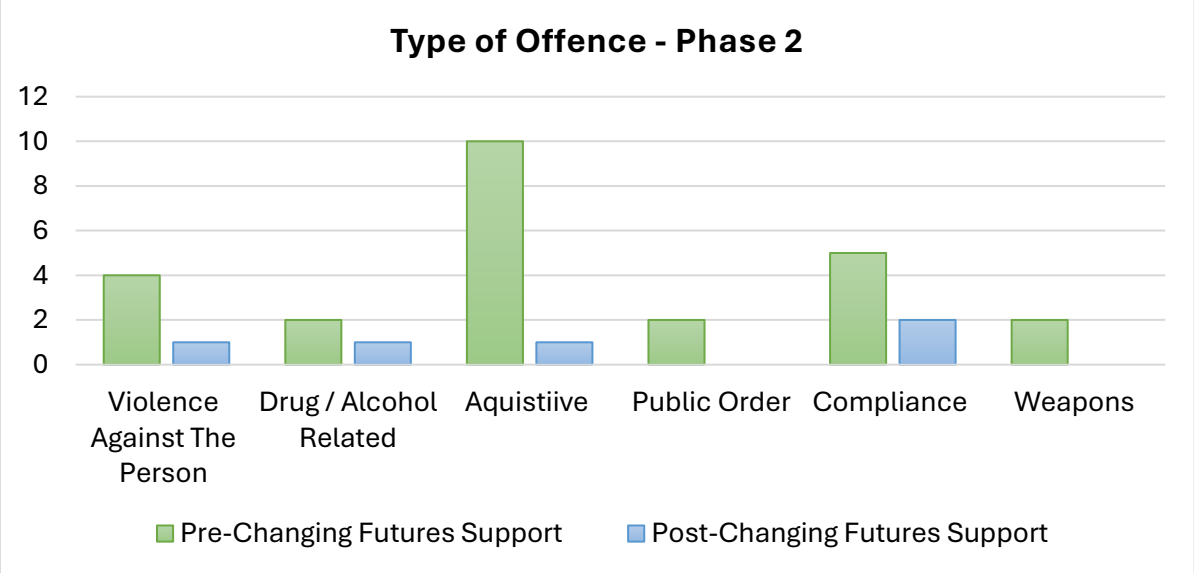


Figure 23

Analysis shows:

- A reduction of the number of offences in all offence types
- The types of offences, linked to behaviour while under the influence of substances or funding addictions is common for this cohort

Compliance

Phase 1 - 8% increase in recorded levels of compliance with appointments and orders (63% rising to 71%) following engagement with the programme.

Phase 2 - 2% reduction in recorded levels of compliance with appointments and orders (83% reducing to 81%).

The reduction in compliance rates could be due to multiple factors:

- Phase 2 beneficiaries have had less time receiving support from the programme compared to phase 1 (13 months versus 8 months respcectively)
- Characteristics of the beneficiaries within phase 2
- The way probation record compliance has changed

Case Study Examples: Reducing Re-Offending

***A had no history of offending but was at risk due to her mental health and housing situation. Support workers provided stable housing and mental health support, reducing the risk of FA engaging in criminal activities due to her vulnerable state.

***D had a history of offending related to her substance misuse. Support workers focused on building trust, addressing her health needs, and stabilizing her housing situation. They also provided consistent engagement and support to reduce the likelihood of reoffending. Improved engagement with services and better management of health and substance use, reducing the risk of future offending.

***M had no recent history of offending but had experienced significant trauma and mental health issues. Support workers assisted with housing, debt management, and health appointments, providing stability and reducing the risk of offending due to unmet needs.

***J had a history of substance misuse and offending, making him vulnerable to exploitation and further criminal activities. Support workers coordinated with multiple agencies to provide intensive support, including housing, mental health services, and substance misuse treatment. They also worked to protect IJ from financial and emotional exploitation by peers. Ongoing challenges with engagement, but some progress in stabilizing housing and reducing the risk of reoffending.

***K was trafficked to the UK and had a history of substance misuse and offending. Support workers focused on securing stable accommodation and addressing her substance misuse. They also coordinated with legal and immigration services to ensure her safety and stability. Ongoing support needed, but some improvements in stability and safety, reducing the risk of reoffending.

