



Coordination from Complexity

Sheffield's Strategy to tackle and prevent Multiple Disadvantage

2025-2030





**THIS DOCUMENT IS BOTH
A STATEMENT OF INTENT
AND A CALL TO ACTION.**

It sets out the ways that services and organisations across Sheffield will work together in the coming months and years to better support some of the most vulnerable residents of our City.

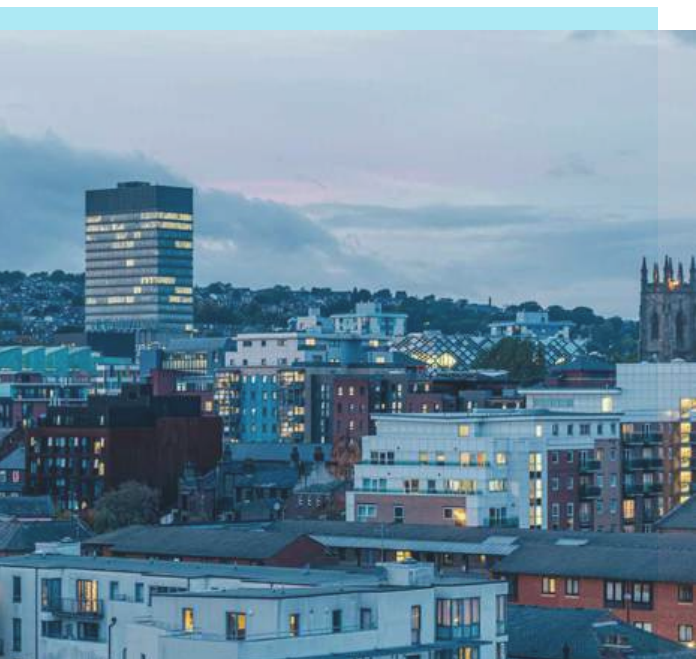
People struggling with severe and multiple disadvantage face challenges such as being homeless or having to sleep rough, mental health conditions, drug and alcohol addiction, and involvement in the criminal justice system.

They are likely to suffer exploitation and abuse and are excluded from accessing the support, health and care services many of us take for granted. Services can be disconnected, hard to navigate and are not always psychologically informed, so don't take into account the specific needs of people who have, and are experiencing multiple life traumas including from adverse childhood experiences.

This strategy aims to help people overcome their challenges and turn their lives around for the better and is built on the core principles:

- Treating people with respect, as human beings with rich varied lives, and with the strength to make changes in their lives with the right support
- Joining services together and making them accessible and connected for people.
- Involving people with lived experience in the development, design and delivery of services.
- Learning from experience and evidence, striving to constantly do better and find ways to improve our services.

This strategy is not owned just by one organisation. Many services have a role to play in supporting vulnerable people, including the Council, NHS Services, Voluntary, Community, Faith and Social Enterprises, Police and Probation, and the Businesses and Private companies.



By working together, guided by the objectives set out in this strategy we can really make a difference to people's lives and the community of Sheffield.

CONTENTS



- 5 - Foreword by Changing Futures Coproduction Associates
- 7 - Foreword by Alexis Chappell, Strategic Director Adult Social Care
- 9 - Why do we need a strategy on Multiple Disadvantage?
- 11 - Multiple Disadvantage, race and health inequalities
- 12 - Strategic Priorities
- 19 - How will we measure progress
- 22 - Defining Multiple Disadvantage
- 24 - Test and Learn: Changing Futures
- 25 - Needs Assessment
- 27 - Multiple Disadvantage Model of Care
- 29 - Multiple Complex Needs Provision
- 31 - Glossary
- 33 - Appendix 1 - Strategic Links

FOREWORD BY CHANGING FUTURES COPRODUCTION ASSOCIATES

As a collective of people who live in Sheffield, from diverse backgrounds and have decades worth of lived experience of multiple disadvantage, we are proud to have co-produced this strategy alongside local senior leaders and partners on behalf of the city.

Through this strategy we aim to shine a light on the reality of multiple disadvantage and highlight the changes needed to create an equal, supportive and hopeful future for everyone experiencing or at risk of experiencing multiple disadvantage.

Currently, people experiencing multiple disadvantage face significant barriers to accessing the support they need. Stigma, prejudice and negative labels prevent people from receiving help that could change their lives. These barriers also perpetuate feelings of shame and fear, discouraging people to seek help until they are in crisis.

When people are written off as 'lost causes' or dismissed by services, their potential contributions to their families and communities are lost too. This strategy is crucial in breaking down these barriers and challenging stigmas that have long been attached to people experiencing multiple disadvantage. It calls for a compassionate approach that values every individual no matter where they are in their journey.



