

# Systems change workshop summary: Sheffield

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## Introduction

This document provides a summary of findings from the system change workshop carried out with a variety of key stakeholders in Sheffield. These findings will feed into the final report for the national evaluation of the Changing Futures programme, but this is a stand-alone document for internal use by the Changing Futures team in Sheffield and the evaluators (CFE Research and Cordis Bright).

## Definitions

By **system** we mean the environment, policy, people, funding, culture, strategy, or processes that shape the services and support that might be used by someone experiencing multiple disadvantage. It includes how different organisations and people interact with each other and with people experiencing multiple disadvantage.

**System change** refers to the significant, fundamental changes in how a particular system functions. For example, beneficial changes to the culture and policy around how services work with people experiencing multiple disadvantage. This can be a slow and unpredictable process, and generally requires collective action from central and local government, as well as the individuals working within services. We are particularly interested in how the Changing Futures programme contributed to change.

At the start of the national evaluation of the Changing Futures programme (Spring 2022), a series of system mapping workshops were conducted in each funded partnership area. Each area selected and discussed two to four key themes from a list of 10 relating to the system of support for those experiencing multiple disadvantage that were identified through prior scoping work. The workshops were used to inform and develop an overarching system map for Changing Futures, as well as individual maps for each area.



Please see the narrative report for Sheffield for further information on the local system mapping exercise. The system map for Sheffield can be accessed through this [link](#), using the password “M@pping” (case sensitive). The themes selected by Sheffield were:

- Commissioning
- Referrals, eligibility assessments and pathways
- Workforce skills and staffing levels
- Learning and adaptation (note this was not explicitly discussed in the 2024 workshop)

The aim of the follow-up workshops was to revisit each area’s system map and explore what has changed, or not, since the beginning of the programme and what factors have influenced this.

An in-person workshop was held on 25<sup>th</sup> September 2024 with 12 stakeholders. Workshop participants were from a range of organisations, see Appendix 1 for a list of organisations involved.

The focus of the workshop was on the contribution of the Changing Futures programme to system change, but other factors that created/contributed to change were also discussed. Group discussions focused on each of the key themes selected by Sheffield during the original system mapping work, as well as a final discussion of any other key system changes locally.

Below we summarise change under each theme, grouping changes by barriers and strengths identified at the 2022 workshop.

## Theme 1: Commissioning

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

### What has changed?

#### *Barrier: commissioning of short-term support*

While central government funding remains short-term the local authority is trying to commission for longer periods of time with break clauses, for example, for five years or more. The commissioner still only knows about funding allocation from year-to-year but service delivery contracts state the service will continue to run as long as the funding is available.

***Barrier: Lack of accurate service monitoring/Different monitoring requirements***

***Strength: Move towards measuring service impact***

There are moves towards measuring impact of support for people experiencing multiple disadvantage. Whilst the Council is good at collecting quantitative data, they are now also starting to collect qualitative data and to use this in contract management. New contracts ask for case studies, so there is richer data than before.

***Barrier: Lack of involvement of frontline services in commissioning***

Over recent years commissioners in the council have developed greater links with frontline services. Commissioners receive more intelligence and insight now. Participants said there had been *'a sea change in that respect'*.

There was said to have been a significant increase in co-production. People with lived experience of multiple disadvantage have been involved in designing consultation, in programme monitoring and planning. The requirement for lived experience involvement is part of service commissioning, whereas before Changing Futures service user involvement was tokenistic and rare.

***Barrier: Gaps in services available/Lots of services***

There have been changes in what services are commissioned: previously there was a gap in services for 'dual diagnosis'<sup>1</sup> but that gap has been filled. Housing First is another new initiative. One example of more joined-up working was said to be the hospital discharge project, which is part-funded with rough sleeper funding as well as Changing Futures. There is also a new service for women who have had children removed that Changing Futures helped to shape.

There are still lots of short-term and single-issue projects, although many of these are self-help groups rather than service providers. The Sheffield Directory has been updated and is being shared more widely, for example, placed on websites that people might turn to for help.

**How has Changing Futures contributed to change?**

Changing Futures was thought to have helped change the mindset of commissioners about the involvement of service users. Changing Futures sets an example that helps inspires other services

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Changing Futures almost set the bar and other services see this and say that they would like to do that too.

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<sup>1</sup> People with co-occurring drug/alcohol problems and mental ill-health

Events involving Changing Futures have helped to bring services together. For example, there was an event in Sheffield led by the women's centre that linked commissioners to people with lived experience.

### What still needs to change

The changes highlighted were not necessarily taking place across all organisations, services and sectors. For example, not all commissioners are involving frontline staff. One participant commenting that people with lived experience need to be involved more in the commissioning process, not just in commissioned services. Changes need to be further embedded so they become the norm everywhere.

One group commented that whilst there are some new services, services are still siloed and focus on single needs. Services are working better together, but they are still separate services (the difference between multi-disciplinary case conferencing versus multi-disciplinary teams). Local stakeholders have not yet started to talk about joint commissioning. There continues to be external factors limiting what commissioners can do. Funding streams continue to come with different requirements, timelines and outputs.