***S was involved in organized crime and had a history of substance misuse. Support workers provided housing support and coordinated with substance misuse services to address her needs. They also worked to ensure her safety from criminal associates. Limited progress due to ongoing criminal justice involvement, but efforts were made to reduce the risk of reoffending.

***R had a history of offending and substance misuse, with multiple children in care. Support workers focused on stabilizing LR's housing situation and ensuring he had access to health services. They also coordinated with social services to address his family needs and reduce risks. Improved housing situation and better engagement with health services, reducing the risk of reoffending.

***M had a history of substance misuse and offending, with significant trauma. Support workers provided comprehensive support, including housing, health services, and substance misuse treatment. They also worked to ensure LM's safety from abusive relationships and exploitation. Ongoing challenges, but some improvements in stability and health, reducing the risk of reoffending.

Key Strategies to Address Crime and Reduce Offending:

Stable Housing: *Providing secure and stable accommodation to reduce the risk of offending due to homelessness or unstable living conditions.*

Substance Misuse Treatment: *Coordinating with substance misuse services to address addiction issues, which are often linked to offending behaviour.*

Mental Health Support: *Ensuring access to mental health services to address underlying issues that may contribute to offending.*

Consistent Engagement: *Building trust and maintaining consistent engagement with clients to provide ongoing support and reduce the risk of reoffending.*

Multi-Agency Collaboration: *Working closely with various agencies, including housing services, health services, social services, and criminal justice agencies, to provide comprehensive support and address the root causes of offending.*

Area of Need: Physical Health

To date, 2 individuals have received terminal cancer diagnoses and have passed away.

Figure 24 shows a summary of physical health conditions within cohort 2.

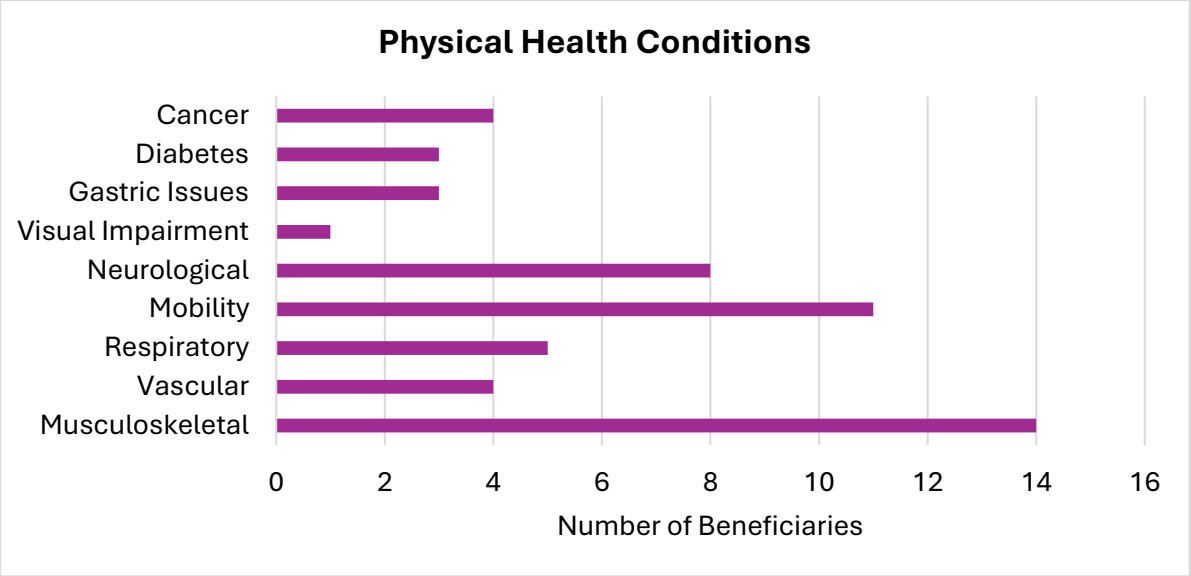


Figure 24

Acquired Brain Injury (ABI)

To date 35% of the cohort (25 out of 71 beneficiaries) have been assessed as having an acquired brain injury.