At the heart of this strategy is a belief that there are no lost causes. With the right support, everyone can move forward. The key is ensuring that all support services are accessible, empathetic and joined up to ensure all needs are met. The 'no wrong door' approach is critical and wherever someone reaches out in the system, it must rally round them to offer the support they need in their recovery.

We also want to emphasise the vital role of lived experience within the system as set out in this strategy. Those of us with lived experience of multiple disadvantage understand the challenges, barriers and frustrations better than anyone.

Our insight must not be an add on or a token gesture but instead seen as the valuable asset it is. By embedding lived experience throughout the system we challenge prejudice, shift workplace culture and instil hope in not only those receiving support but those providing that support.

We are hopeful that this strategy will be a blueprint for the future – a future where support is consistent, compassionate and accessible to all, with lived experience at its heart. This is the future we believe in. This is the changing future we are working towards.



FOREWORD BY ALEXIS CHAPPELL, STRATEGIC DIRECTOR ADULT SOCIAL CARE

In 2022, the Adults Wellbeing Strategy Living the Life You want to Live was approved and set out a vision that everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are and when they need it, they receive care and support that prioritises independence, choice, and recovery.

I have a fundamental belief in human rights and that all individuals should have the right to live a good life and to live the life they want to live. Living the life you want to live encapsulates this approach and sets out commitments which will enable delivery on the strategy and with that tackling multiple disadvantage and social exclusion across the City.

Core to how we work in the City and in our approach in Changing Futures is to make sure that how that we work is based on 'what matters to you' and an approach that is person led, rooted in co-production and trauma informed. Key is that how we work builds trust and enables people experiencing multiple disadvantages to have a voice and feel that their voice is heard and acted upon.



Changing Futures and our city-wide approach to tackling multiple disadvantages is a further step in promoting social justice and human rights. It embeds our approach towards taking a whole system approach and working with and in communities to improve wellbeing outcomes and prevent harm.

This strategy presents another key step in taking a joined-up approach towards developing a sustainable approach to noting promoting social inclusion and tackling head on disadvantage.

I am really proud to endorse and support this Strategy.



WHO IS THIS STRATEGY FOR?

This strategy has been developed in partnership with public, statutory and voluntary organisations and people with lived experience through a series of workshops across 2024.

It is a citywide partnership commitment for any organisation which supports vulnerable adults and young people who are experiencing, or are at risk of experiencing, multiple disadvantage.

WHY DO WE NEED A MULTIPLE DISADVANTAGE STRATEGY?

In Sheffield, we have a strong commitment to partnership working and collaboration, evidenced through the wide range of boards, forums and events that share best practice and critically reflect on the experiences of Sheffield residents when they need support.

However, the difficulty with experiencing Severe Multiple Disadvantage (SMD) in a health and care system that is set up along traditional siloed services is that those experiencing several overlapping issues tend to fall through the gaps between services.

Prescriptive eligibility criteria, inflexible service thresholds and commissioning approaches based on outputs and key performance indicators lend themselves towards services which work best with individuals with single easily defined issues who are able to maintain regular contact with services.



Consequently, accessing appropriate services for individuals who don't fit neatly into existing offers becomes at best challenging and at worst impossible.

This ongoing inability to access support can often exacerbate the severity of SMD and lead to ever worsening health and wellbeing outcomes for individuals and ever-increasing costs and resource demand for the health and care system.

Those experiencing SMD can therefore find themselves with no formal support, no clear way out of behaviours rooted in trauma and ultimately little hope for meaningful and sustainable recovery.

In addition, people who experience SMD are amongst the highest (and long-term / repeated) users of reactive and high-cost health and care services. Analysis of Changing Futures beneficiaries shows reduced activity and therefore reduced costs in urgent and emergency care services.



MULTIPLE DISADVANTAGE, RACE AND HEALTH INEQUALITIES

Global majority communities in Sheffield are disproportionately affected by health inequalities, poverty, mental health challenges and social exclusion. When combined with experiences of multiple disadvantage, individuals within racialised communities are often further excluded.

Barriers to accessing healthcare and support services are often compounded by linguistic and cultural divides as well as experiences of systemic racism and discrimination.

These issues exacerbate health inequalities and contribute to higher rates of chronic conditions, mental health issues, and lower access to preventive care within these communities. To address these disparities, culturally sensitive service design and mechanisms which add capacity to the services already working within global majority communities is essential.

This strategy will add to the work that has been ongoing to address these issues, particularly within the North East of the city, across the voluntary and faith sector that serves those communities, Sheffield Place Integrated Care Board (ICB), Sheffield Health and Social Care Trust, Sheffield City Council and Homewards.

This strategy will take action which supports the delivery of the Race Equality Commission to be an anti-racist city.



