

# Vulnerable Adults, Health and Communities Policy and Scrutiny Committee

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| <b>Date of meeting:</b>                   | Tuesday, 26th November 2024   |
| <b>Classification:</b>                    | General Release   |
| <b>Title:</b>                             | Changing Futures – overview of the programme learning   |
| <b>Report of:</b>                         | Frances Martin, Executive Director of Environment & Communities   |
| <b>Cabinet Member Portfolio</b>           | Cabinet Member for Adult Social Care, Public Health and the Voluntary Sector  |
| <b>Wards Involved:</b>                    | All   |
| <b>Policy Context:</b>                    | Changing Futures is a national Government funded pilot programme. It aligns to the Fairer Westminster Commitment that ‘poverty and inequality is reduced’ by providing holistic wrap around support to vulnerable people who need support from multiple services. |
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## 1. Executive Summary

- 1.1. This report has been produced for the Committee to review the delivery of the Changing Futures programme to date. Changing Futures is currently externally funded by the Ministry of Housing, Communities and Local Government (MHCLG), and The National Lottery Community Fund (TNLCF). This funding is due to end on the 30th of June 2025. Following the Treasury's recent budget announcement, further funding may be granted for the programme for 2025-26. This decision is expected to be shared with the Council in January 2025.
- 1.2. The programme was designed to improve the lives of people who experience multiple disadvantages (MD) and through the course of the 4-year

programme, has realised significant outcomes for its beneficiaries and learning beyond.

## 2. Key Matters for the Committee's Consideration

- 2.2. This report is being brought before the committee for Pre-decision scrutiny. Specifically for the Committee to review the externally funded delivery of the Changing Futures programme to date and where learning can be embedded into Council activity when the funding for this programme ends
- 2.3. A site visit for the Committee Members to meet practitioners from across the programme has been scheduled for the 19<sup>th</sup> of November. The practitioners will represent the work of the Changing Futures Specialist Team, the Single Homeless Project's Assertive Outreach support and the Barka UK charity.

## 3. Background, including policy context

- 3.2. Changing Futures is a four-year initiative, jointly funded by the Ministry of Housing, Communities and Local Government (MHCLG) and The National Lottery Community Fund. Launched in Westminster in 2021, the programme aims to improve local outcomes for those experiencing multiple disadvantages and influence future Government policy. As one of the fifteen areas selected and the only London borough, the programme has introduced new frontline services and a range of system change initiatives, which are currently funded until 30<sup>th</sup> June 2025.
- 3.3. The programme was developed to drive systems change in the way we work across services and partnerships, to provide better support to those experiencing three or more of the five disadvantages privileged by the national Changing Futures programme: homelessness, engaging in substance misuse, contact with the criminal justice system, experiencing or perpetrating domestic abuse and mental health issues.
- 3.4. The Westminster bid prioritised the addition of a service for young people (18-25), considered a gap in service provision, hypothesising this service would provide preventative action to avoid increases in need and numbers of people experiencing multiple disadvantages. The introduction of assertive outreach to Churchill Gardens (place-based pilot) and change resistant drinkers (Blue light cohort) would provide opportunity to work with other age groups and learn from these pilots.
- 3.5. In July 2024 on behalf of our programme, Strategy & Intelligence authored a report<sup>1</sup> (*Multi Disadvantage in Westminster: Population Needs Assessment*) to quantify and understand the prevalence of multi disadvantage across Westminster.
- 3.6. The report<sup>1</sup> highlighted that approximately 20% (38,600) of the adult Westminster population are experiencing one of the five disadvantages

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<sup>1</sup> Multi Disadvantage in Westminster: Population Needs Assessment

noted above. Mental ill health and substance misuse being the two highest disadvantages recorded, reporting 23,346 and 14,551 affected individuals, respectively. Homelessness is the least commonly reported issue but still impacts over 4,600 people.