Case Study Analysis

The Changing Futures Programme has provided various forms of support to address the physical health issues of the Cohort. Here are some specific examples:

1. **Medical Appointments and Advocacy**:

- C had poorly managed diabetes and was frequently hospitalized due to diabetic ketoacidosis (DKA). The support worker liaised with the diabetes team and hospital staff to ensure DC adhered to his treatment plan. This included visiting him in the hospital and encouraging him to engage in medical treatment, which led to DC managing his diabetes better and avoiding further hospital admissions.
- B had COPD and asthma, which were managed with medication from the GP. The support worker ensured CB attended regular medical appointments and advocated for her needs, including arranging for a chest x-ray when she was unable to have blood tests due to her condition.

2. **Support with Mobility and Physical Conditions**:

- C had osteoporosis and struggled with mobility due to the condition. The support worker arranged for a health and housing assessment, which led to C being awarded medical priority for housing. This resulted in C moving to a property with a wet room, which significantly improved his ability to manage his condition.
- G had COPD and leg ulcers. The support worker ensured MG attended medical appointments and managed his condition by keeping his ulcers clean and dressed. They also supported MG in registering with a new GP and facilitated his engagement with healthcare services.

3. **Addressing Self-Neglect and Ensuring Safety**:

- B had a history of seizures due to alcohol withdrawal. The support worker encouraged MB to engage with healthcare services and supported him in attending MRI scans and registering with a GP. This helped MB manage his physical health better and reduced the frequency of his seizures.
- A had avoidant personality disorder and struggled with anxiety, depression, and panic attacks. The support worker ensured A attended GP, hospital, dentist, and optician appointments, which helped A feel more in control of her health.

4. **Collaborative Working with Healthcare Providers**:

- R had multiple health issues, including mobility problems and COPD. The support worker collaborated with the GP and HAST to ensure LR received appropriate medical care. This included arranging for a bus pass to make medical appointments more accessible and supporting LR in attending these appointments.

These examples highlight the comprehensive and tailored support provided to address the physical health needs of the cohort, ensuring they receive the necessary medical care and support to improve their overall well-being.

Adult Social Care

A total of 57 beneficiaries (80% of the cohort) were known to Adult Social Care and 34 (48%) had a safeguarding contact between April 2019 – October 2024.

Figure 25 shows the total number of safeguarding contacts between April 2019 and October 2024 split by gender.