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### Services are chasing the same cohort but in slightly different ways.

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The lack of resources has not improved, and has arguably got worse in real terms as the cost of living has increased and contract values remain the same. At the same time, the demand for services has gone up, for example, the domestic abuse helpline. The example was given of hostel staff asked to provide mental health support that they are not trained in resulting in staff burnout. Limited resource means services are unable to adopt Changing Futures approaches (such as low caseloads).

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### We try to fit a ridiculous amount into a contract that is already bursting at the seams.

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Lack of resource has an impact on There remains an issue with service thresholds that exclude people and preventative work being squeezed out.

Greater involvement from health services is needed, but there was said to be a lack of cooperation with the programme due to the pressures in the NHS. Integrated Care Board funding was cut last year and so they need to be able to show a reduction in demand for services or savings.

## Theme 2: Referrals, eligibility, assessments and pathways

**Definition:** How people experiencing multiple disadvantage are introduced or directed into services, the eligibility requirements that are in place for key services, and how eligibility for support is assessed. Rules, processes and priorities that

guide staff actions and establish processes and pathways impacting on people experiencing multiple disadvantage.

### What has changed?

#### ***Barrier: People's behaviour bars their access to services / Risk averse culture***

One of the biggest changes participants agreed upon is increased awareness and understanding of multiple disadvantage. This has affected how services are delivered. This was described by one participant as being a 'mental shift' from people looking to say 'no' to considering how to say 'yes'. There is now greater consideration of who is being turned away from services and why. Participants said there was greater understanding of the reasons behind people's behaviour and the role of trauma. In particular, changes to the way accommodation providers work were highlighted. Staff now have conversations with service users and aim to understand and manage their behaviour, rather than defaulting to barring people. Participants described having more conversations about trauma and considering how they could adapt the way they worked to better meet the needs of clients.

The hospital discharge programme was also highlighted as an example of work where there is a greater focus on the complexity of the whole person rather than just a clinical assessment of a patient.

The strategic housing review currently underway is considering the barriers and challenges that people face and therefore what accommodation is needed, rather than how people can be squeezed into available accommodation.

Gaining access to adult social care for people experiencing multiple disadvantage was highlighted as a challenge, although this was said to be starting to change – 'doors are starting to open' and there is greater acceptance that people have care and support needs.

#### ***Strength: Clear pathway through services***

Participants said that services have become more flexible. One delegate highlighted the problem with the term 'pathway' as this suggests support needs to be provided in a fixed order. Services are becoming better at working with people according to need rather than following a set process. There has been a culture change locally with services working more collaboratively with a shared understanding of the need to support people flexibly, with fewer 'that's not my role' responses.

#### ***Barrier: Different assessment approaches***

Some statutory services were said to be more willing to trust the input from voluntary sector partners who have detailed knowledge of individuals experiencing multiple disadvantage, reducing the need for people to tell their stories multiple times. Caseworkers could be used in this way more.

An example was given of a domestic abuse service adapting their usual assessment process for people experiencing multiple disadvantage to make them it accessible, including by-passing parts of triage by taking referral information direct from other services.

Related to this, information sharing was said to have improved. People are said to be less guarded. There are lots of many meetings and opportunities to share information. The Team Around the Person meetings were said to be particularly helpful. However, some felt there were too many different meetings now, each with a slightly different focus.

***Barrier: Lack of awareness of support available***

The positive activities fund created by Changing Futures Sheffield has helped to bring different support providers together in a network that has built relationships and improved understanding.

Participants also suggested that professionals have greater understanding of different sector processes, referral processes and legislation etc. that governs what is provided and how to access it.

**How has Changing Futures contributed to change?**

Some of the changes observed were starting to happen but Changing Futures is said to have accelerated progress. It has amplified existing ideas.

Changes Futures has modelled a more flexible, trauma-informed and person-centred approach and shown how it can achieve better outcomes. This has given other services the confidence to say, 'we could do that too'. Changing Futures workers working alongside service providers have encouraged them to be more understanding of trauma and to take a more nuanced view to risks.

Changing Futures has demonstrated the value of the intensive case management approach. Specialist services such as mental health are still needed, but Changing Futures case managers provide the co-ordination between different specialist services.

Changing Futures co-located and working alongside services has facilitated exchange of information and building of understanding. This works two ways – Changing Futures develop understanding of services they are looking to access on behalf of their clients, and services build understanding of multiple disadvantage.

Having professionals (such as healthcare professionals, social workers etc.) as part of the Changing Futures team has helped to open doors within different sectors. They act as a bridge between the programme and other professionals, bring knowledge and credibility and can access information and other systems.

Changing Futures co-ordinates the city-wide caseworker network. This has gained momentum over time. It helps to increase people's understanding while providing people with a much-needed break from their day job.