Based on the learnings from both the national and local delivery of the Changing Futures Programme and considering the strategic priorities of the local authority and partners in seeking to address both SMD and the component risk factors leading to it, this strategy sets out the following aims:

STRATEGIC PRIORITY 1

1.0 We will consistently capture learning to embed system improvements for adults experiencing multiple disadvantage:

1.1

Continuation of the Changing Futures Partnership Board (currently Changing Futures Governance Board) to bring together system leaders and a diverse range of people with lived experience. Terms of reference will be co-produced with people with lived experience and partnership membership will be continually reviewed to ensure that relevant partners are in attendance. The board will be anchored within wider citywide partnerships and will influence local thinking around Multiple Disadvantage.

1.2

Tackle systemic barriers people experiencing multiple disadvantage experience that negatively impacts their access to or experience of support. We will embed best practice and utilise research to improve local services and systems, to achieve better outcomes for this cohort.



STRATEGIC PRIORITY 1

1.0 We will consistently capture learning to embed system improvements for adults experiencing multiple disadvantage:

1.3

Coproduce a Multiple Disadvantage Charter with people with lived experience and public, voluntary and community services, faith organisations and social enterprise across the city. This Charter will be flexible and adapt to different sectors, to allow small organisations to participate equally as well as other invested partners, such as businesses and the private sector.

1.3.1 Multiple Disadvantage Charter – Through collaboration with partners across 2024–2025, we will develop the charter that any service, team or organisation can apply to complete and receive. Having Multiple Disadvantage ‘status’ will demonstrate that organisations have quality standards, best practices and a commitment to inclusivity for this cohort. By Summer 2025, we will have a charter which will have co-designed values and principles and themes and statements which will be assessed (examples may include policy, positive practices). The assessment will be completed with people with lived experience and there will be an awards ceremony where applicants will receive either a working towards, bronze, silver or gold award.

1.4

Implementation of an accredited Multiple Disadvantage Practitioners Course which has been coproduced with those with lived experience.



STRATEGIC PRIORITY 1

1.0 We will consistently capture learning to embed system improvements for adults experiencing multiple disadvantage:

1.5

Organisations will support staff across all roles to participate in and be active members of the MEAM (Making Every Adult Matter) Network to develop best practice relating to Multiple Disadvantage.

1.6

Partners will support mutual information collection and sharing around those who've experienced, or are at risk of experiencing, Multiple Disadvantage. This will be achieved through formal agreements or otherwise to improve the sharing of data and intelligence locally.



STRATEGIC PRIORITY 2

2.0 We will provide bespoke interventions for those experiencing severe multiple disadvantage where either targeted or specialist support is required that builds upon existing multiple and complex needs provision in the city:

2.1

Those who need high levels of support relating to Multiple Disadvantage will benefit from a dedicated offer which brings together multiple services and peer support to form a coordinated plan.

2.2

Sheffield City Council and partners across the public, voluntary and faith sector will coordinate and work collaboratively across existing multiple and complex needs provision to work effectively with this cohort and reduce the need for individuals to share their story multiple times.

2.3

Sheffield City Council and partners will develop a service framework within the Vulnerable Adults space to support those who need specialist support relating to Multiple Disadvantage. This will link into existing statutory and voluntary provision and will support local early intervention and prevention agendas for adults and young people at risk of experiencing Multiple Disadvantage.



STRATEGIC PRIORITY 2

2.0 We will provide bespoke interventions for those experiencing severe multiple disadvantage where either targeted or specialist support is required that builds upon existing multiple and complex needs provision in the city:

2.4

Multidisciplinary working with this cohort will, where appropriate, be formalised through a joint performance management framework and be held accountable through co-evaluation with those with lived experience.

2.5

Reviews or evaluations of services will use outcome measures that seek to understand this cohorts' experiences and barriers to accessing support, including those who may face inequitable access due to their ethnicity, gender or sexuality.



STRATEGIC PRIORITY 3

3.0 We will ensure Coproduction is incorporated into 'business as usual' and is central to the way services are designed, delivered and evaluated and commit to actions which increase a diverse range of lived experience representation within the wider workforce:

3.1

A Coproduction Service focussing on the needs that Multiple Disadvantage and its component experiences will receive sustained funding to allow for lived experience representation across commissioning activities and strategic boards.

3.1.2

Existing Coproduction and Lived Experience spaces or forums will feed into wider strategic spaces and influence change at a system, service and individual level

3.2

Commissioners of public services commit to incorporating the role of lived experience into all commissioning exercises, contract variations and similar for client facing services.

3.3

Chairs and members of strategic boards will engage in Coproduction training and lived experience will be a feature of relevant strategic spaces across the city.



STRATEGIC PRIORITY 3

3.0 We will ensure Coproduction is incorporated into 'business as usual' and is central to the way services are designed, delivered and evaluated and commit to actions which increase a diverse range of lived experience representation within the wider workforce:

3.4

Coproduce a Mutual Mentoring programme between senior leaders and individuals with lived experience.