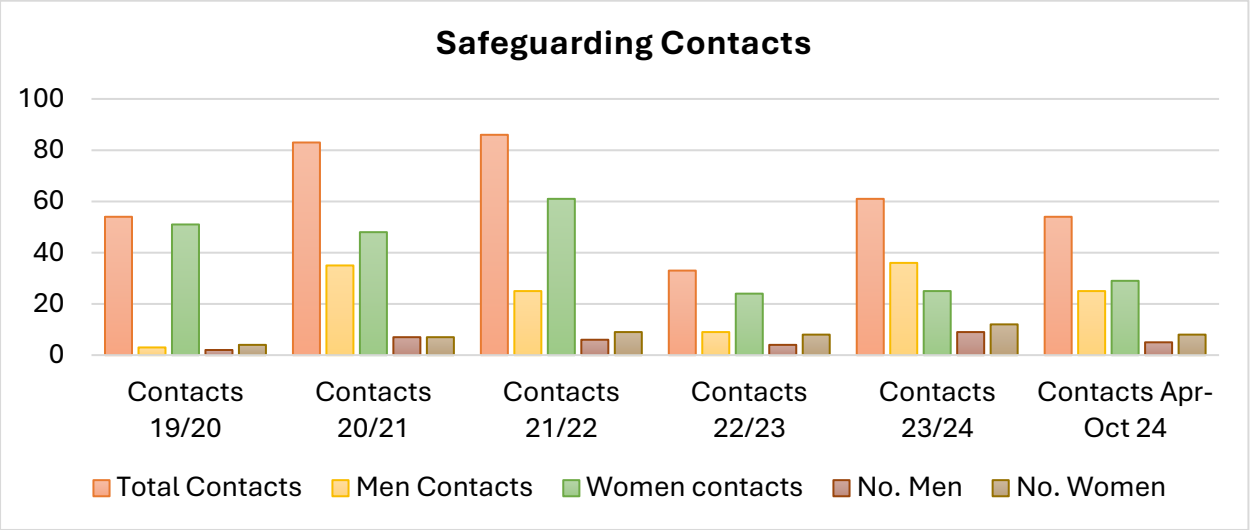


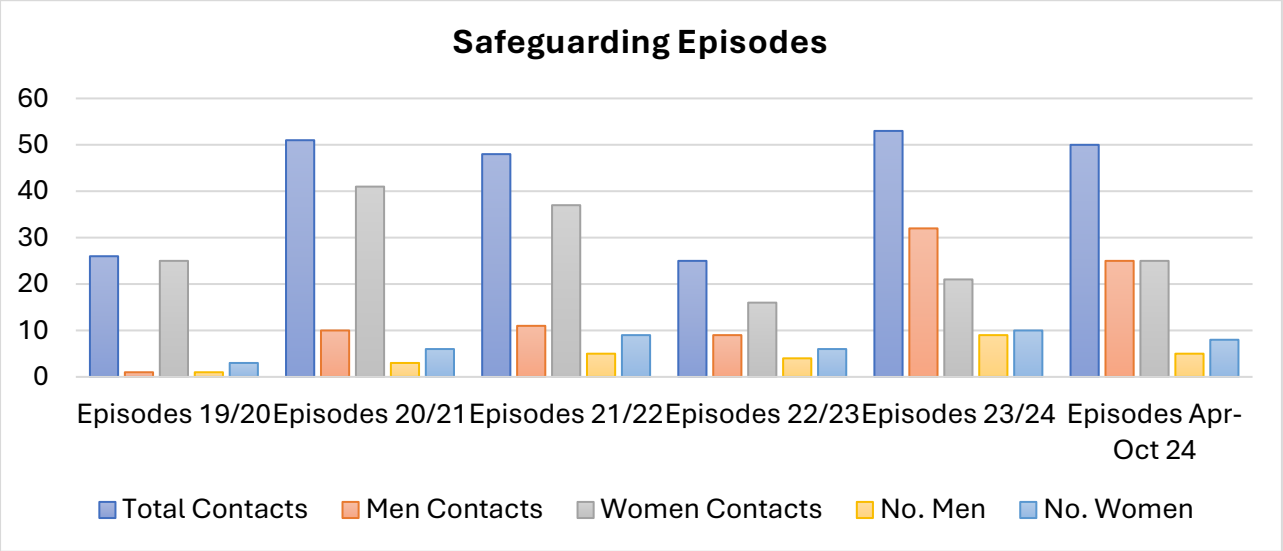
Figure 25

Analysis shows:

- Significantly more women were referred than men – women account for 64% of the total number of safeguarding contacts
- One beneficiary (female) was responsible for 37% of all safeguarding contacts
- Following this, four male beneficiaries were responsible for 25% of all safeguarding contacts

Figure 26 shows the total number of safeguarding episodes between April 2019 and October 2024 split by gender.

Figure 26



As with safeguarding contacts, significantly more safeguarding episodes were due to concerns about women (65%) when compared with men (35%).

Figure 27 shows the percentage of safeguarding contacts that became safeguarding episodes per year.