Changing Futures has facilitated 'action-learning' approach to problems. When issues, barriers or other problems have occurred, the programme has had the capacity to convene a meeting between organisations to discuss and address. Changing Futures has helped to highlight problems in the system (such as too many wrong doors) and encouraged services to consider these, even if the barriers have not all been resolved.

Changing Futures deliberately took on a caseload that was half female. This, and other work around women's safety carried out by Changing Futures, was said to be valuable in raising awareness of the need for more support for often very vulnerable women.

Changing Futures has provided a gold standard service; this will disappear when the programme ends. The additional resource and capacity the programme injected into the system will be missed. However, participants felt the shift in people's attitudes and understanding would be a lasting legacy of the programme.

### **What other things have contributed to change**

Other initiatives have made a difference locally, such as the homelessness outreach nurse. Again, having a healthcare professional with access to information and credibility has helped open doors in statutory services for voluntary sector organisations seeking support on behalf of their clients.

Campaigning outside of Sheffield can also have an impact. The example was given of work undertaken outside of the region to highlight the social care needs of people experiencing multiple disadvantage helping to raise awareness locally. Similarly, a letter sent to social care departments from MHCLG reminding them about their duty to rough sleepers was said to have encouraged them to engage with the agenda.

### **Where is change still needed?**

Some of the changes described above need to be further embedded, so they become routine responses rather than because Changing Futures is constantly advocating for clients. Not all services are working flexibly and there is more that could be done in this regard.

People experiencing multiple disadvantage are still a low priority for assessment for adult social care. Mental health services are still difficult to access.

As with the commissioning theme above, participants highlighted substantial increases in demand over recent years, for example, increased rough sleeping. This

has, to some extent, masked the benefits of other changes described and means that the focus on supporting people in crisis remains.

### Theme 3: Workforce skills and staffing levels

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

#### What has changed?

**Barrier: Lack of understanding of multiple disadvantage**

Staff are said to have improved understanding of beneficiaries' diverse needs and the links between different forms of disadvantage. This has led to an improvement in language used by staff in relation to multiple disadvantage.

**Barrier: Limited lived experience representation**

Both representation and visibility of lived experience within the system has improved since Changing Futures began. Staff have also felt more comfortable in disclosing that they have lived experience themselves because a 'safe environment' has been created. HR processes in some services have become more flexible and amenable to staff taking time off for their own recovery needs.

**Barrier: Training is too generic**

Training was said to have improved – for example training has been delivered to social workers regarding using a trauma informed approach, and a 'Multiple Disadvantage Practitioners' Course' has been developed to be rolled-out soon. There are also further plans to formally share learning from Changing Futures at a regional level, which is already happening on an informal basis.

#### How has Changing Futures contributed to change?

The Changing Futures programme was said to have driven forward the work on multiple disadvantage in the city. It has led by example and provided the impetus for other services to follow suit. The leadership of the project has been important to achieving this, with a well engaged board made up of a diverse range of people and organisations who meet on a regular basis, which has had a 'ripple effect' across the wider system.

Improvements in understanding of multiple disadvantage were largely attributed sessions delivered and information shared by Changing Futures staff regarding multiple disadvantage.



## Where is change still needed?

Staff turnover is still problematic. A variety of factors have influenced this including organisational restructures which have seen changes in front-line staff, in addition to staff burnout caused by high case-loads and staff having to deliver services outside of their area of expertise to address the problems that the city is facing.

Linked to the above, staff on short-term contracts/secondments because of short-term funding remains a challenge. Salaries are very low given the risk and caseloads that staff in services are carrying, so good staff move on. Contract values are a persistent issue – an example was given of an MoJ contract where the provider cannot recruit as the salaries are too low.

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### People can earn more stacking shelves at Aldi.

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Understaffing continues to be a problem, particularly in relation to mental health services. In addition to the issues in service delivery, understaffing has also prevented staff from attending training – particularly front-line staff with high caseloads who would benefit most. Although the number of staff in post has increased across a lot of services, there has also been an increase in the number of people experiencing multiple disadvantage. It was thought that the external pressures affecting the system, such as early prison release and rising homelessness, would lead to further rises in the number of people experiencing multiple disadvantage. To counter this, it was suggested that there is a need for more 'complex needs officers' in the city.

Although training has improved, it was also felt that there was still room for further improvement. For example, there is still a lack of training about drugs and alcohol misuse. It was also flagged that not all services use a trauma-informed approach meaning that beneficiaries do not receive a consistent level of service across the system.

Whilst specific partners, such as Shelter, have programmes to help those with lived experience to progress into employment, it was felt that more could be done in this regard to ensure that lived experience roles were meaningful and provided opportunities for progression.

## Appendix 1: Participating organisations

The workshop was attended by representatives of the following organisations:

- Archer Project
- Framework Housing Association
- IDAS
- Probation Services
- Sheffield City Council
- Sheffield Health and Social Care NHS Foundation Trust
- Sheffield Working Women's Opportunities Project
- Shelter
- South Yorkshire Housing Association
- South Yorkshire Police



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