3.5

Progression and development opportunities into volunteering or employment to be facilitated by partners for those with lived experience. This will be achieved through supportive recruitment processes which recognises the barriers to employment as well as appropriate support for those who are employed to sustain them in work. Anecdotally, a significant proportion of the existing workforce have lived experience. Opportunities to facilitate conversations between staff about lived experience will be explored to break down the stigma around Multiple Disadvantage.

3.6

A Coproduction Network, which will be open to all organisations across the city who are involved in Coproduction, to be sustained as a method to share best practice and support organisations at all stages in their journey towards Coproduction.



HOW WILL WE MEASURE PROGRESS

Priority 1.0

- We will collect perspectives from a range of frontline practitioners to understand how healthy the system is and how well it is working. This may include using system health audit tools or other co-designed tools developed between partner agencies.
- The Partnership Board will be transparent about how the strategic priorities are being met and develop a dashboard that will track the journey of change at an individual, service and system level.
- A range of organisations will have signed up to the Multiple Disadvantage Charter and we will celebrate good practice.
- A range of organisations will have staff who have completed the Multiple Disadvantage Practitioners Course.
- Mechanisms that collect and distribute learning resources across the city. We will track how many individuals are engaging with the MEAM Network.
- We will include a wide range of stakeholders, businesses and the public in the conversation around Multiple Disadvantage to increase awareness and reduce stigma.



HOW WILL WE MEASURE PROGRESS

Priority 2.0

- We will review the relationships between and delivery of Multiple and Complex Needs provision in partnership with other statutory and voluntary partners across the city to achieve best outcomes for individuals.
- We will review mechanisms of identifying those experiencing multiple disadvantage, particularly those who are experiencing 4 or 5 needs (severe multiple disadvantage), as well as understanding the barriers to accessing support.
- We will collect and analyse data which will drive policy, research, commissioning and service delivery across the city around Multiple Disadvantage.



HOW WILL WE MEASURE PROGRESS

Priority 3.0

- People with lived experience will be key partners in service audits and/or evaluation, through speaking to service users and staff to collate independent feedback.
- We will review the health and breadth of coproduction activity in the city.
- We will conduct an audit of the number of paid members of staff with lived experience across the city to better understand their experiences of delivering services and what support is in place.
- We will review the infrastructure in place that supports people with lived experience to enter, and remain in, the workforce at all levels. We will extract learning from existing practice in this area to support the partnership in reviewing processes, such as recruitment and supervision.
- We will map the interconnectivity of coproduction activity in the city to better understand local provision and share resources.



DEFINING MULTIPLE DISADVANTAGE

People experiencing Multiple Disadvantage (MD) often face numerous and complex challenges concurrently. For the purposes of this strategy, Multiple Disadvantage is defined as:

“Experiencing three or more out of the following, homelessness, substance use, poor mental health, contact with the criminal justice system or a victim or perpetrator of domestic abuse whose combined effect places an individual at risk of becoming, or remaining, at risk of further harm, trauma and institutionalisation”

Local consultation on this definition found it to be broad ranging and encompassed a significant proportion of individuals who seek support from services.

As such, a definition for Severe Multiple Disadvantage (SMD) is necessary, to target resources at those who are experiencing the most severe needs and crises.



DEFINING MULTIPLE DISADVANTAGE

Within these definitions there is a broad spectrum of experiences. For example, an individual simultaneously experiencing three areas of need which places them at risk of moving into severe crisis is quite different to an individual with five longstanding challenges who is at risk of serious harm or death.