- 3.7. The demographic profile of those experiencing multi disadvantage in Westminster can be observed as 62% male, 30% aged between 36-45, and 54% White. 42% of the multi disadvantage cohort also have a long-term health condition. However, the report<sup>1</sup> notes that certain groups, such as women and Global Majority ethnicities, are frequently hidden or under-represented within research.
- 3.8. In addition, the report<sup>1</sup> found that 46% of people with mental health issues as part of their multiple disadvantages are of Global Majority ethnicities and that black ethnicities are over-represented in cases of homelessness and offending.
- 3.9. The programme has commissioned Cordis Bright to produce an independent evaluation of the programme to date which will be available to share in December 2024. Beneficiaries, partners and programme officers were interviewed, and service data analysed to produce the report.
- 3.10. The Changing Futures Specialist Team delivers essential support to young people aged 18-25 in Westminster. The team provides trauma-informed, person-centred care meeting with beneficiaries up to three times a week while expanding group work and community engagement, to promote social inclusion and independence. There is currently a limited offer for this level of need and age group, making it a vital source of transitional support.
- 3.11. Providing both therapeutic and practical support, the team is currently working with 66 beneficiaries and their families (where possible), having supported 170 individuals since the programme began. Initial analysis<sup>1</sup> of the cohort found that 97% of the cohort were referred with mental health issues, nearly two thirds had experience with homelessness, and over a quarter had been in contact with the criminal justice system. Nearly a quarter of beneficiaries were referred by mental health services, and 15% from housing options or homelessness services.
- 3.12. Our evaluation suggests that 41% of referrals came from Children's Services, Youth Offending Team & the Integrated Gangs & Exploitation Unit (IGXU). Despite experiencing multiple disadvantages and potentially receiving a high level of support from social workers and mental health workers prior to turning 18, the majority had not met thresholds for support from mental health services and adult social care, as they transitioned to adulthood.
- 3.13. An area the pilot sought to test was making services more accessible for vulnerable young people who can find it difficult to trust professionals and meet the rigidity of engagement expectations of traditional service delivery. Four or more Adverse Childhood Experiences (ACE's) is a level

associated with a wide range of poor outcomes in later life, most notably problematic substance use, interpersonal and self-directed violence, mental ill health and sexual risk taking. 90% of Specialist Team beneficiaries had four or more adverse childhood experiences (ACEs) with the average score being seven. Our evaluation suggests that the flexible, intensive, person-centred support has been central to engaging this group successfully with over 80% of referrals developing meaningful sustained engagement.

- 3.14. The NHS make up 40% of the referrals, usually from community mental health teams. The Specialist Team provides therapeutic interventions to improve mental wellbeing and build resilience. 65% of young people who engaged experienced significant clinical improvement in anxiety and depression measurements, supported by the Recovering Quality of Life scores (ReQoL) which evidence an 80% improvement. Qualitative interviews for the evaluation identified that the NHS mental health services prioritise those with severe mental health diagnoses. Those with less severe diagnoses, including moderate anxiety and depression are referred to GP services and offered short, inflexible interventions which prove insufficient or inaccessible to this cohort.
- 3.15. Figures suggest that 32% of the Specialist Team cohort have approached the Council as homeless. Most of these cases were related to fleeing violence and/or rough sleeping. The remaining 78% that did not approach the Council as homeless, was in part due to family intervention work the team provides. The team uses attachment methodology, like the work done by adoptive parents to help build positive relationships between young people and their care givers, improving communication and understanding within families to enable more stable living situation and planned, rather than crisis driven, transitions from the family home.
- 3.16. The Specialist Team received referrals from the youth offending team following closure to their service. In addition to the holistic support offered to these young people, their reoffending rates dropped to 17% from the usual rate of 28%.
- 3.17. In a bid to prevent repeat homelessness, group work and the professional development of the staff supporting young people's homeless hostels, has also been prioritised by the team. Trauma informed approaches have been demonstrated to be effective in preventing conflict that can result in people being evicted from their accommodation. The team has been undertaking work to improve support to young people accessing temporary accommodation through our Psychologically Informed Environment (PIE) in Hostels pilot. Through a grant opportunity, local providers were asked to bid for funding to improve their spaces or introduce resources which are trauma-informed and person-centred, to address the needs of both the staff and residents. Training and co-production sessions with the young people and staff teach them emotional regulation and effective communication, and they are invited to a joint residential session. Cardinal Hulme has successfully applied for the grant, and the team has undertaken training.

- 3.18. There is a risk that rising numbers of children requiring support could push up costs for adult social care. The Specialist Team helps bridge the gap at the end of children's services and reduces those requiring adult services, providing practical support to address childhood trauma and develop independence, preventing progression into rough sleeping, criminal justice, mental health services and substance misuse, which become high-cost adult cases.
- 3.19. Single Homeless Project (SHP) are commissioned by the programme to deliver assertive outreach to change resistant drinkers and Churchill Gardens residents facing multiple disadvantages (our blue light cohort and place-based pilot respectively). These pilots have worked with some of the boroughs most vulnerable individuals, developing trusting relationships with beneficiaries who often refuse support from council officers. The pilot is currently working with 23 individuals and reporting excellent outcomes. The learning from the pilot is being shared with Housing Needs and the North Paddington programme, to inform future commissioning decisions and service planning.
- 3.20. The assertive outreach approach has allowed practitioners the ability to have small caseloads, providing the time and flexibility needed to build trusting relationships with the pilot's beneficiaries. These relationships have been vital in delivering and maintaining appropriate, meaningful support, in environments where beneficiaries feel comfortable. Supporting them to achieve positive outcomes evidenced in the Recovering Quality of Life scores (ReQoL) highlighting that 80% of beneficiaries noted improvement.
- 3.21. The majority of assertive outreach beneficiaries are 50 years or older, male and were referred by either a complex needs multi-agency forum or housing service in the community. As a consequence of assertive outreach support, beneficiaries have experienced reduced contact with emergency services and anti-social behaviour teams related to reduced alcohol use; increased planned contact with support services; reduced isolation; stabilised living situations; and in some cases, increased engagement in education, training and employment (ETE) activity.
- 3.22. Advocacy and coordination of wider support has been a feature of assertive outreach, supporting wider services to better understand, assess and respond to the beneficiaries and their needs. All beneficiaries of assertive outreach (100%) have a disability or long-term health condition, meaning that multiple professionals/ services may be in contact with the service user at any one time. This 'Team Around Me' approach has been established as a systems change initiative of the programme and will be piloted as part of the Community Hubs programme, to strengthen collaboration between statutory and non-statutory services and establish a set of shared behaviours and tools that will guide joint efforts.
- 3.23. Changing Futures Blue Light Partnership funded a 3-month test pilot to introduce a peer, own language outreach approach, targeting eastern European rough sleepers. The main objective of the pilot was to help