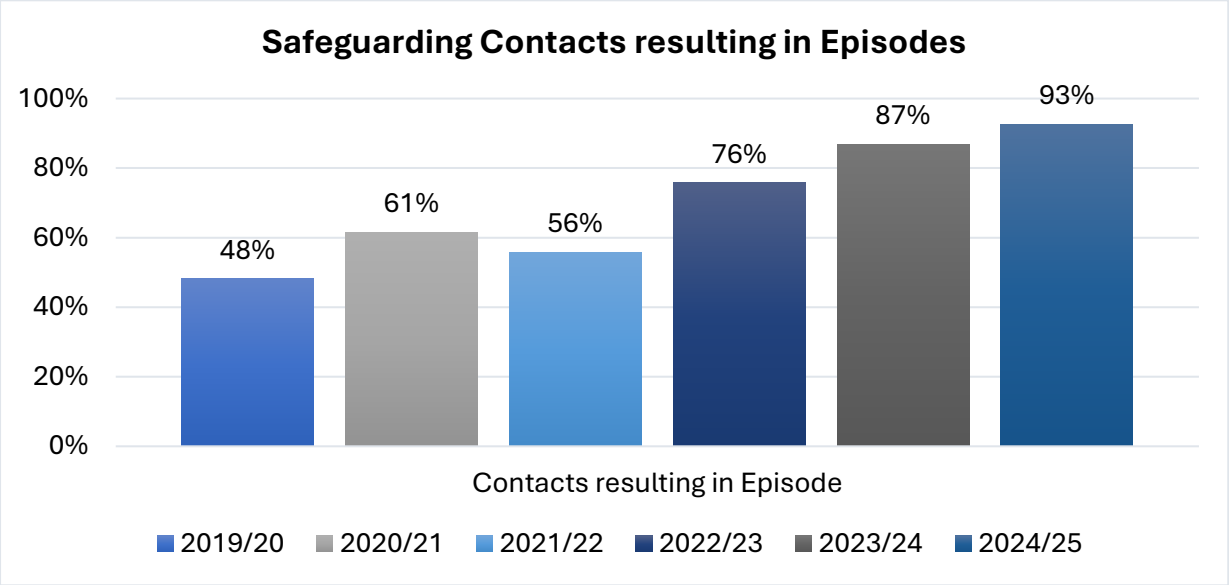


Figure 27

Individuals in cohort 2 have not yet been supported long enough by Changing Futures for the programme to have had a significant impact in reducing the number of safeguarding contacts and episodes.

However, it is interesting to note that the number of contacts resulting in episodes has steadily been increasing. This could be due to numerous factors that are positive for the individual, i.e. appropriate use of adult social care to address care and support needs and the Changing Futures support worker providing information that supports social care assessments.

Quantative analysis of individuals referred most commonly into adult social care found the following:

- Significant alcohol misuse was a factor – one individual sadly passed away while receiving support from the programme due to alcohol related health issues
- Two individuals are known to call emergency services regularly in drink leading to emergency service referring into adult safeguarding
- Significant domestic abuse for the women in the cohort – one individual has 4 known perpetrators
- Two individuals had significant learning disabilities which impacts their day-to-day functioning – one man is 19 years of age with autism and is currently placed in accommodation that is unable to meet his needs or manage his behaviour which has led to the provider making frequent referrals to safeguarding.

Case Study Examples: Safeguarding

***A was living in temporary accommodation due to issues with her previous flat, including damp, mould, and vermin infestation. Support workers coordinated with housing services to ensure FA's belongings were cleaned and stored properly. They also worked to find appropriate temporary and then permanent accommodation, considering FA's mental health conditions and ensuring her safety and well-being.*

***D had a history of substance misuse and offending, with significant vulnerabilities. Support workers built trust with GD, provided consistent engagement, and ensured she had access to necessary health services. They also coordinated with housing services to secure stable accommodation, reducing her risk of exploitation and harm.*

***M was a victim of multiple abusive relationships and struggled with managing her diabetes. Support workers assisted HM in moving to a safer location, addressed her debts, and ensured she attended health appointments. They also provided emotional support and advocated for her needs with various agencies.*

***J had neurological disorders and a history of substance misuse, making him vulnerable to exploitation. Support workers coordinated with multiple agencies to provide intensive support, including housing, mental health services, and substance misuse treatment. They also worked to protect IJ from financial and emotional exploitation by peers.*

***K was trafficked to the UK and had a history of substance misuse and offending. Support workers focused on securing stable accommodation and addressing her substance misuse. They also coordinated with legal and immigration services to ensure her safety and stability.*

***S was involved in organized crime and had a history of substance misuse. Support workers provided housing support and coordinated with substance misuse services to address her needs. They also worked to ensure her safety from criminal associates.*

*** M had a history of substance misuse and offending, with significant trauma. Support workers provided comprehensive support, including housing, health services, and substance misuse treatment. They also worked to ensure LM's safety from abusive relationships and exploitation.*

Key Safeguarding Strategies:

Coordinated Multi-Agency Approach: *Working with housing services, health services, social services, and legal agencies to provide comprehensive support.*

Building Trust and Consistent Engagement: *Establishing trust with clients to ensure they feel safe and supported.*

Addressing Immediate and Long-Term Needs: *Providing immediate safety measures (e.g., temporary accommodation) and working towards long-term stability (e.g., permanent housing, health management).*

Advocacy and Emotional Support: *Advocating for clients' needs with various agencies and providing emotional support to help them navigate complex systems.*

Tailored Support Plans: *Developing personalized support plans that consider the unique circumstances and needs of each client.*