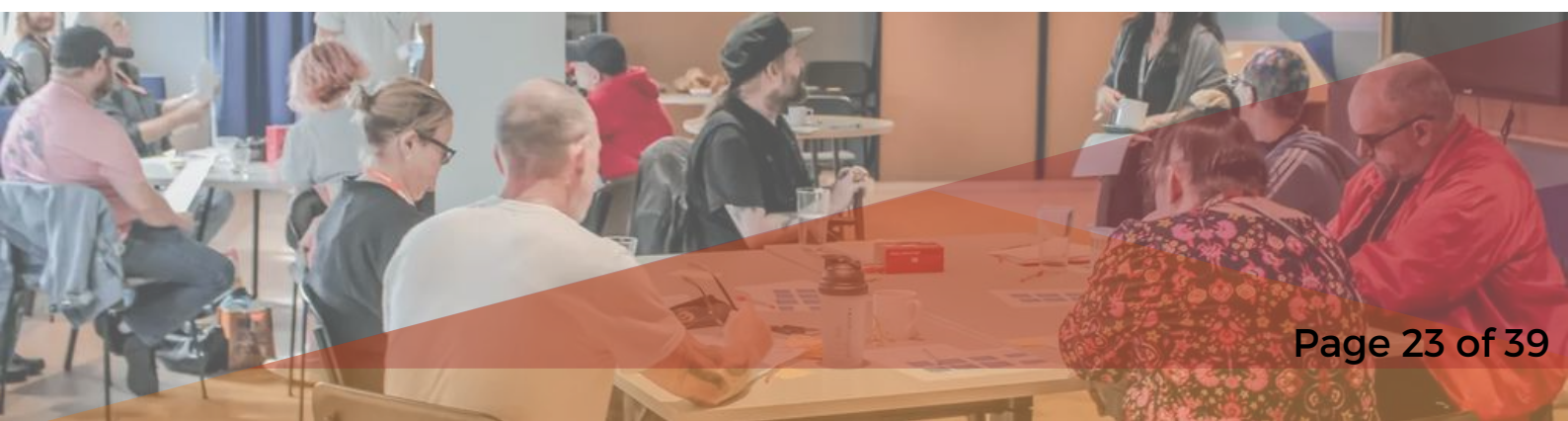
It is therefore important that the definitions act as a starting point as defining the cohorts of interest alongside a nuanced assessment of an individual's circumstance and level of need.

Wider health and socio-economic challenges this cohort experiences include:

- Physical health conditions which impact quality of life
- Removal of children
- Acquired brain injuries (ABI)
- Poverty

Multiple Disadvantage and the wider challenges disproportionately affect particular socially excluded and stigmatised cohorts, including those identified within NHS England's Health Inclusion Framework:

- Vulnerable migrants, including refugees and asylum seekers
- Sex workers
- Victims of modern slavery or trafficking



TEST AND LEARN: CHANGING FUTURES

The national programme, Changing Futures, was announced in 2021 and funded by The Ministry of Housing, Communities and Local Government (MHCLG) and The National Lottery Community Fund (TNLCF). It built upon the learning from its predecessors, Fulfilling Lives and Making Every Adult Matter (MEAM).

Sheffield was successful in its bid to be one of fifteen areas in England delivering the programme, with the core aims to facilitate local and national system change, reduce crisis demand and improve the lives of individuals affected by Multiple Disadvantage.

This strategy has been developed through programme learning and collaboration with statutory, voluntary and faith organisations, commissioners and people with lived experience.

[Changing Futures - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Changing Futures Sheffield Website](#)

[Changing Futures Sheffield - Experiences and Access to Support \(November 2022\)](#)

[Changing Futures Sheffield - Impact So Far \(October 2023\)](#)



NEEDS ASSESSMENT

Local Need

Between December 2021 and February 2022, the programme undertook an exercise with partners to identify individuals experiencing Multiple Disadvantage in the city. It found that:

- 3000 people were experiencing MD (defined as experiencing 3+ needs)
- 200 people met the eligibility criteria for the programme (defined as experiencing MD and requiring further support to engage with mainstream services)
- 153 people supported by Changing Futures between February 2022-2025

Needs assessment questionnaires completed by partners noted an increase in the number of individuals experiencing multiple disadvantage presenting at their services, with one citing a 40% increase. It is also acknowledged that the main challenge relating to service delivery for this cohort is capacity versus demand, due to the complexity of need and time required to be thorough in the approach to risk management.



NEEDS ASSESSMENT

Changing Futures Beneficiary Outcomes Report

The programme's beneficiary_report, published in June 2024 provides outcome data from the first cohort of 79 individuals supported and evidences the severity of need for those experiencing MD.

In the year prior to Changing Futures support:

- 63% of the cohort had spent time in temporary accommodation
- 61% of the cohort had spent time street homeless
- 119 episodes of street homelessness with a total of 8757 days (24 years)
- 30% engaged in substance use treatment
- 51 new convictions
- 73% of the cohort recorded as victims of crime
- 81% of the cohort recorded as a perpetrator of crime
- 66 Adult Social Care contacts and 38 safeguarding episodes



MULTIPLE DISADVANTAGE MODEL OF CARE

A whole system approach is required to support individuals experiencing multiple disadvantage and the communities they live in.

While resources can, and are, focussed on the severe end of need, robust pathways into and out of services are needed to ensure that individuals have roots in their communities which can sustain them when time-limited support ends.

Community assets that support this include anchor organisations or community hubs, peer support networks, recovery organisations or groups, faith and other voluntary organisations and positive activities.

While being supported by services, evidence tells us that intensive case management, supported by multi-disciplinary working, supports the individual to make changes in their life that is meaningful for them.

Outcome measures are generally unhelpful for this cohort unless tracked over a long period of time due to the way trauma and dysfunctional executive functioning affects their lives and interactions with services. While an individual may be accommodated one week, they may be evicted and street homeless within a few days for a variety of reasons.