clients find new alternative pathways out of homelessness and addiction. Barka established a presence within the local community and within the first 2 months, made 225 contacts with 42 people, resulting in positive outcomes for 7 individuals such as: reconnected to family, welcome repatriation to their home country, access to rehabilitation pathways and connection to work opportunities in other areas of Europe. Changing Futures has since extended this pilot for a full year which ends March 2025.

- 3.24. In summary, the Changing Futures programme supports cross-council budget pressures by providing support to some of the boroughs most vulnerable residents, reducing escalation of issues upstream for individuals and the need for costly crisis responses. It is morally right to provide services for the most vulnerable and it supports people that, without it, generate some of the highest costs to the Council and public sector, as well as reducing involvement in anti-social behaviour and crime.
- 3.25. Preventing homelessness and temporary accommodation costs and insourcing of the housing solutions service is currently in process. The future shape of the service will be dependent on that process and outcome. The learning from Changing Futures can help shape community-based homelessness prevention initiatives; the team will be working with Housing Needs to inform this.

#### **4. Financial Implications**

- 4.2. The City Council has secured £4.5m from the National Lottery and Ministry of Housing, Communities and Local Government. The amount remaining to apply at the beginning of 2024-25 was £2.379m.
- 4.3. The spend to date at the end of September was £1.039m, leaving £1.340m to be applied to the programme.
- 4.4. External funding for Changing Futures may end in June 2025, if no additional funding is made available by MHCLG & TNLCF to carry on the programme. The Council is considering how to continue some of the key projects and learning via the Medium Term Financial Planning (MTFP) process, should no further Government funding be forthcoming.
- 4.5. The proposal for investment submitted through the MTFP amounts to £0.92m - this covers the cost of the specialist team and support towards some of the associated work streams. It is anticipated that there will be some synergies with the work of other teams within Communities which will lever in added value.

#### **5. Legal and Governance Implications**

- 5.2. Should future funding not be secured the Changing Futures Specialist Team and systems change project team, could be subject to redundancies.

## 6. Carbon Impact

- 6.2. A carbon assessment of the programme has not been possible to establish at the time of writing. The programme began delivery in 2021 and should it not obtain a crucial extension to the funding, only has six months remaining. Any subsequent iteration of the programme will ensure that a carbon assessment is implemented however, the programmes commitment to meeting with beneficiaries in the community and providing place-based pilots, are positive indicators of sustainable, environmentally sound practices.

## 7. Equalities Impact

- 7.2. A recent Equality Impact Assessment (EQIA)<sup>2</sup> has been completed in respect of the programme. The assessment indicated a positive or neutral impact on six of the protected characteristics. However, it cited the need for improved data collection practices on: gender reassignment, sexual orientation, religion/ beliefs and care leavers, to provide a more robust analysis of these demographics and the programmes impact. These measures will be applied should the programme secure funding to continue post June 2025.

## 8. Consultation and Engagement

- 8.2. The Changing Futures programme has several co-production groups which have informed the development of the services including a women's co-production group and a co-production group for young adults.
- 8.3. An independent evaluation of the programme has been commissioned to supplement the national Changing Futures programme evaluation. The local evaluation will become available December 2025.

**If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Bridie Collins, [bcollins@westminster.gov.uk](mailto:bcollins@westminster.gov.uk)**

### APPENDICES:

None

### BACKGROUND PAPERS

- 1) [Multi Disadvantage in Westminster: Population Needs Assessment](#)
- 2) [Equality Impact Assessment: Changing Futures](#)

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<sup>2</sup> Equality Impact Assessment: Changing Futures