MULTIPLE DISADVANTAGE MODEL OF CARE

As such, emphasis must be placed on incremental change that will cumulatively have wider reaching positive impacts, not only for the individual but communities, i.e. reduction in severity of needs rather than a lack of support needs.

Therapeutic endings and transitions between services are of significant importance for this cohort and collaborative and flexible working is required to achieve this wherever possible.

In essence, continuity of care fosters trust in services and individuals and builds resilience, even if it does not foster trust in the system as a whole. Multiple complex needs provision, then, needs to be able to provide this continuity of care in a system where mainstream service resources are stretched and providing prevention and early intervention activity.



MULTIPLE COMPLEX NEEDS PROVISION

As of October 2024, the following are examples of services or teams who have been commissioned to work flexibly, (i.e. reduced caseloads and/or non-time limited support) with adults experiencing complex needs or multiple disadvantage:

- Housing First, provided by Sheffield City Council
- Rough Sleeper Initiative Team, provided by Sheffield City Council [includes peer support]
- Street Outreach Team, provided by Framework
- Sheffield Working Women's Opportunities Project
- Complex Case Independent Domestic Violence Advocates, provided by IDAS
- Home at Last (HALT), provided by Likewise and Shelter
- Co-occurring Needs Team, provided by Likewise
- Homeless Assessment and Support Team (HAST), provided by Sheffield Health and Social Care
- Changing Futures Core Team, provided by Sheffield City Council [includes peer support]
- Reconnect, provided by South West Yorkshire Partnership NHS Foundation Trust [includes peer support]
- Thrive & Growth Project, provided by Target Housing
- Rough Sleeper Accommodation Project (RSAP), provided by Sheffield City Council



MULTIPLE COMPLEX NEEDS PROVISION

Despite efforts, gaps remain for those experiencing multiple disadvantage without the intensive case management and system navigation afforded by roles in the above teams.

While in crisis and experiencing abuse and trauma, there will physical and psychological barriers to accessing services and healthcare, however the evidence base shows that services who have capacity to conduct assertive outreach and spend extended periods of time with the most vulnerable, work to reduce the severity of multiple disadvantage.

Strategic and operational connection between these teams and a shared culture, underpinned by the voice of lived experience, is vital to ensure an iterative process of improvement in service design, delivery and evaluation.



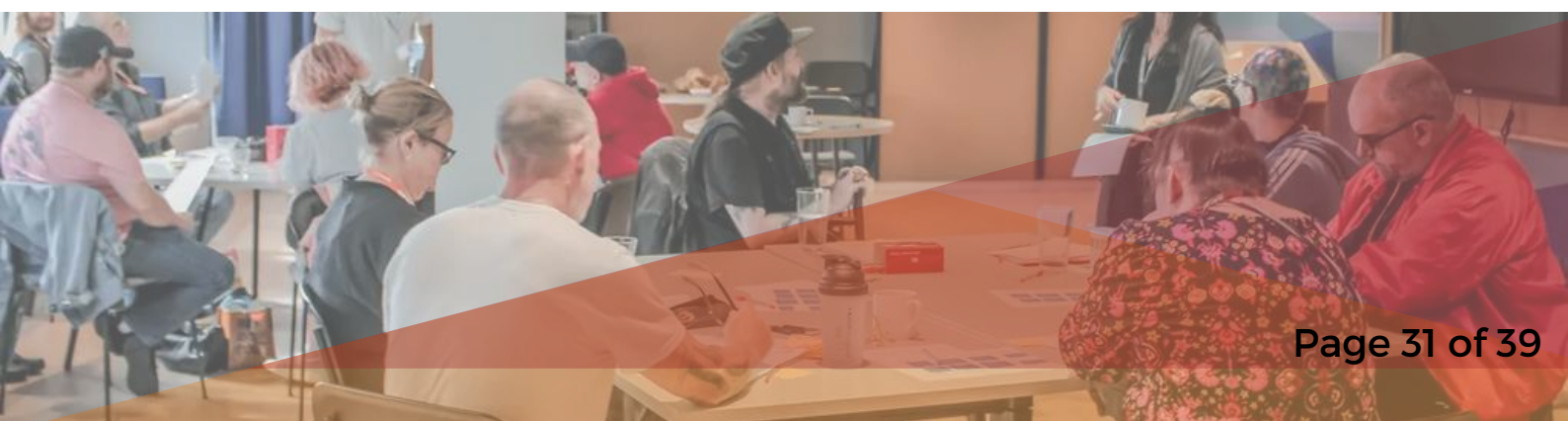
GLOSSARY

Coproduction

Co-production is a way of working that involves people who use services in equal partnership with those with traditional decision-making roles and responsibilities and engages groups of people at the earliest stages of service design, development and evaluation.

Co-production acknowledges that people with lived experience are often best placed to advise on what support and services will make a positive difference to their lives

Therefore, coproduction is defined as people with lived experience being partners in the design, delivery and evaluation of services as well as the governance structures which sit above operational delivery.



GLOSSARY

MEAM (Making Every Adult Matter)

MEAM Website

Making Every Adult Matter (MEAM) is a unique coalition of the national charities Clinks, Collective Voice, Homeless Link and Mind. Together MEAM represents over 1,300 frontline organisations across England.

MEAM supports local areas across the country to transform services and systems and to directly improve the lives of people facing multiple disadvantage and influence policy at the national and local level.

Performance Management Framework

A Performance Management Framework is part of the commissioning process. It is an essential part of commissioning and procurement is a requirement to continually monitor service provider performance against an agreed set of outcomes and/or outputs and assess local needs.

This ensures that the service is designed and delivered to the needs of those accessing the service and is in line with local and national strategies.



APPENDIX 1 - STRATEGIC LINKS

Our Multiple Disadvantage Strategy will help deliver two policy drivers in the Council Plan:

People

- Align resources working with adults experiencing multiple disadvantage to tackle inequalities and support individuals to lead healthy and fulfilling lives
- Increase the voice of lived experience, celebrating diversity and strengths in our communities

Prosperity

- Support the creation of progression and development opportunities for those who use services in Sheffield and people with lived experience, including jobs, skills, training and volunteering

It will do this through contributing towards the following outcomes:

- **Great Neighbourhoods:**

- High quality neighbourhoods which are resilient and safe, where people can live healthy lives
- Ensure our neighbourhoods are safe places and feel safe for all residents, tackling anti-social behaviour where it exists. •



APPENDIX 1 - STRATEGIC LINKS

Caring, engaged communities:

- Work with communities to ensure people can access support and live the lives they want
- Work with partners to support and keep safe vulnerable people, shift resources to provision that supports health and ensure services are accessible to all.
- Enable everyone to feel valued and supported, tackling inequalities and celebrating the diversity of all our communities
- Support Sheffielders to live happy, healthy and fulfilling lives whoever they are, wherever they live and whatever their background, working with partners to tackle poverty, prevent homelessness, and respond to the cost-of-living crisis.
- Work with communities on new ways to build engagement into the way we work so that we listen better and work together to find shared solutions.

Creative, prosperous city:

- Connect more people into good jobs, skills, training and better access to opportunities
- Work with communities to support people to overcome barriers to work and find fulfilling occupations.



APPENDIX 1 - STRATEGIC LINKS

Through data collection, increasing the voice of lived experience and sharing learning which influences commissioning and service delivery, our strategy will help deliver the following linked strategies:

Sheffield City Goals

Creative & entrepreneurial Sheffield; A green & resilient Sheffield; A Sheffield of thriving communities; A connected Sheffield; A caring & safe Sheffield; A Sheffield for all generations

Sheffield Joint Health and Well-being Strategy 2024-2034

Healthier and longer life, fairer outcomes for all, access to quality health and wellbeing support and care.

People who experience SMD have a significantly higher risk of premature mortality as well as poorer health and outcomes when compared with the general population. Multiple exclusion homelessness within this cohort reduces life expectancy to 43-46 years old. People experiencing Multiple Disadvantage also experience some of the highest levels of health inequality.



APPENDIX 1 - STRATEGIC LINKS

Homelessness Prevention and Rough Sleeping Strategy 2023-2028

Improving services to support vulnerable groups, tackling rough sleeping, improving housing options and support, strengthening partnerships and improving systems

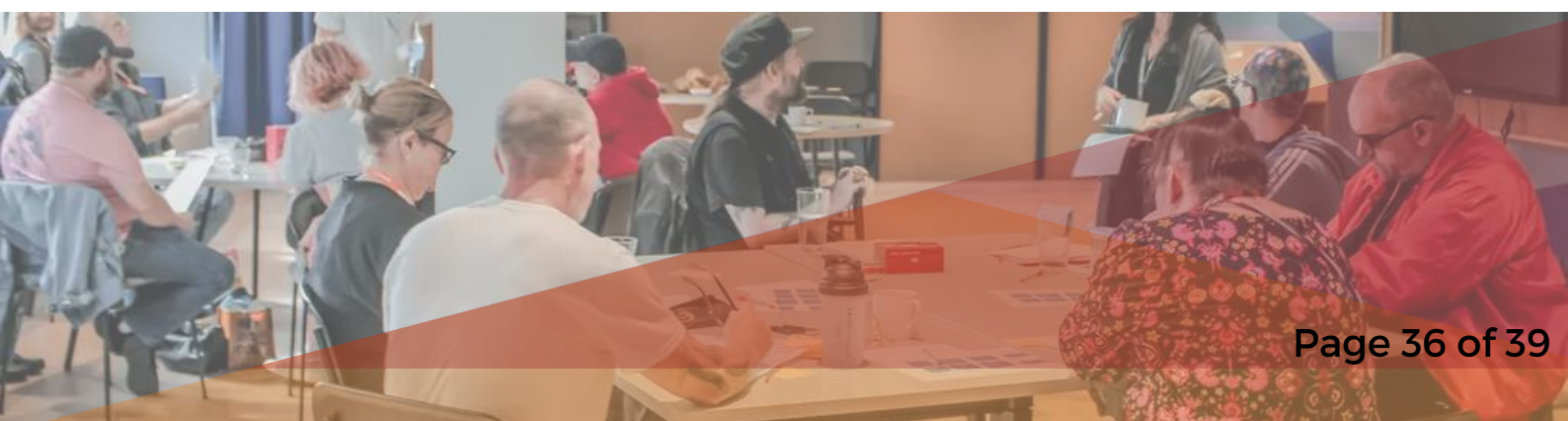
Sheffield Housing Strategy 2024-2034

Prioritise resources and action to reduce housing disadvantage for the most vulnerable people in our city, improve access to homes that are affordable to rent, buy and run, ensure housing services and support are person-centred.

Supporting partners to reduce the severity and impact of anti-social behaviour and reduce crime levels to improve residents' quality of life in the areas they live. Gaps have been identified regarding particular groups including women, care leavers and people with complex needs.

From Harm to Hope: 10 Year Drugs Plan 2022-2032

Preventing and reducing drug use to improve quality of life and reduce drug related deaths, high quality treatment and recovery support for those battling addiction, prevent drug-related crimes.



APPENDIX 1 - STRATEGIC LINKS

Sheffield Adult Social Care Strategy 2022-2030 Living the Life You Want to Live
Sheffield Adult Health and Social Care Safeguarding Adults Delivery Plan 2022-2024

Sheffield All-Age Mental and Emotional Health and Wellbeing Strategy 2023-2026

Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are and when they need it, they receive care and support that prioritises independence, choice, and recovery.

The core tenet is supporting people to live as healthily as possible, both mentally and physically. This includes accessing long unaddressed health and care and learning needs to ensure that services are accessible and eventually preventing escalating need and reducing the use of emergency healthcare services.

Sheffield Domestic and Sexual Abuse, Violence Against Women and Girls Strategy 2024-2030

Safety and support of survivors, safe accommodation, holding perpetrators to account, together we get things done.

Improving support for women was a system agreed priority and the strategy will continue to work with partners to support vulnerable victims and perpetrators of domestic abuse while holding perpetrators to account. This will include data collection, lived experience representation and sharing learning that informs service delivery.



APPENDIX 1 - STRATEGIC LINKS

Yorkshire & The Humber Reducing Reoffending Plan 2022-2025

Reducing reoffending through high quality interventions and targeted support for particular groups such as women and prison leavers, increase employment and education opportunities for people in/leaving prison, support to access drug and alcohol services, rebuild community and family connections.

Sheffield Crime and Disorder Reduction Strategy 2021-2025

Protect vulnerable people, address the impact of crime and anti-social behaviour, create safer communities by identifying new and emerging priorities, reduce reoffending, reduce violence against women and girls.

Significant proportions of the cohort are involved in anti-social behaviour, linked to their own substance use, lack of accommodation and connections with drug dealers or organised crime. This has cumulative impacts upon the community but also the individual, who may face challenges in being accommodated or accessing other services dependent upon risk to themselves and others. As such, joined up and targeted support for those at risk of exploitation as well as those perpetrating crimes is required.



APPENDIX 1 - STRATEGIC LINKS

Community Parenting Strategy 2023-2026

Relationships (feeling like I belong), High aspirations and resilience (developing skills for adult life, my home, what I enjoy), Recovery and wellbeing.

At least 15% of the Changing Futures cohort are care experienced however the average prevalence across wider service provision in Sheffield is likely to be higher. Lankelly Chase's Hard Edges report found that nearly 18% of individuals in their research had experienced care and the prevalence is higher still within homeless populations.

Hidden Harm Strategy 2021-2025

Collaborative working between adult and children's services, universal prevention and early identification, being trauma informed (adverse childhood experiences), parents with vulnerabilities access support, treatment and recovery, data collection.

A quarter of the Changing Futures cohort had contact with Children's Social Care in Sheffield as a child or young adult, with an additional proportion expected to have had contact with social care in other local authorities. Linking adult and children's services together is imperative to use data effectively to identify those who may be at risk of experiencing severe multiple disadvantage in future.

Homewards Programme Action Plan 2024-2028

Equality, diversity and inclusion, Community hubs and support pathways, Data and analytics, Narrative, communications and public engagement.

